# Foundation Group Boards

*Wed 02 August 2023, 13:30 - 16:45*

**via Microsoft Teams**

# Agenda

## 1. Apologies for Absence

Charles Ashton (Chief Medical Officer SWFT - Varadarajan Baskar deputising), Becky Hale (Chief Commissioning Officer SWFT), Erica Hermon (Associate Director of Corporate Governance/Company Secretary WVT), Sarah Moppett (Director of Recovery and Care Excellence SWFT), and Gertie Nic Philib (Chief People Officer SWFT/GEH - Sara MacLeod deputising).

## 2. Declarations of Interest

*13:30 - 13:35        Russell Hardy*

## 3. Minutes of the Meeting held on 3 May 2023

*13:35 - 13:40        Russell Hardy*

### 3.1. GEH Minutes of the Meeting held on 3 May 2023

📄 Agenda Item 3.1 - GEH Minutes of the Meeting held on 3 May 2023.pdf (11 pages)

### 3.2. SWFT Minutes of the Meeting held on 3 May 2023

📄 Agenda Item 3.2 - SWFT Minutes of the Meeting held on 3 May 2023.pdf (11 pages)

### 3.3. WVT Minutes of the Meeting held on 3 May 2023

📄 Agenda Item 3.3 - WVT Minutes of the Meeting held on 3 May 2023.pdf (11 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 Key Discussions from the Foundation Group Workshop

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

## 6. Performance Review and Updates

### 6.1. Foundation Group Performance Report

*13:50 - 14:20        Managing Directors*

📄 Amended Agenda Item 6.1 - Foundation Group Performance Report.pdf (22 pages)

### 6.2. Group Analytics Update

📄 Agenda Item 6.2 - Group Analytics Update.pdf (4 pages)

### 6.3. Deep Dive into Additional Performance Measures - Theatre Productivity

*14:30 - 14:50          Chief Operating Officers*

📄 Agenda Item 6.3 - Deep Dive into Additional Performance Measures - Theatre Productivity.pdf (18 pages)

### 6.4. Safe Staffing Overview (to include nurse per bed ratio)

*14:50 - 15:00          Chief Nursing Officers*

📄 Agenda Item 6.4 - Safe Staffing Overview.pdf (22 pages)

## 7. Any Other Business

*15:00 - 15:10*

## 8. Questions from Members of the Public and SWFT Governors

*15:10 - 15:20*

# Adjournment to Discuss Matters of a Confidential Nature

## 9. Apologies for Absence

Charles Ashton (Chief Medical Officer SWFT - Varadarajan Baskar deputising), Becky Hale (Chief Commissioning Officer SWFT), Erica Hermon (Associate Director of Corporate Governance/Company Secretary WVT), Sarah Moppett (Director of Recovery and Care Excellence SWFT), and Gertie Nic Philib (Chief People Officer SWFT/GEH - Sara MacLeod deputising).

## 10. Declarations of Interest

*15:45 - 15:50          Russell Hardy*

## 11. Confidential Minutes of the Meeting held on 3 May 2023

*15:50 - 15:55          Russell Hardy*

### 11.1. GEH Confidential Minutes of the Meeting held on 3 May 2023

📄 Agenda Item 11.1 - GEH Confidential Minutes of the Meeting held on 3 May 2023.pdf (4 pages)

### 11.2. SWFT Confidential Minutes of the Meeting held on 3 May 2023

📄 Agenda Item 11.2 - SWFT Confidential Minutes.pdf (4 pages)

### 11.3. WVT Confidential Minutes of the Meeting held on 3 May 2023

📄 Agenda Item 11.3 - WVT Confidential Minutes of the Meeting held on 3 May 2023.pdf (4 pages)

## 12. Matters Arising and Actions Update Report

There were no outstanding actions and therefore no actions update report is attached.

## 13. Any Other Confidential Business

*16:00 - 16:10*

## 14. Items for Approval

### 14.1. Electronic Patient Records Contract (GEH/SWFT)

*16:10 - 16:40*        *Ruth Allen / Dan Millman*

For GEH and SWFT Boards only.

📄 Agenda Item 14.1 - EPR Contract Sign Off - GEH and SWFT Only.pdf (13 pages)

## 15. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 1st November 2023 at 13:30 via Microsoft Teams.

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

**GEH Minutes of the Public Foundation Group Boards Meeting**
**Held on Wednesday 3 May 2023 at 1.30pm via Microsoft Teams**
**In Parallel with WVT and SWFT**

<u>Present</u>:

| | | |
|---|---|---|
| Russell Hardy | (RH) | Group Chairman |
| Glen Burley | (GB) | Group Chief Executive |
| Catherine Free | (CF) | Managing Director GEH |
| Natalie Green | (NG) | Chief Nursing Officer GEH |
| Haq Khan | (HK) | Chief Finance Officer GEH |
| Rosie Kneafsey | (RK) | NED GEH |
| Anil Majithia | (AM) | NED GEH |
| Jenni Northcote | (JN) | Chief Strategy Officer GEH |
| Sarah Raistrick | (SR) | NED GEH |
| Najam Rashid | (NR) | Chief Medical Officer GEH |
| Umar Zamman | (UZ) | NED GEH |

<u>In attendance</u>:
<u>GEH</u>:

| | | |
|---|---|---|
| Sarah Collett | (SC) | Trust Secretary SWFT/GEH |
| Gertie Nic Philib | (GP) | Chief People Officer SWFT/GEH |
| Robin Snead | (RS) | Chief Operating Officer GEH |
| James Turner | (JT) | Head of Communications and Engagement GEH |

<u>WVT</u>:

| | | |
|---|---|---|
| Jon Barnes | (JB) | Chief Transformation Officer WVT |
| Andrew Cottom | (AC) | NED WVT |
| Claire Carlson | (CC) | Deputy Chief Operating Officer WVT (Deputising for the Chief Operating Officer WVT) |
| Alan Dawson | (AD) | Chief Strategy and Planning Officer WVT |
| Robbie Dedi | (RD) | Deputy Chief Medical Officer WVT (Deputising for the Chief Medical Officer WVT) |
| Geoffrey Etule | (GE) | Chief People Officer WVT |
| Lucy Flanagan | (LG) | Chief Nursing Officer WVT |
| Fiona Gurney | (FG) | Communications Officer WVT |
| Erica Hermon | (EH) | Associate Director of Corporate Governance and Company Secretary WVT |
| Jane Ives | (JI) | Managing Director WVT |
| Ian James | (IJ) | NED WVT |
| Frances Martin | (FM) | NED WVT |
| Frank Myers | (FMy) | Associate Non-Executive Director (ANED) WVT |
| Katie Osmond | (KO) | Chief Finance Officer WVT |
| Jo Rouse | (JR) | NED WVT |
| Nicola Twigg | (NT) | NED WVT |

<u>SWFT</u>:

| | | |
|---|---|---|
| Charles Ashton | (CA) | Chief Medical Officer SWFT |
| Varadarajan Baskar | (VB) | Operational Chief Medical Officer SWFT |
| Ravi Basi | (RB) | Deputy Chief Finance Officer SWFT (Deputising for the Chief Finance Officer SWFT) |
| Yasmin Becker | (YB) | NED SWFT |
| Fiona Burton | (FB) | Chief Nursing Officer SWFT |

# SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
# GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
# WYE VALLEY NHS TRUST (WVT)
## GEH Minutes of the Foundation Group Boards Meeting Held on 3 May 2023

| | | |
|---|---|---|
| Adam Carson | (ACa) | Managing Director SWFT |
| Richard Colley | (RC) | NED SWFT |
| Phil Gilbert | (PGi) | NED (Non-Voting) SWFT |
| Paramjit Gill | (PG) | Nominated NED SWFT |
| Harkamal Heran | (HH) | Chief Operating Officer SWFT |
| Sarah Moppett | (SM) | Director of Recovery and Care Excellence SWFT |
| Simon Page | (SP) | NED SWFT |
| Mary Powell | (MP) | Head of Strategic Communications SWFT |
| David Spraggett | (DS) | NED SWFT |
| Sue Whelan Tracey | (SWT) | NED SWFT |

Foundation Group:

| | | |
|---|---|---|
| Chelsea Ireland | (CI) | Foundation Group EA (Board Administrator) |
| David Moon | (DMo) | Group Strategic Financial Advisor |

There were four SWFT Governors also in attendance.

| MINUTE | | ACTION |
|---|---|---|
| **23.027** | **APOLOGIES FOR ABSENCE** | |

Apologies for absence were received from Simone Jordan (NED GEH), Kim Li, Chief Finance Officer (SWFT), David Mowbray, Chief Medical Officer (WVT), Andy Parker (Chief Operating Officer (WVT) and Grace Quantock (NED WVT).

**Resolved – that the position be noted.**

**23.028 DECLARATIONS OF INTEREST**

The Chief Nursing Officer at SWFT declared that her brother had been appointed as Group Finance Director of Acacium Group Limited.

**Resolved – that the position be noted.**

**23.029 GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the GEH public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.030 SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the SWFT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.031 WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the WVT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.032 MATTERS ARISING AND ACTIONS UPDATE REPORT**

| MINUTE | | ACTION |
|---|---|---|
| 23.032.01 | Completed Actions | |

All completed actions were listed as complete on the action log as part of the meeting papers. There were no outstanding actions.

**Resolved – that the position be noted.**

**23.033** | **OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP WORKSHOP**

The Group Chairman provided the Boards with an overview of the Foundation Group Boards Workshop presentations, which included a presentation from NHS Providers Chief Executive, Julian Hartley. The Group Chief Executive also highlighted the 'Big Moves' progress report presentations on 'Supporting Domiciliary Care' and 'Be a Very Flexible Employer'. Both presentations linked to the Foundation Group's Strategy. He emphasised the importance of the Foundation Group being flexible employers to help tackle the workforce crisis. The Group Chief Executive discussed the Integration Front Runner work taking place in Warwickshire to support Domiciliary Care which was also learning from the One Herefordshire Partnership work which was also taking place. The national Frontrunner pilot would be reporting back to the National Discharge Taskforce. As part of this programme, we are measuring the amount of time patients were waiting for discharge, not just how many were waiting.

The Group Chief Executive explained that Julian Hartley's presentation explained the national move to widen improvement training across the NHS which was launched at a recent national Chief Executives session. He celebrated the Foundation Group's positive culture around improvement, and that in response to the new national strategy we would look to move to more staff being trained in improvement skills and widening it to Place partners.

The Group Chief Executive informed the Boards that the Foundation Group had been selected for a national sprint programme to improve waiting times in outpatients, which was currently being explored alongside the Chief Operating Officers

**Resolved – that the overview of key discussions from the Foundation Group Workshop be received and noted.**

**23.034** | **FOUNDATION GROUP PERFORMANCE REPORT**

The Managing Director at WVT provided the Boards with an overview of WVT's performance and she highlighted three focus areas for the Trust. The first focus area was 4hr performance in the Emergency Department (ED). The Managing Director at WVT explained that WVT performance was below that of GEH and SWFT, however there was intensive staff engagement work taking place as well as an improvement and redesign plan. The Managing Director at WVT clarified that this would include a reduction in the size of ED, which the Trust had expanded significantly during the Covid-19 Pandemic however, this was proving to be causing a hindrance to flow through the department. She added that part of the improvement plan would include looking at WVT's Care at Home

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Strategy, including the use of Virtual Wards and the Discharge to Assess (D2A) model.

The Managing Director at WVT highlighted the Cancer 28 Day Faster Diagnosis Standard, which had improved over the last quarter. She informed the Board that WVT's 62 day performance was the best out of all three Trusts in the Foundation Group, however improvement of the regional rating was still required. The Managing Director at WVT assured the Board that Mortality and Summary Hospital-Level Mortality Indicator (SHMI) was continuing to improve with a continuous focus led by the Chief Medical Officer at WVT. She explained that there was however an issue with Hospital Standardised Mortality Ratio (HSMR), which was a common theme across the three Trusts in the Foundation Group. The Managing Director at WVT informed the Boards that resolving the issues around Palliative Care coding would make WVT better than the national average, therefore there was a piece of Foundation Group-wide work to improve this.

The Managing Director of WVT highlighted that the ED performance was one of her biggest concerns, along with reaching year-end financial balance and the potential consequences if the wrong decisions were made.

The Managing Director at GEH informed the Boards that GEH had been performing above the national average, however since October 2022 they had seen a gradual decrease in the ED 4hr performance standard, similarly to that of WVT. She elaborated that the decrease directly linked to bed occupancy which, although showing as 100%, didn't reflect the patients in bed occupancy which was over 100%. The Managing Director at GEH explained that work was taking place to improve capacity and reduce length of stay. She added that despite the challenge with capacity, GEH's ambulance handover times had improved to be one of the best in the country.

The Managing Director at GEH drew attention to the cancer performance and challenges, especially with the increased demand and the 28 Day Faster Diagnosis Standard. She highlighted that patients waiting 62 days had been a concern however an MDT meeting had been held to address the waiting list and expedite the patients' treatment. This was running on a monthly basis moving forward. The Managing Director at GEH highlighted that Referral to Treatment (RTT) performance was good nationally, and the three patients that had been waiting 78 weeks for treatment had now received treatment resulting in GEH meeting the national standard by year end. She added that 52 week wait figures had increased but this has been planned due to maintenance work taking place on three of the theatres attached to the day procedures unit, however this had now improved flow in that area in prep for summer. The Managing Director at GEH informed the Boards that Medically Fit For Discharge (MFFD) did have a downward trend, however work with the community response teams were underway to ensure patients were being discharge home as soon as possible.

The Managing Director at SWFT noted that ED performance over the last quarter remained challenged following a difficult winter, however improvements were starting to be seen. He explained that SWFT teams had learnt from the winter period to improve flow in particular, worked on initiatives to improve

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Same Day Emergency Care (SDEC), and also converted the Medical Assessment Unit (MAU) to be a short stay area. The Managing Director at SWFT informed the Boards that the improvement work had paid off and performance in April 2023 was over 80%. He added that Ambulance Handover times continued to improve and alongside ED in general.

The Managing Director at SWFT informed the Boards that Cancer continued to be a concern and was his biggest area of concern, particularly cancer performance in Colorectal, which had had its highest referral month at the end of 2022. He assured the Boards that the operational teams were working on pathway redesign and understanding the new norm of increased demand. SWFT met the 78 weeks wait standard and were working towards being at no 52 week waits by the end of 2023/24.

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

The Group Chairman highlighted the increase in demand for cancer services and thanked the operational teams for focusing their attention on improving the efficiency of cancer services across the Trust. However, he explained that there had been a lot of discussions across Coventry and Warwickshire by the Chief Operating Officers relating to the supply of cancer consultants and services. The Group Chairman sought assurance whether that was improving. The Chief Medical Officer at SWFT explained that there had been intensive work on improving cancer services for the system and improvement was being seen due to Oncologists doing extra sessions, and a Locum had been employed to start in June 2023. However, the underlying problem was a capacity vs demand gap and therefore a more complicated review process was underway. The Chief Medical Officer at SWFT assured the Boards that he was pushing for an immediate arrangement to be implemented to bridge the capacity vs demand gap in the interim and this was being discussed at the next meeting in May 2023.

Mr James (NED, WVT) highlighted that the performance data for MFFD was segmented into pathways dependant on how much support patients need to go home, however noted that it would be helpful to see how many patients were on each of the pathways. He added that this was the same for staff sickness, where the data was segmented into staff groups rather than the reason for absence which would be helpful to know enable improvement work.

The Group Chairman thanked all three Trusts for achieving the 78 week performance standard of no patients waiting longer than 78 weeks for treatment, especially to have achieved this alongside the increased pressures with the numerous strikes that had taken place and the increase in demand.

**Resolved – that the Foundation Group performance report be received and noted.**

| MINUTE | | ACTION |
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| 23.035 | **VIRTUAL WARDS CAPACITY** | |

The Chief Operating Officer at GEH introduced the Virtual Wards deep dive and provided an overview of the Operational Steering Group for the Foundation Group which focused on deep dives into services. He informed the Boards that involvement in the Operational Steering Group included all three Chief Operating Officers from the Foundation Group, associated deputies and senior operational leaders. The Chief Operating Officer celebrated the success of the Operational Steering Group and how positive the feedback had been from members regarding sharing best practice and creating new connections.

The Chief Operating Officer at GEH presented a presentation on Virtual Wards Capacity which detailed some positive patient feedback, and the crucial role that Virtual Wards played in Capacity Plans during winter across all three Trusts in the Group. He explained that Virtual Wards are there to try and avoid admission, by managing patients remotely in their own home environment. As part of Virtual Wards work was also underway to try and get patients out of hospital quicker.

The Chief Operating Officer at GEH informed the Boards of the challenges faced by Virtual Wards which included: clinical confidence needing to be improved to enable more success; and, projections of increased activity being capped at the current levels due to funding restrictions. He added that recruitment into the required roles for staffing the Virtual Wards remained difficult, as well as data systems and connectivity issues especially for community colleagues in rural areas. The Chief Operating Officer at GEH explained that all Trusts were committed to delivering their capacity plans, and virtual wards was a standard approach to providing acute care for people without taking up acute beds.

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

The Group Chief Executive highlighted that Virtual Wards was part of one of the Foundation Group's strategy 'Big Moves' seeing 'home first supported by technology and partnerships'. He noted that the presentation showed variation in each Trusts' approach to Virtual Wards and the specialties it covered. The Group Chief Executive queried whether, as a Foundation Group, the ambition was big enough for what could be achieved. He acknowledged that clinical confidence needed to be built, however each Trust had significant resource and capacity to gain from improving Virtual Wards capacity. The Group Chief Executive also commented whether the staff for Virtual Wards could be more generic and have a team that worked between community and the acute.

The Group Chairman echoed the Group Chief Executive's points and highlighted that as Foundation Group the current plan was working at 250-260 Virtual Ward beds. If performance was working at the standard of the Trust with the best practice, the Foundation Group would be looking at closer to 400 beds which would make a huge difference to flow and capacity.

The Chief Nursing Officer at SWFT thanked the Chief Operating Officer at GEH for an informative presentation, however agreed with the Group Chief

| MINUTE | | ACTION |
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| | Executive that clinical confidence needed to be built by sharing best practice scenarios that were already happening within the Foundation Group. She queried why recruitment was challenged as it hadn't been a problem in the community as such. The Chief Operating Officer at GEH explained that recruitment was difficult due to how specific the roles were, whereas historically models had more flexibility. The roles for Virtual Wards needed more acute experience but from people who wanted to work in the community. | |
| | The Managing Director at WVT informed the Chief Operating Officer at GEH that she would be interested to see the operational plan and understand how Virtual Wards were working successfully. She explained that the figures in the presentation should be more of a baseline minimum rather than the top of what could be achieved. | |
| | Mr James (NED, WVT) sought assurance that creating Virtual Wards, to free up physical beds in the hospital, would not become an additional service and cause more work.  The Group Chairman informed Mr James that by freeing up physical acute beds, more elective work could take place and help clear the large backlog. He explained that if physical beds were being taken up by new patients, then that should be taken as a success. The Group Chief Executive added that Virtual Wards was the key to facilitating and contacting capacity in the right wards with the right staff. | |
| | Dr Raistrick (NED, GEH) queried whether patients in the community would be able to access Virtual Wards through a different pathway compared to going via A&E assessment. The Chief Medical Officer at SWFT informed Ms Raistrick that the patients on Virtual Wards were patients having active medical intervention so would not need to go via A&E, teams can link in directly with the Virtual Wards team. | |
| | **Resolved – that Virtual Wards capacity deep dive be received and noted.** | |
| 23.036 | **SAME DAY EMERGENCY CARE (SDEC)** | |
| | The Chief Operating Officer at SWFT provided a presentation on SDEC. SDEC was where patients could be treated by a specialist on the same day and were therefore less likely to be admitted and if they were it reduced their length of stay. The Chief Operating Officer at SWFT highlighted that the benefits of SDEC meant that it was the way patients on an emergency pathway should be treated and the way of achieving that was not bedding patients into those areas. However, winter pressures and when demands high it was incredibly difficult to not use free beds when patients were waiting in areas not suitable. | |
| | The Chief Operating Officer at SWFT informed the Boards that across the Foundation Group there were 12 SDEC areas, Frailty, Medicine, and Surgical at each Trust, as well as Paediatrics and Early Pregnancy at SWFT. Each Trust had tried to improve each area. GEH put a hard stop of bedding into SDEC areas in June 2022 and since then there had been a significant improvement of attendance in SDEC at the Trust. The Chief Operating Officer at SWFT continued that GEH also looked into their criteria for admission to SDEC, and if patients didn't meet the criteria, why. This work changed the focus of the type of patients that met criteria and increased admissions. GEH increased their | |

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senior decision maker hours and NHS England (NHSE) asked the Trust to be included in their NHS Elective Accelerator Programme.

The Chief Operating Officer at SWFT informed the Boards that SWFT had similar issues to GEH with being unable to avoid bedding into SDEC areas during periods of significant operational pressures. She explained that following this SWFT trialled a 7-Day PDSA (Plan, Do, Study, Act) in January 2023 to address the issues with bedding into SDEC areas. As part of the PDSA the Trust provided an additional 230 hours across 7 days, which demonstrated the importance of not bedding patients into SDEC areas. It also strengthened the Trust's relationship with General Practitioners as well as West Midlands Ambulance Service (WMAS), direct referrals through 111 algorithms and reduced time to triage to 16 minutes.

The Chief Operating Officer at SWFT confirmed that WVT faced the same bedding into SDEC challenges but had managed to resolve the issues by building a purpose build SDEC unit which were not available to bed patients in. WVT's Frailty SDEC Unit was still on a ward and therefore work was taking place to try and resolve this, including the possibility of co-locating Frailty SDEC and Virtual Ward.

The Chief Operating Officer at SWFT explained that moving forward the operational teams wanted to work towards a join dashboard for benchmarking, along with moving towards a 'Never Event' style governance. This would ensure that if there was ever a need to bed into SDEC areas an investigation into why would take place and what learnings could be taken from the event.

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

The Group Chief Executive was pleased to see how SDEC areas had evolved over the years, which had been a necessary evolution to build confidence that the pathways were effective. He added that it was important to ensure future work would help right size SDEC based on the demographics to ensure their potential was not being restricted by capacity.

The Chief Medical Officer at GEH queried whether making SDEC fully integrated had been explored. The Chief Operating Officer at SWFT confirmed that the potential of integrating SDEC had been discussed, predominantly around nursing staff, however this had not created as many benefits as expected however this was definitely needing to be explored further.

**Resolved – that the SDEC deep dive be received and noted.**

**23.037**    **FASTER 28 DAY DIAGNOSIS**

The Associate Chief Operating Officer at WVT presented to the Boards an update on the Faster 28 Day Diagnosis Standard. She started by explaining that the Faster 28 Day Diagnosis Standard was put in place in October 2021 to ensure patients would be diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer.

| MINUTE | | ACTION |
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| | The Associate Chief Operating Officer at WVT informed the Boards that for patients who get diagnosed with cancer within the 28 Days would start their treatment as soon as possible. This was introduced in October 2021, as part of the NHS long term plan with the aim that by 2028 55,000 more people each year would survive their cancer for five years or more, and 75% of people with cancer would be diagnosed at an early stage (stage one or two). The Associate Chief Operating Officer at WVT emphasised just how important the Faster 28 Day Diagnosis Standard was to deliver. | |
| | The Associate Chief Operating Officer at WVT explained that there was variation each month between the three Trusts, however significant improvements towards meeting the Faster 28 Day Diagnosis standard had been evident since February 2023. Nationally the Foundation Group was sitting in the lower performance quartile and therefore continued improvement needed to be made. She explained that challenges shared across the Foundation Group included not having a 'One Stop' Oncology clinic, which was trying to be pulled together. There was also delays across all tumour sites in Histopathology turn around times, and therefore a 7-day turnaround time standard was trying to be established as well as maximising the work flow. The Associate Chief Operating Officer at WVT highlighted that one of the delays faced in Cancer was due to the admin delays regarding the turnaround of results letters. | |
| | The Group Chairman invited questions and perspectives, and of particular note were the following points. | |
| | The Group Chief Executive expressed the importance of working on improving and establishing innovative ways of working to ensure staff are not just working longer and harder to combat issues. | |
| | Mr Myers (NED, WVT) raised his concerns regarding the administrative delays and backlog, as this should be an area that the Foundation Group can resolve quite easily. The Associate Chief Operating Officer at WVT explained that work had started to create a cross cover system for admin teams to ensure work wasn't dropped, particularly in cancer services, during periods of sickness and leave. | |
| | **Resolved – that Faster 28 Day Diagnosis deep dive be received and noted.** | |
| 23.038 | **FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR 2023/24 FOR APPROVAL** | |
| | The Boards approved the schedule of business for 2023/24. | |
| | **Resolved – that Foundation Group Boards schedule of business for 2023/24 be approved and ratified.** | |
| 23.039 | **STAFF SURVEY RESULTS OVERVIEW AND ACTION PLAN** | |
| | The Chief People Officers took the Staff Survey results overview and action plan as read, with the view that the results had been discussed at length in each Trust's Board meetings. | |

| MINUTE | | ACTION |
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| | The Group Chairman invited questions and perspectives, and of particular note were the following points. | |
| | The Group Chief Executive echoed the Chief People Officers comments regarding the results having been discussed at each individual Trust Board, he also explained that the data provided in the report supported the 'Big Move' presentation received in the Foundation Group Boards Workshop. | |
| | Mrs Kneafsey (NED, GEH) queried what the plans were to increase response rate moving forward. The Chief People Officer at GEH/SWFT explained that there were numerous plans in place to try and increase response rate, including regular conversations from leaders throughout the year, and reassuring staff that their feedback contributes to positive change. | |
| | **Resolved – that the Staff Survey results overview and action plan be received and noted.** | |
| **23.040** | **ANY OTHER BUSINESS** | |
| | No further business was discussed. | |
| | **Resolved – that the position be noted.** | |
| **23.041** | **QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS** | |
| 23.041.01 | Question from a Member of the Public - Mr Chris Lewandowski | |
| | The following question was submitted by member of the public, Mr Chris Lewandowski, in advance of the meeting: | |
| | *'Nationally there seems to be a shortage of beds for both adult and children needing mental health care. In some areas of the country this has led to mental health patients, including children, being, perhaps inappropriately, placed in mainstream hospitals. What is the situation in Herefordshire?'* | |
| | The Manging Director at WVT explained that there was very rarely an issue with Adult patients needing mental health care being stuck in an acute bed, however there was an issue with Children and Young People. However, she emphasised that the number varies but has not been higher than around four. The Managing Director at WVT offered assurance that there was national work taking place to improve mental health beds capacity. | |
| | **Resolved – that position be noted.** | |
| 23.041.02 | Question from a SWFT Public Governor (West Stratford and Borders) | |
| | The Public Governor queried what complex infections could be managed remotely through virtual wards due to the size of the ward being quite large. The Chief Medical Officer at SWFT informed the Public Governor that it was for infections that needed intravenous antibiotics where a line can be put in for the patient to inject themselves. These infections are things such as Endocarditis (an infection of the heart) and other deep boned or abdomen infections. | |

| **MINUTE** | | **ACTION** |
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| **23.042** | **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE** | |
| **23.043** | **APOLOGIES FOR ABSENCE** | |
| **23.044** | **DECLARATIONS OF INTEREST** | |
| **23.045** | **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.046** | **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.047** | **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.048** | **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT** | |
| **23.049** | **ANY OTHER CONFIDENTIAL BUSINESS** | |
| **23.050** | **DATE AND TIME OF NEXT MEETING** | |
| | The next meeting would be held on 2 August 2023 at 1.30pm via Microsoft Teams. | |

Signed  _____ (Group Chairman)        Date: 2 August 2023
Russell Hardy

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

**SWFT Minutes of the Public Foundation Group Boards Meeting**
**Held on Wednesday 3 May 2023 at 1.30pm via Microsoft Teams**
**In Parallel with GEH and WVT**

<u>Present</u>:

| | | |
|---|---|---|
| Russell Hardy | (RH) | Group Chairman |
| Charles Ashton | (CA) | Chief Medical Officer SWFT |
| Glen Burley | (GB) | Group Chief Executive |
| Yasmin Becker | (YB) | NED SWFT |
| Fiona Burton | (FB) | Chief Nursing Officer SWFT |
| Adam Carson | (ACa) | Managing Director SWFT |
| Richard Colley | (RC) | NED SWFT |
| Paramjit Gill | (PG) | Nominated NED SWFT |
| Harkamal Heran | (HH) | Chief Operating Officer SWFT |
| Simon Page | (SP) | NED SWFT |
| David Spraggett | (DS) | NED SWFT |
| Sue Whelan Tracey | (SWT) | NED SWFT |

<u>In attendance:</u>
<u>SWFT:</u>

| | | |
|---|---|---|
| Varadarajan Baskar | (VB) | Operational Chief Medical Officer SWFT |
| Ravi Basi | (RB) | Deputy Chief Finance Officer SWFT (Deputising for the Chief Finance Officer SWFT) |
| Sarah Collett | (SC) | Trust Secretary SWFT/GEH |
| Phil Gilbert | (PGi) | NED (Non-Voting) SWFT |
| Sarah Moppett | (SM) | Director of Recovery and Care Excellence SWFT |
| Gertie Nic Philib | (GP) | Chief People Officer SWFT/GEH |
| Mary Powell | (MP) | Head of Strategic Communications SWFT |

<u>GEH:</u>

| | | |
|---|---|---|
| Catherine Free | (CF) | Managing Director GEH |
| Natalie Green | (NG) | Chief Nursing Officer GEH |
| Haq Khan | (HK) | Chief Finance Officer GEH |
| Rosie Kneafsey | (RK) | NED GEH |
| Anil Majithia | (AM) | NED GEH |
| Jenni Northcote | (JN) | Chief Strategy Officer GEH |
| Sarah Raistrick | (SR) | NED GEH |
| Najam Rashid | (NR) | Chief Medical Officer GEH |
| Umar Zamman | (UZ) | NED GEH |
| Robin Snead | (RS) | Chief Operating Officer GEH |
| James Turner | (JT) | Head of Communications and Engagement GEH |

<u>WVT:</u>

| | | |
|---|---|---|
| Jon Barnes | (JB) | Chief Transformation Officer WVT |
| Andrew Cottom | (AC) | NED WVT |
| Claire Carlson | (CC) | Deputy Chief Operating Officer WVT (Deputising for the Chief Operating Officer WVT) |
| Alan Dawson | (AD) | Chief Strategy and Planning Officer WVT |
| Robbie Dedi | (RD) | Deputy Chief Medical Officer WVT (Deputising for the Chief Medical Officer WVT) |
| Geoffrey Etule | (GE) | Chief People Officer WVT |
| Lucy Flanagan | (LG) | Chief Nursing Officer WVT |

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)**
**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)**
**WYE VALLEY NHS TRUST (WVT)**
**SWFT Minutes of the Foundation Group Boards Meeting Held on 3 May 2023**

| | | |
|---|---|---|
| Fiona Gurney | (FG) | Communications Officer WVT |
| Erica Hermon | (EH) | Associate Director of Corporate Governance and Company Secretary WVT |
| Jane Ives | (JI) | Managing Director WVT |
| Ian James | (IJ) | NED WVT |
| Frances Martin | (FM) | NED WVT |
| Frank Myers | (FMy) | Associate Non-Executive Director (ANED) WVT |
| Katie Osmond | (KO) | Chief Finance Officer WVT |
| Jo Rouse | (JR) | NED WVT |
| Nicola Twigg | (NT) | NED WVT |

Foundation Group:

| | | |
|---|---|---|
| Chelsea Ireland | (CI) | Foundation Group EA (Board Administrator) |
| David Moon | (DMo) | Group Strategic Financial Advisor |

There were four SWFT Governors also in attendance.

| MINUTE | | ACTION |
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**23.027**    **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Simone Jordan (NED GEH), Kim Li, Chief Finance Officer (SWFT), David Mowbray, Chief Medical Officer (WVT), Andy Parker (Chief Operating Officer (WVT) and Grace Quantock (NED WVT).

**Resolved – that the position be noted.**

**23.028**    **DECLARATIONS OF INTEREST**

The Chief Nursing Officer at SWFT declared that her brother had been appointed as Group Finance Director of Acacium Group Limited.

**Resolved – that the position be noted.**

**23.029**    **GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the GEH public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.030**    **SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the SWFT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.031**    **WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the WVT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.032**    **MATTERS ARISING AND ACTIONS UPDATE REPORT**

| MINUTE | | ACTION |
|---|---|---|
| 23.032.01 | <u>Completed Actions</u><br><br>All completed actions were listed as complete on the action log as part of the meeting papers. There were no outstanding actions.<br><br>**<u>Resolved</u> – that the position be noted.** | |
| **23.033** | **<u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP WORKSHOP</u>**<br><br>The Group Chairman provided the Boards with an overview of the Foundation Group Boards Workshop presentations, which included a presentation from NHS Providers Chief Executive, Julian Hartley. The Group Chief Executive also highlighted the 'Big Moves' progress report presentations on 'Supporting Domiciliary Care' and 'Be a Very Flexible Employer'. Both presentations linked to the Foundation Group's Strategy. He emphasised the importance of the Foundation Group being flexible employers to help tackle the workforce crisis. The Group Chief Executive discussed the Integration Front Runner work taking place in Warwickshire to support Domiciliary Care which was also learning from the One Herefordshire Partnership work which was also taking place. The national Frontrunner pilot would be reporting back to the National Discharge Taskforce. As part of this programme, we are measuring the amount of time patients were waiting for discharge, not just how many were waiting.<br><br>The Group Chief Executive explained that Julian Hartley's presentation explained the national move to widen improvement training across the NHS which was launched at a recent national Chief Executives session. He celebrated the Foundation Group's positive culture around improvement, and that in response to the new national strategy we would look to move to more staff being trained in improvement skills and widening it to Place partners.<br><br>The Group Chief Executive informed the Boards that the Foundation Group had been selected for a national sprint programme to improve waiting times in outpatients, which was currently being explored alongside the Chief Operating Officers<br><br>**<u>Resolved</u> – that the overview of key discussions from the Foundation Group Workshop be received and noted.** | |
| **23.034** | **<u>FOUNDATION GROUP PERFORMANCE REPORT</u>**<br><br>The Managing Director at WVT provided the Boards with an overview of WVT's performance and she highlighted three focus areas for the Trust. The first focus area was 4hr performance in the Emergency Department (ED). The Managing Director at WVT explained that WVT performance was below that of GEH and SWFT, however there was intensive staff engagement work taking place as well as an improvement and redesign plan. The Managing Director at WVT clarified that this would include a reduction in the size of ED, which the Trust had expanded significantly during the Covid-19 Pandemic however, this was proving to be causing a hindrance to flow through the department. She added that part of the improvement plan would include looking at WVT's Care at Home | |

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Strategy, including the use of Virtual Wards and the Discharge to Assess (D2A) model.

The Managing Director at WVT highlighted the Cancer 28 Day Faster Diagnosis Standard, which had improved over the last quarter. She informed the Board that WVT's 62 day performance was the best out of all three Trusts in the Foundation Group, however improvement of the regional rating was still required. The Managing Director at WVT assured the Board that Mortality and Summary Hospital-Level Mortality Indicator (SHMI) was continuing to improve with a continuous focus led by the Chief Medical Officer at WVT. She explained that there was however an issue with Hospital Standardised Mortality Ratio (HSMR), which was a common theme across the three Trusts in the Foundation Group. The Managing Director at WVT informed the Boards that resolving the issues around Palliative Care coding would make WVT better than the national average, therefore there was a piece of Foundation Group-wide work to improve this.

The Managing Director of WVT highlighted that the ED performance was one of her biggest concerns, along with reaching year-end financial balance and the potential consequences if the wrong decisions were made.

The Managing Director at GEH informed the Boards that GEH had been performing above the national average, however since October 2022 they had seen a gradual decrease in the ED 4hr performance standard, similarly to that of WVT. She elaborated that the decrease directly linked to bed occupancy which, although showing as 100%, didn't reflect the patients in bed occupancy which was over 100%. The Managing Director at GEH explained that work was taking place to improve capacity and reduce length of stay. She added that despite the challenge with capacity, GEH's ambulance handover times had improved to be one of the best in the country.

The Managing Director at GEH drew attention to the cancer performance and challenges, especially with the increased demand and the 28 Day Faster Diagnosis Standard. She highlighted that patients waiting 62 days had been a concern however an MDT meeting had been held to address the waiting list and expedite the patients' treatment. This was running on a monthly basis moving forward. The Managing Director at GEH highlighted that Referral to Treatment (RTT) performance was good nationally, and the three patients that had been waiting 78 weeks for treatment had now received treatment resulting in GEH meeting the national standard by year end. She added that 52 week wait figures had increased but this has been planned due to maintenance work taking place on three of the theatres attached to the day procedures unit, however this had now improved flow in that area in prep for summer. The Managing Director at GEH informed the Boards that Medically Fit For Discharge (MFFD) did have a downward trend, however work with the community response teams were underway to ensure patients were being discharge home as soon as possible.

The Managing Director at SWFT noted that ED performance over the last quarter remained challenged following a difficult winter, however improvements were starting to be seen. He explained that SWFT teams had learnt from the winter period to improve flow in particular, worked on initiatives to improve

<table>
<tr><td>**MINUTE**</td><td></td><td>**ACTION**</td></tr>
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Same Day Emergency Care (SDEC), and also converted the Medical Assessment Unit (MAU) to be a short stay area. The Managing Director at SWFT informed the Boards that the improvement work had paid off and performance in April 2023 was over 80%. He added that Ambulance Handover times continued to improve and alongside ED in general.

The Managing Director at SWFT informed the Boards that Cancer continued to be a concern and was his biggest area of concern, particularly cancer performance in Colorectal, which had had its highest referral month at the end of 2022. He assured the Boards that the operational teams were working on pathway redesign and understanding the new norm of increased demand. SWFT met the 78 weeks wait standard and were working towards being at no 52 week waits by the end of 2023/24.

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

The Group Chairman highlighted the increase in demand for cancer services and thanked the operational teams for focusing their attention on improving the efficiency of cancer services across the Trust. However, he explained that there had been a lot of discussions across Coventry and Warwickshire by the Chief Operating Officers relating to the supply of cancer consultants and services. The Group Chairman sought assurance whether that was improving. The Chief Medical Officer at SWFT explained that there had been intensive work on improving cancer services for the system and improvement was being seen due to Oncologists doing extra sessions, and a Locum had been employed to start in June 2023. However, the underlying problem was a capacity vs demand gap and therefore a more complicated review process was underway. The Chief Medical Officer at SWFT assured the Boards that he was pushing for an immediate arrangement to be implemented to bridge the capacity vs demand gap in the interim and this was being discussed at the next meeting in May 2023.

Mr James (NED, WVT) highlighted that the performance data for MFFD was segmented into pathways dependant on how much support patients need to go home, however noted that it would be helpful to see how many patients were on each of the pathways. He added that this was the same for staff sickness, where the data was segmented into staff groups rather than the reason for absence which would be helpful to know enable improvement work.

The Group Chairman thanked all three Trusts for achieving the 78 week performance standard of no patients waiting longer than 78 weeks for treatment, especially to have achieved this alongside the increased pressures with the numerous strikes that had taken place and the increase in demand.

**Resolved – that the Foundation Group performance report be received and noted.**

| MINUTE | | ACTION |
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| 23.035 | **VIRTUAL WARDS CAPACITY** | |

The Chief Operating Officer at GEH introduced the Virtual Wards deep dive and provided an overview of the Operational Steering Group for the Foundation Group which focused on deep dives into services. He informed the Boards that involvement in the Operational Steering Group included all three Chief Operating Officers from the Foundation Group, associated deputies and senior operational leaders. The Chief Operating Officer celebrated the success of the Operational Steering Group and how positive the feedback had been from members regarding sharing best practice and creating new connections.

The Chief Operating Officer at GEH presented a presentation on Virtual Wards Capacity which detailed some positive patient feedback, and the crucial role that Virtual Wards played in Capacity Plans during winter across all three Trusts in the Group. He explained that Virtual Wards are there to try and avoid admission, by managing patients remotely in their own home environment. As part of Virtual Wards work was also underway to try and get patients out of hospital quicker.

The Chief Operating Officer at GEH informed the Boards of the challenges faced by Virtual Wards which included: clinical confidence needing to be improved to enable more success; and, projections of increased activity being capped at the current levels due to funding restrictions. He added that recruitment into the required roles for staffing the Virtual Wards remained difficult, as well as data systems and connectivity issues especially for community colleagues in rural areas. The Chief Operating Officer at GEH explained that all Trusts were committed to delivering their capacity plans, and virtual wards was a standard approach to providing acute care for people without taking up acute beds.

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

The Group Chief Executive highlighted that Virtual Wards was part of one of the Foundation Group's strategy 'Big Moves' seeing 'home first supported by technology and partnerships'. He noted that the presentation showed variation in each Trusts' approach to Virtual Wards and the specialties it covered. The Group Chief Executive queried whether, as a Foundation Group, the ambition was big enough for what could be achieved. He acknowledged that clinical confidence needed to be built, however each Trust had significant resource and capacity to gain from improving Virtual Wards capacity. The Group Chief Executive also commented whether the staff for Virtual Wards could be more generic and have a team that worked between community and the acute.

The Group Chairman echoed the Group Chief Executive's points and highlighted that as Foundation Group the current plan was working at 250-260 Virtual Ward beds. If performance was working at the standard of the Trust with the best practice, the Foundation Group would be looking at closer to 400 beds which would make a huge difference to flow and capacity.

The Chief Nursing Officer at SWFT thanked the Chief Operating Officer at GEH for an informative presentation, however agreed with the Group Chief

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Executive that clinical confidence needed to be built by sharing best practice scenarios that were already happening within the Foundation Group. She queried why recruitment was challenged as it hadn't been a problem in the community as such. The Chief Operating Officer at GEH explained that recruitment was difficult due to how specific the roles were, whereas historically models had more flexibility. The roles for Virtual Wards needed more acute experience but from people who wanted to work in the community.

The Managing Director at WVT informed the Chief Operating Officer at GEH that she would be interested to see the operational plan and understand how Virtual Wards were working successfully. She explained that the figures in the presentation should be more of a baseline minimum rather than the top of what could be achieved.

Mr James (NED, WVT) sought assurance that creating Virtual Wards, to free up physical beds in the hospital, would not become an additional service and cause more work. The Group Chairman informed Mr James that by freeing up physical acute beds, more elective work could take place and help clear the large backlog. He explained that if physical beds were being taken up by new patients, then that should be taken as a success. The Group Chief Executive added that Virtual Wards was the key to facilitating and contacting capacity in the right wards with the right staff.

Dr Raistrick (NED, GEH) queried whether patients in the community would be able to access Virtual Wards through a different pathway compared to going via A&E assessment. The Chief Medical Officer at SWFT informed Ms Raistrick that the patients on Virtual Wards were patients having active medical intervention so would not need to go via A&E, teams can link in directly with the Virtual Wards team.

**Resolved – that Virtual Wards capacity deep dive be received and noted.**

23.036 | **SAME DAY EMERGENCY CARE (SDEC)**

The Chief Operating Officer at SWFT provided a presentation on SDEC. SDEC was where patients could be treated by a specialist on the same day and were therefore less likely to be admitted and if they were it reduced their length of stay. The Chief Operating Officer at SWFT highlighted that the benefits of SDEC meant that it was the way patients on an emergency pathway should be treated and the way of achieving that was not bedding patients into those areas. However, winter pressures and when demands high it was incredibly difficult to not use free beds when patients were waiting in areas not suitable.

The Chief Operating Officer at SWFT informed the Boards that across the Foundation Group there were 12 SDEC areas, Frailty, Medicine, and Surgical at each Trust, as well as Paediatrics and Early Pregnancy at SWFT. Each Trust had tried to improve each area. GEH put a hard stop of bedding into SDEC areas in June 2022 and since then there had been a significant improvement of attendance in SDEC at the Trust. The Chief Operating Officer at SWFT continued that GEH also looked into their criteria for admission to SDEC, and if patients didn't meet the criteria, why. This work changed the focus of the type of patients that met criteria and increased admissions. GEH increased their

| MINUTE | | ACTION |
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senior decision maker hours and NHS England (NHSE) asked the Trust to be included in their NHS Elective Accelerator Programme.

The Chief Operating Officer at SWFT informed the Boards that SWFT had similar issues to GEH with being unable to avoid bedding into SDEC areas during periods of significant operational pressures. She explained that following this SWFT trialled a 7-Day PDSA (Plan, Do, Study, Act) in January 2023 to address the issues with bedding into SDEC areas. As part of the PDSA the Trust provided an additional 230 hours across 7 days, which demonstrated the importance of not bedding patients into SDEC areas. It also strengthened the Trust's relationship with General Practitioners as well as West Midlands Ambulance Service (WMAS), direct referrals through 111 algorithms and reduced time to triage to 16 minutes.

The Chief Operating Officer at SWFT confirmed that WVT faced the same bedding into SDEC challenges but had managed to resolve the issues by building a purpose build SDEC unit which were not available to bed patients in. WVT's Frailty SDEC Unit was still on a ward and therefore work was taking place to try and resolve this, including the possibility of co-locating Frailty SDEC and Virtual Ward.

The Chief Operating Officer at SWFT explained that moving forward the operational teams wanted to work towards a join dashboard for benchmarking, along with moving towards a 'Never Event' style governance. This would ensure that if there was ever a need to bed into SDEC areas an investigation into why would take place and what learnings could be taken from the event.

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

The Group Chief Executive was pleased to see how SDEC areas had evolved over the years, which had been a necessary evolution to build confidence that the pathways were effective. He added that it was important to ensure future work would help right size SDEC based on the demographics to ensure their potential was not being restricted by capacity.

The Chief Medical Officer at GEH queried whether making SDEC fully integrated had been explored. The Chief Operating Officer at SWFT confirmed that the potential of integrating SDEC had been discussed, predominantly around nursing staff, however this had not created as many benefits as expected however this was definitely needing to be explored further.

**Resolved – that the SDEC deep dive be received and noted.**

**23.037     FASTER 28 DAY DIAGNOSIS**

The Associate Chief Operating Officer at WVT presented to the Boards an update on the Faster 28 Day Diagnosis Standard. She started by explaining that the Faster 28 Day Diagnosis Standard was put in place in October 2021 to ensure patients would be diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer.

| MINUTE | | ACTION |
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| | The Associate Chief Operating Officer at WVT informed the Boards that for patients who get diagnosed with cancer within the 28 Days would start their treatment as soon as possible. This was introduced in October 2021, as part of the NHS long term plan with the aim that by 2028 55,000 more people each year would survive their cancer for five years or more, and 75% of people with cancer would be diagnosed at an early stage (stage one or two). The Associate Chief Operating Officer at WVT emphasised just how important the Faster 28 Day Diagnosis Standard was to deliver. | |
| | The Associate Chief Operating Officer at WVT explained that there was variation each month between the three Trusts, however significant improvements towards meeting the Faster 28 Day Diagnosis standard had been evident since February 2023. Nationally the Foundation Group was sitting in the lower performance quartile and therefore continued improvement needed to be made. She explained that challenges shared across the Foundation Group included not having a 'One Stop' Oncology clinic, which was trying to be pulled together. There was also delays across all tumour sites in Histopathology turn around times, and therefore a 7-day turnaround time standard was trying to be established as well as maximising the work flow. The Associate Chief Operating Officer at WVT highlighted that one of the delays faced in Cancer was due to the admin delays regarding the turnaround of results letters. | |
| | The Group Chairman invited questions and perspectives, and of particular note were the following points. | |
| | The Group Chief Executive expressed the importance of working on improving and establishing innovative ways of working to ensure staff are not just working longer and harder to combat issues. | |
| | Mr Myers (NED, WVT) raised his concerns regarding the administrative delays and backlog, as this should be an area that the Foundation Group can resolve quite easily. The Associate Chief Operating Officer at WVT explained that work had started to create a cross cover system for admin teams to ensure work wasn't dropped, particularly in cancer services, during periods of sickness and leave. | |
| | **Resolved – that Faster 28 Day Diagnosis deep dive be received and noted.** | |
| 23.038 | **FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR 2023/24 FOR APPROVAL** | |
| | The Boards approved the schedule of business for 2023/24. | |
| | **Resolved – that Foundation Group Boards schedule of business for 2023/24 be approved and ratified.** | |
| 23.039 | **STAFF SURVEY RESULTS OVERVIEW AND ACTION PLAN** | |
| | The Chief People Officers took the Staff Survey results overview and action plan as read, with the view that the results had been discussed at length in each Trust's Board meetings. | |

| MINUTE | | ACTION |
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| | The Group Chairman invited questions and perspectives, and of particular note were the following points. | |
| | The Group Chief Executive echoed the Chief People Officers comments regarding the results having been discussed at each individual Trust Board, he also explained that the data provided in the report supported the 'Big Move' presentation received in the Foundation Group Boards Workshop. | |
| | Mrs Kneafsey (NED, GEH) queried what the plans were to increase response rate moving forward. The Chief People Officer at GEH/SWFT explained that there were numerous plans in place to try and increase response rate, including regular conversations from leaders throughout the year, and reassuring staff that their feedback contributes to positive change. | |
| | **Resolved – that the Staff Survey results overview and action plan be received and noted.** | |
| **23.040** | **ANY OTHER BUSINESS** | |
| | No further business was discussed. | |
| | **Resolved – that the position be noted.** | |
| **23.041** | **QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS** | |
| 23.041.01 | Question from a Member of the Public - Mr Chris Lewandowski | |
| | The following question was submitted by member of the public, Mr Chris Lewandowski, in advance of the meeting: | |
| | *'Nationally there seems to be a shortage of beds for both adult and children needing mental health care. In some areas of the country this has led to mental health patients, including children, being, perhaps inappropriately, placed in mainstream hospitals. What is the situation in Herefordshire?'* | |
| | The Manging Director at WVT explained that there was very rarely an issue with Adult patients needing mental health care being stuck in an acute bed, however there was an issue with Children and Young People. However, she emphasised that the number varies but has not been higher than around four. The Managing Director at WVT offered assurance that there was national work taking place to improve mental health beds capacity. | |
| | **Resolved – that position be noted.** | |
| 23.041.02 | Question from a SWFT Public Governor (West Stratford and Borders) | |
| | The Public Governor queried what complex infections could be managed remotely through virtual wards due to the size of the ward being quite large. The Chief Medical Officer at SWFT informed the Public Governor that it was for infections that needed intravenous antibiotics where a line can be put in for the patient to inject themselves. These infections are things such as Endocarditis (an infection of the heart) and other deep boned or abdomen infections. | |

| MINUTE | | ACTION |
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| **23.042** | **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE** | |
| **23.043** | **APOLOGIES FOR ABSENCE** | |
| **23.044** | **DECLARATIONS OF INTEREST** | |
| **23.045** | **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.046** | **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.047** | **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.048** | **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT** | |
| **23.049** | **ANY OTHER CONFIDENTIAL BUSINESS** | |
| **23.050** | **DATE AND TIME OF NEXT MEETING** | |
| | The next meeting would be held on 2 August 2023 at 1.30pm via Microsoft Teams. | |

Signed  _____ (Group Chairman)        Date: 2 August 2023
                    Russell Hardy

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

**WVT Minutes of the Public Foundation Group Boards Meeting**
**Held on Wednesday 3 May 2023 at 1.30pm via Microsoft Teams**
**In Parallel with GEH and SWFT**

<u>Present</u>:

| | | |
|---|---|---|
| Russell Hardy | (RH) | Group Chairman |
| Glen Burley | (GB) | Group Chief Executive |
| Andrew Cottom | (AC) | Non-Executive Director (NED) WVT |
| Lucy Flanagan | (LF) | Chief Nursing Officer WVT |
| Jane Ives | (JI) | Managing Director WVT |
| Ian James | (IJ) | NED WVT |
| Frances Martin | (FM) | NED WVT |
| Katie Osmond | (KO) | Chief Finance Officer WVT |
| Jo Rouse | (JR) | NED WVT |
| Nicola Twigg | (NT) | NED WVT |

<u>In attendance</u>:
<u>WVT</u>:

| | | |
|---|---|---|
| Jon Barnes | (JB) | Chief Transformation Officer WVT |
| Claire Carlson | (CC) | Deputy Chief Operating Officer WVT (Deputising for the Chief Operating Officer WVT) |
| Alan Dawson | (AD) | Chief Strategy and Planning Officer WVT |
| Robbie Dedi | (RD) | Deputy Chief Medical Officer WVT (Deputising for the Chief Medical Officer WVT) |
| Geoffrey Etule | (GE) | Chief People Officer WVT |
| Fiona Gurney | (FG) | Communications Officer WVT |
| Erica Hermon | (EH) | Associate Director of Corporate Governance and Company Secretary WVT |
| Frank Myers | (FMy) | Associate Non-Executive Director (ANED) WVT |

<u>SWFT</u>:

| | | |
|---|---|---|
| Charles Ashton | (CA) | Chief Medical Officer SWFT |
| Varadarajan Baskar | (VB) | Operational Chief Medical Officer SWFT |
| Ravi Basi | (RB) | Deputy Chief Finance Officer SWFT (Deputising for the Chief Finance Officer SWFT) |
| Yasmin Becker | (YB) | NED SWFT |
| Fiona Burton | (FB) | Chief Nursing Officer SWFT |
| Adam Carson | (ACa) | Managing Director SWFT |
| Sarah Collett | (SC) | Trust Secretary SWFT/GEH |
| Richard Colley | (RC) | NED SWFT |
| Phil Gilbert | (PGi) | NED (Non-Voting) SWFT |
| Paramjit Gill | (PG) | Nominated NED SWFT |
| Harkamal Heran | (HH) | Chief Operating Officer SWFT |
| Sarah Moppett | (SM) | Director of Recovery and Care Excellence SWFT |
| Gertie Nic Philib | (GP) | Chief People Officer SWFT/GEH |
| Simon Page | (SP) | NED SWFT |
| Mary Powell | (MP) | Head of Strategic Communications SWFT |
| David Spraggett | (DS) | NED SWFT |
| Sue Whelan Tracey | (SWT) | NED SWFT |

<u>GEH</u>:

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)**
**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)**
**WYE VALLEY NHS TRUST (WVT)**
**WVT Minutes of the Foundation Group Boards Meeting Held on 3 May 2023**

| | | |
|---|---|---|
| Catherine Free | (CF) | Managing Director GEH |
| Natalie Green | (NG) | Chief Nursing Officer GEH |
| Haq Khan | (HK) | Chief Finance Officer GEH |
| Rosie Kneafsey | (RK) | NED GEH |
| Anil Majithia | (AM) | NED GEH |
| Jenni Northcote | (JN) | Chief Strategy Officer GEH |
| Sarah Raistrick | (SR) | NED GEH |
| Najam Rashid | (NR) | Chief Medical Officer GEH |
| Robin Snead | (RS) | Chief Operating Officer GEH |
| James Turner | (JT) | Head of Communications and Engagement GEH |
| Umar Zamman | (UZ) | NED GEH |

Foundation Group:

| | | |
|---|---|---|
| Chelsea Ireland | (CI) | Foundation Group EA (Board Administrator) |
| David Moon | (DMo) | Group Strategic Financial Advisor |

There were four SWFT Governors also in attendance.

| **MINUTE** | | **ACTION** |
|---|---|---|
| **23.027** | **APOLOGIES FOR ABSENCE** | |

Apologies for absence were received from Simone Jordan (NED GEH), Kim Li, Chief Finance Officer (SWFT), David Mowbray, Chief Medical Officer (WVT), Andy Parker (Chief Operating Officer (WVT) and Grace Quantock (NED WVT).

**Resolved – that the position be noted.**

**23.028    DECLARATIONS OF INTEREST**

The Chief Nursing Officer at SWFT declared that her brother had been appointed as Group Finance Director of Acacium Group Limited.

**Resolved – that the position be noted.**

**23.029    GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the GEH public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.030    SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the SWFT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

**23.031    WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023**

**Resolved – that the WVT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.**

| MINUTE | | ACTION |
|---|---|---|
| **23.032** | **MATTERS ARISING AND ACTIONS UPDATE REPORT** | |
| 23.032.01 | Completed Actions | |
| | All completed actions were listed as complete on the action log as part of the meeting papers. There were no outstanding actions. | |
| | **Resolved – that the position be noted.** | |
| **23.033** | **OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP WORKSHOP** | |

The Group Chairman provided the Boards with an overview of the Foundation Group Boards Workshop presentations, which included a presentation from NHS Providers Chief Executive, Julian Hartley. The Group Chief Executive also highlighted the 'Big Moves' progress report presentations on 'Supporting Domiciliary Care' and 'Be a Very Flexible Employer'. Both presentations linked to the Foundation Group's Strategy. He emphasised the importance of the Foundation Group being flexible employers to help tackle the workforce crisis. The Group Chief Executive discussed the Integration Front Runner work taking place in Warwickshire to support Domiciliary Care which was also learning from the One Herefordshire Partnership work which was also taking place. The national Frontrunner pilot would be reporting back to the National Discharge Taskforce. As part of this programme, we are measuring the amount of time patients were waiting for discharge, not just how many were waiting.

The Group Chief Executive explained that Julian Hartley's presentation explained the national move to widen improvement training across the NHS which was launched at a recent national Chief Executives session. He celebrated the Foundation Group's positive culture around improvement, and that in response to the new national strategy we would look to move to more staff being trained in improvement skills and widening it to Place partners.

The Group Chief Executive informed the Boards that the Foundation Group had been selected for a national sprint programme to improve waiting times in outpatients, which was currently being explored alongside the Chief Operating Officers

**Resolved – that the overview of key discussions from the Foundation Group Workshop be received and noted.**

| **23.034** | **FOUNDATION GROUP PERFORMANCE REPORT** | |

The Managing Director at WVT provided the Boards with an overview of WVT's performance and she highlighted three focus areas for the Trust. The first focus area was 4hr performance in the Emergency Department (ED). The Managing Director at WVT explained that WVT performance was below that of GEH and SWFT, however there was intensive staff engagement work taking place as well as an improvement and redesign plan. The Managing Director at WVT clarified that this would include a reduction in the size of ED, which the Trust had expanded significantly during the Covid-19 Pandemic however, this was proving to be causing a hindrance to flow through the department. She added

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**MINUTE**                                                                 **ACTION**

that part of the improvement plan would include looking at WVT's Care at Home Strategy, including the use of Virtual Wards and the Discharge to Assess (D2A) model.

The Managing Director at WVT highlighted the Cancer 28 Day Faster Diagnosis Standard, which had improved over the last quarter. She informed the Board that WVT's 62 day performance was the best out of all three Trusts in the Foundation Group, however improvement of the regional rating was still required. The Managing Director at WVT assured the Board that Mortality and Summary Hospital-Level Mortality Indicator (SHMI) was continuing to improve with a continuous focus led by the Chief Medical Officer at WVT. She explained that there was however an issue with Hospital Standardised Mortality Ratio (HSMR), which was a common theme across the three Trusts in the Foundation Group. The Managing Director at WVT informed the Boards that resolving the issues around Palliative Care coding would make WVT better than the national average, therefore there was a piece of Foundation Group-wide work to improve this.

The Managing Director of WVT highlighted that the ED performance was one of her biggest concerns, along with reaching year-end financial balance and the potential consequences if the wrong decisions were made.

The Managing Director at GEH informed the Boards that GEH had been performing above the national average, however since October 2022 they had seen a gradual decrease in the ED 4hr performance standard, similarly to that of WVT. She elaborated that the decrease directly linked to bed occupancy which, although showing as 100%, didn't reflect the patients in bed occupancy which was over 100%. The Managing Director at GEH explained that work was taking place to improve capacity and reduce length of stay. She added that despite the challenge with capacity, GEH's ambulance handover times had improved to be one of the best in the country.

The Managing Director at GEH drew attention to the cancer performance and challenges, especially with the increased demand and the 28 Day Faster Diagnosis Standard. She highlighted that patients waiting 62 days had been a concern however an MDT meeting had been held to address the waiting list and expedite the patients' treatment. This was running on a monthly basis moving forward. The Managing Director at GEH highlighted that Referral to Treatment (RTT) performance was good nationally, and the three patients that had been waiting 78 weeks for treatment had now received treatment resulting in GEH meeting the national standard by year end. She added that 52 week wait figures had increased but this has been planned due to maintenance work taking place on three of the theatres attached to the day procedures unit, however this had now improved flow in that area in prep for summer. The Managing Director at GEH informed the Boards that Medically Fit For Discharge (MFFD) did have a downward trend, however work with the community response teams were underway to ensure patients were being discharge home as soon as possible.

The Managing Director at SWFT noted that ED performance over the last quarter remained challenged following a difficult winter, however improvements were starting to be seen. He explained that SWFT teams had learnt from the

<u>**MINUTE**</u>                                                                                                            <u>**ACTION**</u>

winter period to improve flow in particular, worked on initiatives to improve Same Day Emergency Care (SDEC), and also converted the Medical Assessment Unit (MAU) to be a short stay area. The Managing Director at SWFT informed the Boards that the improvement work had paid off and performance in April 2023 was over 80%. He added that Ambulance Handover times continued to improve and alongside ED in general.

The Managing Director at SWFT informed the Boards that Cancer continued to be a concern and was his biggest area of concern, particularly cancer performance in Colorectal, which had had its highest referral month at the end of 2022. He assured the Boards that the operational teams were working on pathway redesign and understanding the new norm of increased demand. SWFT met the 78 weeks wait standard and were working towards being at no 52 week waits by the end of 2023/24.

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

The Group Chairman highlighted the increase in demand for cancer services and thanked the operational teams for focusing their attention on improving the efficiency of cancer services across the Trust. However, he explained that there had been a lot of discussions across Coventry and Warwickshire by the Chief Operating Officers relating to the supply of cancer consultants and services. The Group Chairman sought assurance whether that was improving. The Chief Medical Officer at SWFT explained that there had been intensive work on improving cancer services for the system and improvement was being seen due to Oncologists doing extra sessions, and a Locum had been employed to start in June 2023. However, the underlying problem was a capacity vs demand gap and therefore a more complicated review process was underway. The Chief Medical Officer at SWFT assured the Boards that he was pushing for an immediate arrangement to be implemented to bridge the capacity vs demand gap in the interim and this was being discussed at the next meeting in May 2023.

Mr James (NED, WVT) highlighted that the performance data for MFFD was segmented into pathways dependant on how much support patients need to go home, however noted that it would be helpful to see how many patients were on each of the pathways. He added that this was the same for staff sickness, where the data was segmented into staff groups rather than the reason for absence which would be helpful to know enable improvement work.

The Group Chairman thanked all three Trusts for achieving the 78 week performance standard of no patients waiting longer than 78 weeks for treatment, especially to have achieved this alongside the increased pressures with the numerous strikes that had taken place and the increase in demand.

**Resolved** – that the Foundation Group performance report be received and noted.

| MINUTE | | ACTION |
|---|---|---|
| 23.035 | **VIRTUAL WARDS CAPACITY** | |

The Chief Operating Officer at GEH introduced the Virtual Wards deep dive and provided an overview of the Operational Steering Group for the Foundation Group which focused on deep dives into services. He informed the Boards that involvement in the Operational Steering Group included all three Chief Operating Officers from the Foundation Group, associated deputies and senior operational leaders. The Chief Operating Officer celebrated the success of the Operational Steering Group and how positive the feedback had been from members regarding sharing best practice and creating new connections.

The Chief Operating Officer at GEH presented a presentation on Virtual Wards Capacity which detailed some positive patient feedback, and the crucial role that Virtual Wards played in Capacity Plans during winter across all three Trusts in the Group. He explained that Virtual Wards are there to try and avoid admission, by managing patients remotely in their own home environment. As part of Virtual Wards work was also underway to try and get patients out of hospital quicker.

The Chief Operating Officer at GEH informed the Boards of the challenges faced by Virtual Wards which included: clinical confidence needing to be improved to enable more success; and, projections of increased activity being capped at the current levels due to funding restrictions. He added that recruitment into the required roles for staffing the Virtual Wards remained difficult, as well as data systems and connectivity issues especially for community colleagues in rural areas. The Chief Operating Officer at GEH explained that all Trusts were committed to delivering their capacity plans, and virtual wards was a standard approach to providing acute care for people without taking up acute beds.

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

The Group Chief Executive highlighted that Virtual Wards was part of one of the Foundation Group's strategy 'Big Moves' seeing 'home first supported by technology and partnerships'. He noted that the presentation showed variation in each Trusts' approach to Virtual Wards and the specialties it covered. The Group Chief Executive queried whether, as a Foundation Group, the ambition was big enough for what could be achieved. He acknowledged that clinical confidence needed to be built, however each Trust had significant resource and capacity to gain from improving Virtual Wards capacity. The Group Chief Executive also commented whether the staff for Virtual Wards could be more generic and have a team that worked between community and the acute.

The Group Chairman echoed the Group Chief Executive's points and highlighted that as Foundation Group the current plan was working at 250-260 Virtual Ward beds. If performance was working at the standard of the Trust with the best practice, the Foundation Group would be looking at closer to 400 beds which would make a huge difference to flow and capacity.

The Chief Nursing Officer at SWFT thanked the Chief Operating Officer at GEH for an informative presentation, however agreed with the Group Chief

| MINUTE | | ACTION |
|---|---|---|

Executive that clinical confidence needed to be built by sharing best practice scenarios that were already happening within the Foundation Group. She queried why recruitment was challenged as it hadn't been a problem in the community as such. The Chief Operating Officer at GEH explained that recruitment was difficult due to how specific the roles were, whereas historically models had more flexibility. The roles for Virtual Wards needed more acute experience but from people who wanted to work in the community.

The Managing Director at WVT informed the Chief Operating Officer at GEH that she would be interested to see the operational plan and understand how Virtual Wards were working successfully. She explained that the figures in the presentation should be more of a baseline minimum rather than the top of what could be achieved.

Mr James (NED, WVT) sought assurance that creating Virtual Wards, to free up physical beds in the hospital, would not become an additional service and cause more work. The Group Chairman informed Mr James that by freeing up physical acute beds, more elective work could take place and help clear the large backlog. He explained that if physical beds were being taken up by new patients, then that should be taken as a success. The Group Chief Executive added that Virtual Wards was the key to facilitating and contacting capacity in the right wards with the right staff.

Dr Raistrick (NED, GEH) queried whether patients in the community would be able to access Virtual Wards through a different pathway compared to going via A&E assessment. The Chief Medical Officer at SWFT informed Ms Raistrick that the patients on Virtual Wards were patients having active medical intervention so would not need to go via A&E, teams can link in directly with the Virtual Wards team.

**Resolved – that Virtual Wards capacity deep dive be received and noted.**

**23.036**    **SAME DAY EMERGENCY CARE (SDEC)**

The Chief Operating Officer at SWFT provided a presentation on SDEC. SDEC was where patients could be treated by a specialist on the same day and were therefore less likely to be admitted and if they were it reduced their length of stay. The Chief Operating Officer at SWFT highlighted that the benefits of SDEC meant that it was the way patients on an emergency pathway should be treated and the way of achieving that was not bedding patients into those areas. However, winter pressures and when demands high it was incredibly difficult to not use free beds when patients were waiting in areas not suitable.

The Chief Operating Officer at SWFT informed the Boards that across the Foundation Group there were 12 SDEC areas, Frailty, Medicine, and Surgical at each Trust, as well as Paediatrics and Early Pregnancy at SWFT. Each Trust had tried to improve each area. GEH put a hard stop of bedding into SDEC areas in June 2022 and since then there had been a significant improvement of attendance in SDEC at the Trust. The Chief Operating Officer at SWFT continued that GEH also looked into their criteria for admission to SDEC, and if patients didn't meet the criteria, why. This work changed the focus of the type of patients that met criteria and increased admissions. GEH increased their

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MINUTE                                                                    ACTION

senior decision maker hours and NHS England (NHSE) asked the Trust to be included in their NHS Elective Accelerator Programme.

The Chief Operating Officer at SWFT informed the Boards that SWFT had similar issues to GEH with being unable to avoid bedding into SDEC areas during periods of significant operational pressures. She explained that following this SWFT trialled a 7-Day PDSA (Plan, Do, Study, Act) in January 2023 to address the issues with bedding into SDEC areas. As part of the PDSA the Trust provided an additional 230 hours across 7 days, which demonstrated the importance of not bedding patients into SDEC areas. It also strengthened the Trust's relationship with General Practitioners as well as West Midlands Ambulance Service (WMAS), direct referrals through 111 algorithms and reduced time to triage to 16 minutes.

The Chief Operating Officer at SWFT confirmed that WVT faced the same bedding into SDEC challenges but had managed to resolve the issues by building a purpose build SDEC unit which were not available to bed patients in. WVT's Frailty SDEC Unit was still on a ward and therefore work was taking place to try and resolve this, including the possibility of co-locating Frailty SDEC and Virtual Ward.

The Chief Operating Officer at SWFT explained that moving forward the operational teams wanted to work towards a join dashboard for benchmarking, along with moving towards a 'Never Event' style governance. This would ensure that if there was ever a need to bed into SDEC areas an investigation into why would take place and what learnings could be taken from the event.

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

The Group Chief Executive was pleased to see how SDEC areas had evolved over the years, which had been a necessary evolution to build confidence that the pathways were effective. He added that it was important to ensure future work would help right size SDEC based on the demographics to ensure their potential was not being restricted by capacity.

The Chief Medical Officer at GEH queried whether making SDEC fully integrated had been explored. The Chief Operating Officer at SWFT confirmed that the potential of integrating SDEC had been discussed, predominantly around nursing staff, however this had not created as many benefits as expected however this was definitely needing to be explored further.

**Resolved – that the SDEC deep dive be received and noted.**

23.037    **FASTER 28 DAY DIAGNOSIS**

The Associate Chief Operating Officer at WVT presented to the Boards an update on the Faster 28 Day Diagnosis Standard. She started by explaining that the Faster 28 Day Diagnosis Standard was put in place in October 2021 to ensure patients would be diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer.

| MINUTE | | ACTION |
|---|---|---|
| | The Associate Chief Operating Officer at WVT informed the Boards that for patients who get diagnosed with cancer within the 28 Days would start their treatment as soon as possible. This was introduced in October 2021, as part of the NHS long term plan with the aim that by 2028 55,000 more people each year would survive their cancer for five years or more, and 75% of people with cancer would be diagnosed at an early stage (stage one or two). The Associate Chief Operating Officer at WVT emphasised just how important the Faster 28 Day Diagnosis Standard was to deliver. | |
| | The Associate Chief Operating Officer at WVT explained that there was variation each month between the three Trusts, however significant improvements towards meeting the Faster 28 Day Diagnosis standard had been evident since February 2023. Nationally the Foundation Group was sitting in the lower performance quartile and therefore continued improvement needed to be made. She explained that challenges shared across the Foundation Group included not having a 'One Stop' Oncology clinic, which was trying to be pulled together. There was also delays across all tumour sites in Histopathology turn around times, and therefore a 7-day turnaround time standard was trying to be established as well as maximising the work flow. The Associate Chief Operating Officer at WVT highlighted that one of the delays faced in Cancer was due to the admin delays regarding the turnaround of results letters. | |
| | The Group Chairman invited questions and perspectives, and of particular note were the following points. | |
| | The Group Chief Executive expressed the importance of working on improving and establishing innovative ways of working to ensure staff are not just working longer and harder to combat issues. | |
| | Mr Myers (NED, WVT) raised his concerns regarding the administrative delays and backlog, as this should be an area that the Foundation Group can resolve quite easily. The Associate Chief Operating Officer at WVT explained that work had started to create a cross cover system for admin teams to ensure work wasn't dropped, particularly in cancer services, during periods of sickness and leave. | |
| | **Resolved – that Faster 28 Day Diagnosis deep dive be received and noted.** | |
| 23.038 | **FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR 2023/24 FOR APPROVAL** | |
| | The Boards approved the schedule of business for 2023/24. | |
| | **Resolved – that Foundation Group Boards schedule of business for 2023/24 be approved and ratified.** | |
| 23.039 | **STAFF SURVEY RESULTS OVERVIEW AND ACTION PLAN** | |
| | The Chief People Officers took the Staff Survey results overview and action plan as read, with the view that the results had been discussed at length in each Trust's Board meetings. | |

| MINUTE | | ACTION |
|---|---|---|

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

The Group Chief Executive echoed the Chief People Officers comments regarding the results having been discussed at each individual Trust Board, he also explained that the data provided in the report supported the 'Big Move' presentation received in the Foundation Group Boards Workshop.

Mrs Kneafsey (NED, GEH) queried what the plans were to increase response rate moving forward. The Chief People Officer at GEH/SWFT explained that there were numerous plans in place to try and increase response rate, including regular conversations from leaders throughout the year, and reassuring staff that their feedback contributes to positive change.

**Resolved – that the Staff Survey results overview and action plan be received and noted.**

**23.040** **ANY OTHER BUSINESS**

No further business was discussed.

**Resolved – that the position be noted.**

**23.041** **QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**

23.041.01 Question from a Member of the Public - Mr Chris Lewandowski

The following question was submitted by member of the public, Mr Chris Lewandowski, in advance of the meeting:

*'Nationally there seems to be a shortage of beds for both adult and children needing mental health care. In some areas of the country this has led to mental health patients, including children, being, perhaps inappropriately, placed in mainstream hospitals. What is the situation in Herefordshire?'*

The Manging Director at WVT explained that there was very rarely an issue with Adult patients needing mental health care being stuck in an acute bed, however there was an issue with Children and Young People. However, she emphasised that the number varies but has not been higher than around four. The Managing Director at WVT offered assurance that there was national work taking place to improve mental health beds capacity.

**Resolved – that position be noted.**

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

The Public Governor queried what complex infections could be managed remotely through virtual wards due to the size of the ward being quite large. The Chief Medical Officer at SWFT informed the Public Governor that it was for infections that needed intravenous antibiotics where a line can be put in for the patient to inject themselves. These infections are things such as Endocarditis (an infection of the heart) and other deep boned or abdomen infections.

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| MINUTE | | ACTION |
|---|---|---|
| **23.042** | **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE** | |
| **23.043** | **APOLOGIES FOR ABSENCE** | |
| **23.044** | **DECLARATIONS OF INTEREST** | |
| **23.045** | **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.046** | **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.047** | **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** | |
| **23.048** | **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT** | |
| **23.049** | **ANY OTHER CONFIDENTIAL BUSINESS** | |
| **23.050** | **DATE AND TIME OF NEXT MEETING** | |
| | The next meeting would be held on 2 August 2023 at 1.30pm via Microsoft Teams. | |

Signed  _____ (Group Chairman)       Date: 2 August 2023
            Russell Hardy

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

**PUBLIC ACTIONS UPDATE: FOUNDATION GROUP BOARDS MEETING – 2 AUGUST 2023**

| AGENDA ITEM | ACTION | LEAD | COMMENT |
|---|---|---|---|
| **ACTIONS COMPLETE** | | | |
| 23.007<br>Group Analytics Update<br>(1 February 2023) | The Group Analytics Board include services data as part of their future project work. | Adam Carson / Haq Khan | Haq Khan confirmed this will be included in the review of the workplan which was currently underway, and this action could be marked as complete – 27.07.2023 |
| **ACTIONS IN PROGRESS** | | | |
| | | | |
| **REPORTS SCHEDULED FOR FUTURE MEETINGS** | | | |
| | | | |

| Report to | Foundation Group Boards | Agenda Item | 6.1 |
|---|---|---|---|
| **Date of Meeting** | 2 August 2023 | | |
| **Title of Report** | Foundation Group Performance Report | | |
| **Status of report:**<br>**(Consideration, position**<br>**statement,**<br>**information, discussion)** | For information | | |
| **Author:** | Damian Rogers, Head of Information, WVT | | |
| **Lead Executive Director:** | Jane Ives, Managing Director of WVT, Adam Carson, Managing Director of SWFT, and Dr Catherine Free, Managing Director of GEH | | |
| **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** | **South Warwickshire University NHS Foundation Trust** | **George Eliot Hospital NHS Trust**
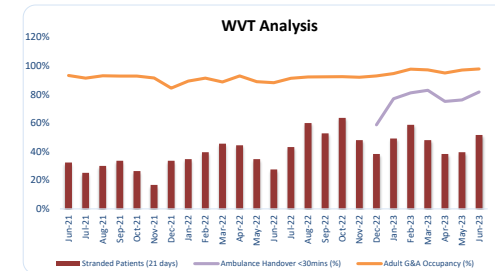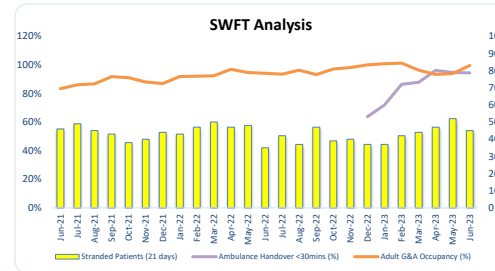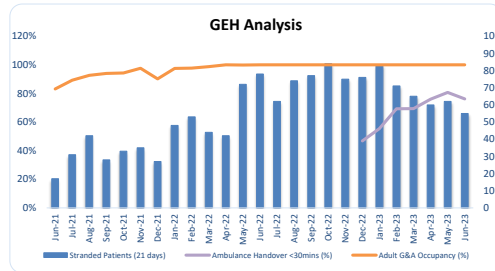
| | Indicator | Standard | Latest Data | Benchmark | | Latest Data | Current Month | Year to Date | Trend - Dec 2019 to date | DQ Mark | Current Month | Year to Date | Trend - Dec 2019 to date | DQ Mark | Current Month | Year to Date | Trend - Dec 2019 to date | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Urgent and emergency care** | ED 4 hour standard | 76% | Jun-23 | National | 73.3% | Jun-23 | 59.3% | 58.8% | | | 76.0% | 77.4% | | | 77.4% | 76.8% | | |
| | | | | Midlands | 71.2% | | | | | | | | | | | | | |
| | Ambulance Handovers < 30 mins (%) | 98% | | | | Jun-23 | 81.7% | 77.7% | | | 94.4% | 95.0% | | | 76.2% | 76.5% | | |
| | Ambulance Handovers < 60 mins (%) | 100% | | | | Jun-23 | 95.4% | 92.4% | | | 99.4% | 99.7% | | | 98.8% | 98.8% | | |
| | Same Day Emergency Care (0 LOS Emergency adult admissions) | >40% | | | | GEH & WVT Jun, SWFT Mar | 41.5% | 40.1% | | | 41.7% | 39.6% | | | 40.7% | 37.2% | | |
| | General and Acute (G&A) Occupancy | < 90% | Jun-23 | National | 94.4% | Jun-23 | 97.8% | 96.6% | | | 99.5% | 95.6% | | | 100.0% | 100.0% | | |
| | | | | Midlands | 94.9% | | | | | | | | | | | | | |
| **Mortality** | Summary Hospital -level Mortality Indicator (SHMI) | <100 | February 2022 to January 2023 | National | 100.2 | | Witihn expected range | 101 | | | Witihn expected range | 104 | | | Witihn expected range | 108 | | |
| | | | | Midlands | 100.6 | | | | | | | | | | | | | |
| **Work force** | Staff Sickness | <5% | Feb-23 | National | 5.4% | SWFT May, GEH & WVT Jun | 4.1% | | | | 3.6% | | | N/A | 5.1% | | | |
| | | | | Midlands | 5.8% | | | | | | | | | | | | | |
| **Cancer** | Cancer 62 day waits | 0 | | | | Jun-23 | 108 | | | | 120 | | | | 52 | | | |
| | 28 day referral to diagnosis confirmation to patients | 75% | May-23 | National | 71% | May-23 | 68% | | | | 65% | | | | 56% | | | |
| **RTT** | Referral to Treatment (RTT) 52 week waiters (English only) | 0 | | | | | 1431 | | | | 965 | | | | 137 | | | |
| | RTT 78 week waiters (English Only) | 0 | | | | Jun-23 | 18 | | | | 0 | | | | 0 | | | |
| | Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard | 92% | May-23 | National | 59.5% | | 59% | | | | 67% | | | | 66% | | | |
| **MFFD** | % of occupied beds considered fit for discharge | | Jun-23 | Midlands | 25% | Jun-23 | 32% | | | | 41% | | | | 26% | | | |

# Foundation Group Key Metrics

**ED 4 hour Performance**

| Trust | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GEH | 91.9% | 88.0% | 86.5% | 84.2% | 84.7% | 79.5% | 79.0% | 78.8% | 81.2% | 77.1% | 74.9% | 78.3% | 77.7% | 78.2% | 75.8% | 77.8% | 78.0% | 76.5% | 72.9% | 72.4% | 73.8% | 72.7% | 75.1% | 77.6% | 77.4% | 76.8% |
| SWFT | 86.0% | 80.1% | 76.5% | 73.7% | 58.5% | 66.1% | 72.1% | 69.8% | 67.5% | 68.4% | 67.3% | 68.6% | 65.1% | 64.1% | 63.7% | 62.2% | 61.5% | 65.8% | 52.4% | 66.6% | 67.3% | 64.1% | 83.3% | 73.0% | 76.0% | 77.4% |
| WVT | 69.7% | 70.3% | 60.7% | 66.7% | 63.0% | 64.1% | 63.5% | 61.1% | 62.9% | 59.5% | 60.1% | 63.3% | 58.8% | 57.5% | 56.8% | 56.6% | 55.0% | 57.4% | 45.1% | 54.7% | 55.1% | 55.2% | 59.6% | 57.6% | 59.3% | 58.8% |



ED 4 hour performance



Total ED 4 hour performance - Group v National position - June 2023



Type 1 ED 4 hour performance - June 2023



GEH Analysis



SWFT Analysis
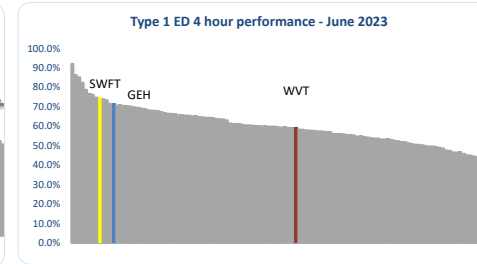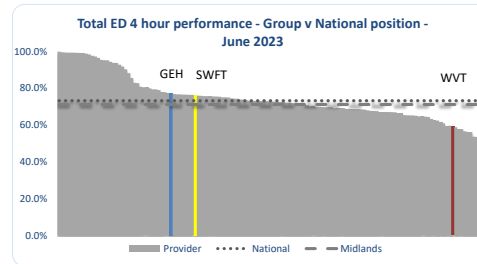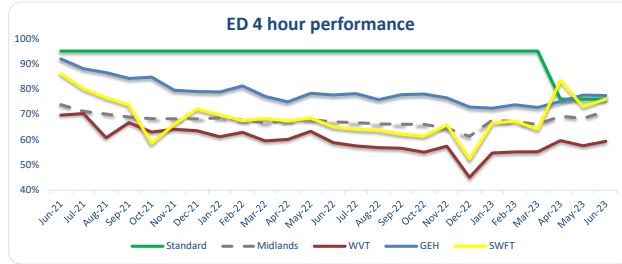


WVT Analysis

## Analysis / Current Performance:

### Wye Valley NHS Trust (WVT)

**Occupancy** - Averaged over 97% in May and June, with 10 days in June having bed occupancy over 98%+. The number of Discharge delays awaiting Pathway 1-3 support also increased during this time peaking at over 65 patient during mid-June driven by delays for Adult Social Care HomeFirst in Herefordshire and Adult Social Care delays in Powys. Over the last month we have see an improvement in delays for Herefordshire as our Discharge to Access (D2A) system Board has commenced and the HomeFirst delays have started to reduce and recruitment to our Hospital@Home "bridging team" supports some of the capacity shortfalls.

**4 Hour Performance** - Our Urgent and Emergency (UEC) pathway remains under significant pressure from high attendances with week commencing 28th May seeing the highest number of weekly attendances the Trust has seen with almost 1,500 patients. Our Type 1 4 hour performance remains in the "middle of the pack" compared with National Type 1 providers with our Minors and Paediatric Type 1 performance delivering over 90% on a consistent basis. Our WVT UEC Quality Improvement Plan which forms part our monthly Valuing Patients Time Board, is focused on the work established through our Trust wide ED engagement work started in May.

These schemes will follow rapid Plan, Do, Study , Act problem solving cycles looking at:
1. Triage / Initial assessments in Emergency Department (ED) Pit Stop using pathways and developing plans for a revised blended model approach.
2. Improve flow through our ED paediatric area and support patients not waiting in adult waiting area.
3. Diagnostic support to ED. As the ED team moving onto our MAXIMs in July for diagnostics requests and how we can improve throughput and reporting
4. How our previous Ambulatory ED can support an expanded Same Day Emergency Care (SDEC) footprint that included our Frailty SDEC (FSDEC) and incorporates our Virtual Ward functions.
5. Frailty pathway review including direct admission to FSDEC

We continue to deliver a favourable Ambulance Handover position, regionally and nationally, to ensure Ambulance clinicians are able to respond to our local community, with the best handover performance we have seen in the last year during June with 82% of patients being handover over in less than 30 mins and 4% of patients being handover over in greater than 1hour.

Our Frailty and Acute Medicine Virtual Ward (VW) was operational at the end of April and, with continued recruitment to support improvements to the out of hours period, continues to work across the Trust, Herefordshire system to gain increased referrals. This is a key area of focus to improve utilisation prior to the winter period and shared learning across the Group is vital to enhance our local pathways and practice.

### George Eliot Hospital NHS Trust (GEH)

**4 Hour Performance** - The emergency department had a total number of patient attendances in June 2023 of 8,384 an increase of 1.9% compared to May 2023 (8,229) and 5.7% higher than April 2022 (7,930)., this resulted in a reduction in performance in the month of June compared to May; year to date (YTD) 4-hour performance in June 2023 was 77.4%, a decrease of 0.3% in comparison to May 2023. However; this still remains above the National target of 76%. There were 16 over 1-hour ambulance handovers reported in June-2023. This is the same compared to May 2023 which was also 16. As seen in the table above, the Trust's performance has exceeded of the national target of 76% for both May and June 2023.

**Ambulance performan**ce - Continue to work closely with the ambulance trusts to review patient pathways and support the wider system with ambulances, taking diverts when able. High attendance and high bed occupancy has impacted capacity within the department and influenced ambulance handover times. Staff continue to ensure that all patients are cared for safely and ambulance offload is expedited.
GEH have had success in managing variation (short term release to support timely ambulance off load). They have also been able to protect SDEC from inpatient admissions to support ambulatory pathways and increase Pathway 0 discharges while Increasing medical cover at the weekend to support increased discharges on Saturdays and Sundays.

### South Warwickshire University NHS Foundation Trust (SWFT)

**4 Hour Performance** - The trust achieved 76% four hour target for April & June and Q1 2023/24, despite continued high demand and the busiest day the trust had ever seen, with 378 patient attending the Warwick site. The trust was the second best adult acute nationally for 12 hour time in the department waits, with just 0.7% of patients waiting over 12 hour opposed to the national average of 8.0%. It is also becoming clear that day to day variance in attends is becoming a feature in 2023, with significant peaks and troughs and a prediction that the number of attends at the Warwick site will fall between 280-350 more frequently this year; and days of 300+ arrivals (10 in 2022), are likely to be surpassed previous years. Also worth noting that Stratford is back to the average daily level recorded in 2019 (28.5 per day). The strikes have affected SWFT but the ability to bring in senior consultants has meant that performance has not suffered in ED in the same way as other areas. COVID continues to recede. Conversion remains similar at around 28% and though occupancy, particularly medical beds, has been at the limits since December there are some signs of those pressures abating relatively. Attends from Birmingham & Solihull have dropped by around 4% since the turn of the year, and Solihull Minor Injuries Unit (MIU) has reopen in June. This may help reverse some of the 185% increase in attends to Warwick/Stratford from patients registered with GP's in this area (18/19 compared to 22/23).
SDEC continues to be a priority for the division with a key focus on not bedding into Frailty Assessment Area (FAA) overnight. (FAA) SDEC activity in month has been over 300 patients in June, and Medical Day Case Unit (MDCU) has also seen 860 patients in the month.

**Ambulance performance** - Ambulance turnaround times continue to be amongst the best in the region, despite continued high levels of inappropriate intelligent conveyance from WMAS. SWFT has continued to see an increase in 'Out of area' conveyancing, which have been accounting for around 20% of the monthly activity, which is a rise from 14% pre covid.
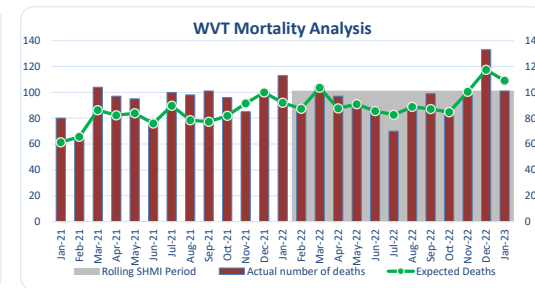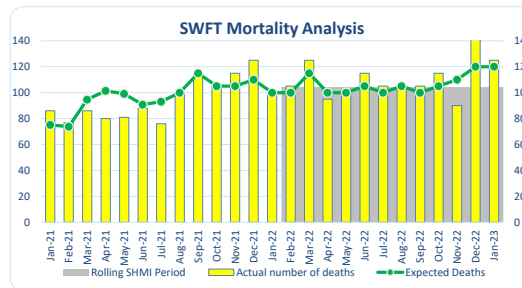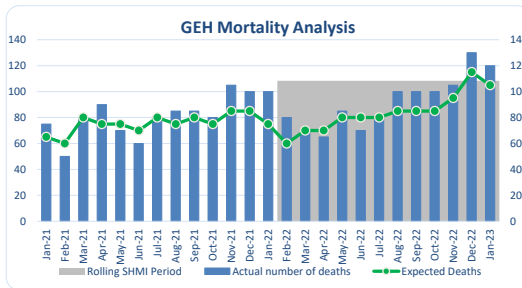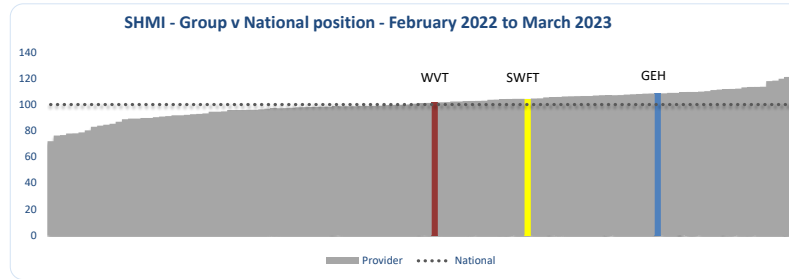
# Foundation Group Key Metrics

**SHMI - rolling 12 month positions**

| Trust | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| GEH   | 109 | 106 | 101 | 100 | 101 | 100 | 100 | 100 | 101 | 102 | 105 | 106 | 107 | 110 | 110 | 105 | 107 | 110 | 111 | 109 | 110 | 109 | 109 | 110 | 108 |
| SWFT  | 97 | 97 | 98 | 99 | 97 | 97 | 96 | 96 | 97 | 96 | 97 | 99 | 98 | 99 | 99 | 101 | 103 | 103 | 105 | 105 | 105 | 107 | 104 | 104 | 104 |
| WVT   | 106 | 105 | 116 | 115 | 114 | 113 | 108 | 108 | 112 | 114 | 113 | 116 | 116 | 116 | 115 | 109 | 109 | 109 | 107 | 105 | 104 | 103 | 103 | 104 | 101 |



SHMI - Rolling 12 months



SHMI - Group v National position - February 2022 to March 2023



GEH Mortality Analysis



SWFT Mortality Analysis



WVT Mortality Analysis
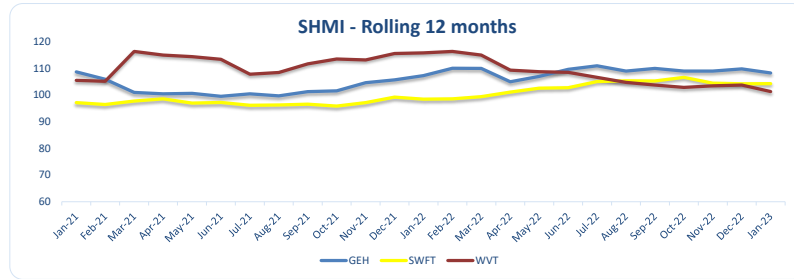
## Analysis / Current Performance:

### Wye Valley NHS Trust (WVT)

Latest Summary Hospital-level Mortality Indicator (SHMI) (NHS Digital) from February 2022 to January 2023 shows Wye Valley NHS Trust at a reassuring 101, which continues to report consecutive reductions, and remains well within the expected ranges. Encouragingly the latest crude mortality, which extends beyond the months of the SHMI, shows a significant reduction to 1.2% for June 2023. This is amongst some of the lowest levels of crude mortality reported in WVT for several years.

In regards to our mortality outlier groups, there has been a rise in the Heart Failure mortality rates this month, with a reported increase of 7.9 to 135.7. This equates to 17 deaths higher than expected. Following an initial discussion with the team, a clear plan has been made to further understand and address any potential issues. The latest dataset has been reviewed, and the clinical lead has selected a sample of 12 patients, based on age and mortality risk. These patients will be initially subjected to a clinical coding audit to check for our data quality, and then a full structured judgement review to focus on the clinical care. A report will be produced to summarise the findings, and any further actions. In other areas, the latest SHMI (HES) shows our stroke mortality rates continuing to fall, which currently ranks at 8th best in the country, at 76.2. However, our latest SHMI position for #NOF deaths has reported a small rise this month to 113.6, but overall remains on a downward trajectory.

The latest stillbirth rate (July 2022 to June 2023) shows an unchanged position at 3.04 deaths per 1000 live births. This remains well on track to achieve the National Ambition target by 2025. In addition, the extended perinatal rate for the same period, shows a reduction to 3.65 deaths per 1000 live births.

Following a recent meeting to discuss the concerns around our low levels of palliative care coded patients, there was an agreed set of actions to both better understand the concern, and address any potential issues. Starting next month, there will be a short appendix to the monthly mortality report, which will outline actions and updates undertaken on this area including a set of KPI's to monitor

### George Eliot Hospital NHS Trust (GEH)

SHMI is within the expected range when compared to England. Hospital Standardised Mortality Ratios (HSMR) is above the national benchmark and is an outlier when compared to England using 95% confidence intervals however the trend is improving with HSMR declining month on month. SHMI for the latest period (Jan 22-Dec 22) published in May 2023 was 109 and within the expected range when compared to England. In total, there were 1080 SHMI deaths compared to 985 expected. 69% (740) of deaths occurred in hospital (England 70%) and 31% (340) occurred out of hospital (England 30%). The crude mortality rate was 4.4% for non-elective admissions compared to 3.4% on England's average, and 1% for elective admission which is England's average. Diagnosis groups highlighted as an outlier when analysing SHMI include Septicaemia (except in labour), and Shock. HSMR for the period Mar 22–Feb 23 was 117.4 and an outlier when compared to England.

There were 927 deaths in total of which 82% (758) were within the HSMR basket of 56 diagnosis groups. HSMR crude mortality is 4.8% which is 2 standard deviations below the mean of 5% and no special cause variation has been detected.

The percentage of non-elective deaths with palliative care coding is 28.1% which remains below England's average of 40.9%. The palliative care coding rate for HSMR for the reporting period is 4.1% compared to England at 5.0%.

Diagnosis groups identified as outliers include COPD and Liver disease alcohol-related and Pleurisy, pneumonia, and pulmonary collapse.

### South Warwickshire University NHS Foundation Trust (SWFT)

National SHMI position up to December 21 / January 22 has dropped a little and showing a slight downwards trend, which is what the Trust has been working to achieve over the past few months, and the In hospital SHMI is showing a fairly level trend line over the months. The HSMR, was well, is also on the way down also.

In terms of actions to improve performance, changes in coding were brought in around April and may see some improvements later in the year, and SWFT is continuing to audit AKI group and looking at Sepsis. The coders now have access to the Integrated Care Record, which should help in increasing the depth of coding.

There have been several deep dives around the number of episodes within a spell, for which SWFT appears to be an outlier. Diagnosis areas that have contributed most to the SHMI increase include Acute bronchitis, congestive heart failure, Gastrointestinal haemorrhage and Pneumonia (excluding TB/STD).

The Medical Examiner function is embedded and is going from strength to strength with work to extend this into the community and to review cases referred to the coroner. Risk Adjusted Mortality Index (RAMI) was above peer: Surgery deaths, Miocardal Infarction, Chronic Obstructive Pulmonary Disorder (COPD) and Acute Kidney Injury (AKI). For all of them, the Mortality Surveillance Committee commissioned a deep dive review of the cases and received a very reassuring report with no significant gaps in care identified.

Work also continues on looking for a replacement Mortality Surveillance System, with the Trust looking at an external system supplier, whilst being an incidnet management system also includes a mortality module.

# Foundation Group Key Metrics

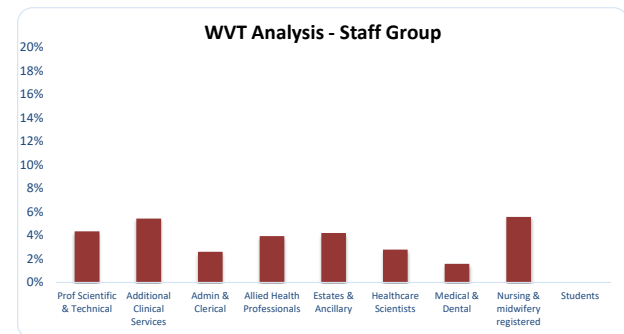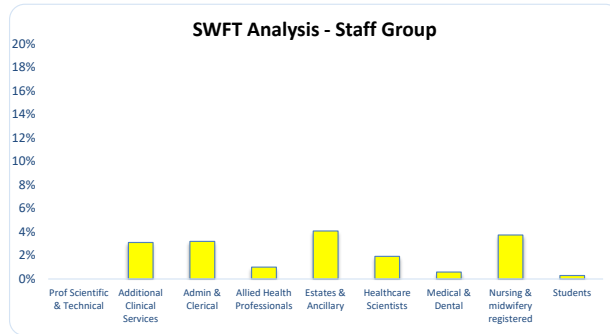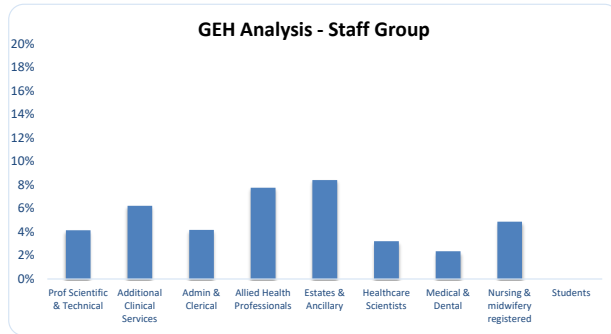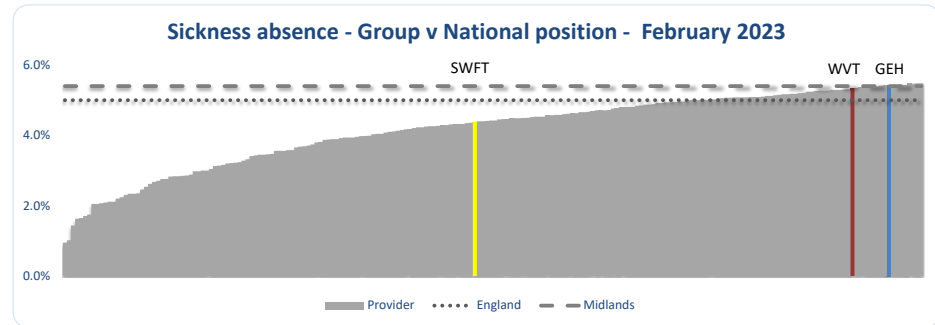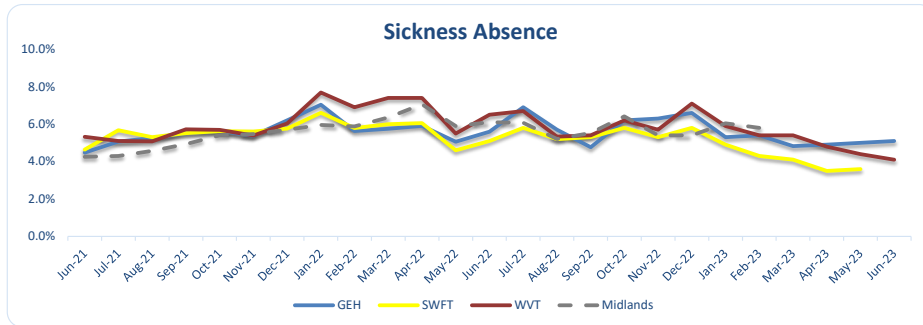NHS George Eliot Hospital NHS Trust     NHS South Warwickshire University NHS Foundation Trust     NHS Wye Valley NHS Trust

**Sickness Absence All Staff Groups**

| Trust | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| GEH | 4.5% | 5.1% | 5.3% | 5.5% | 5.6% | 5.4% | 6.2% | 7.0% | 5.6% | 5.8% | 5.9% | 5.1% | 5.6% | 6.9% | 5.7% | 4.8% | 6.2% | 6.3% | 6.6% | 5.3% | 5.4% | 4.8% | 4.9% | 5.0% | 5.1% |
| SWFT | 4.6% | 5.7% | 5.3% | 5.5% | 5.6% | 5.6% | 5.8% | 6.6% | 5.8% | 6.0% | 6.1% | 4.6% | 5.1% | 5.8% | 5.2% | 5.3% | 5.8% | 5.3% | 5.8% | 4.9% | 4.3% | 4.1% | 3.5% | 3.6% | |
| WVT | 5.3% | 5.1% | 5.1% | 5.7% | 5.7% | 5.4% | 6.0% | 7.7% | 6.9% | 7.4% | 7.4% | 5.5% | 6.5% | 6.7% | 5.3% | 5.4% | 6.2% | 5.7% | 7.1% | 5.9% | 5.4% | 5.4% | 4.8% | 4.4% | 4.1% |


Sickness Absence


Sickness absence - Group v National position - February 2023


GEH Analysis - Staff Group


SWFT Analysis - Staff Group


WVT Analysis - Staff Group

## Analysis / Current Performance:

**Wye Valley NHS Trust (WVT)**

We continue to see a reduction in sickness absence and the % of absence has reduced from a high of 7.1% in December to 4.41% in June 2023. Long term absence has fallen to 1.88% and short term absence now stands at 2.16%

The main reasons for absence are mental health issues, muscularskeletal, gastro problems and long term conditions.

HR teams will continue to sensitively support the management of sickness absence and the close monitoring and management of sickness absence will remain a key priority area for the HR team over the coming year. We have enhanced our wellbeing provisions for staff with a dedicated staff physiotherapist and a mental health & wellbeing nurse is now located within the occupational health team. The close monitoring and management of sickness absence will be reported at the monthly Finance and Performance (F&P) meetings.

**George Eliot Hospital NHS Trust (GEH)**

Health & Wellbeing continues to be a focus for the organisation with a wide range of support interventions available for staff. Sickness has remained steadily consistent although has increased by 0.3% during quarter 1. This absence still remains lower than as reported this time last year. Increase in long-term absences with both long and short-term exceeding targets. Optimising Staff Availability is monitored through its Operational Delivery Group as part of the workstream to reduce sickness absence with an action plan that has been developed following the completion of the national Attendance Improvement Challenge toolkit. Bespoke action plans have been developed for each Directorate to address their workforce needs and continue to be a focus. Return to work reporting is mandated at 85% to ensure our people are offered appropriate support when transitioning back to work following any periods of sickness absence. The data is reportable and monitored through , with Finance and Performance Executive (FPE). Short-term absence reporting has been developed with managers being supported by the People & Workforce Team to support the reduction in length of absences with appropriate support and advice. A monthly Health and Wellbeing Newsletter is sent out Trustwide each month promoting tools, resources and services for staff. Line manager toolkits for sickness absence training have been rolled out with positive uptake and feedback from line managers. More sessions are already planned for the year. Occupational Health support continues to be a concern and this is being addressed by the Head of Wellbeing.

**South Warwickshire University NHS Foundation Trust (SWFT)**

Sickness levels at the start of the new financial year have seen a reduction from the high levels seen over the winter period, when the Trust was subject to a very bad flu season togther with another increase in COVID cases.

Since December there has been a 2.3% reduction in the Trust sickness rate, which follows a similar trend from the previous year.

In May the top reason for sickness continues to be Stress/Anxiety/Depression followed by back problems and other musculoskeletel problems, which has displaced cold/coughs/flu.

# Foundation Group Key Metrics

**Group Analytics**
NHS George Eliot Hospital NHS Trust | NHS South Warwickshire University NHS Foundation Trust | NHS Wye Valley NHS Trust

**Cancer - Urgent Suspected Cancer 62 day Waits (excluding Non Site Specific)**

| Trust | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GEH | 33 | 44 | 50 | 44 | 48 | 28 | 33 | 35 | 59 | 31 | 39 | 47 | 41 | 49 | 56 | 49 | 76 | 42 | 66 | 72 | 63 | 60 | 57 | 67 | 52 |
| SWFT | 53 | 70 | 79 | 87 | 82 | 84 | 115 | 122 | 143 | 139 | 165 | 199 | 166 | 173 | 184 | 142 | 155 | 155 | 170 | 204 | 169 | 167 | 165 | 141 | 120 |
| WVT | 63 | 52 | 65 | 73 | 68 | 88 | 95 | 90 | 94 | 107 | 133 | 86 | 109 | 159 | 148 | 197 | 135 | 100 | 108 | 123 | 115 | 89 | 117 | 112 | 108 |



Urgent suspected cancer patients waiting over 62 days



62 day wait for first treatment v National position - May 2023



GEH Analysis - 2 week wait referrals



SWFT Analysis - 2 week wait referrals



WVT Analysis - 2 week wait referrals
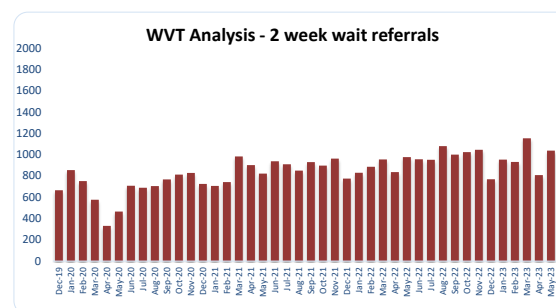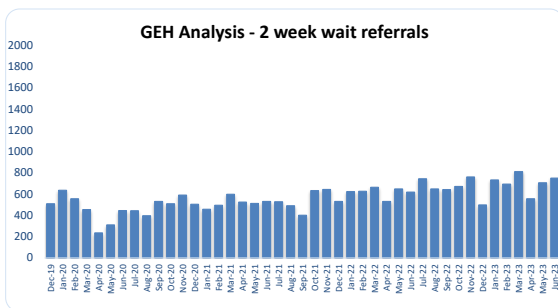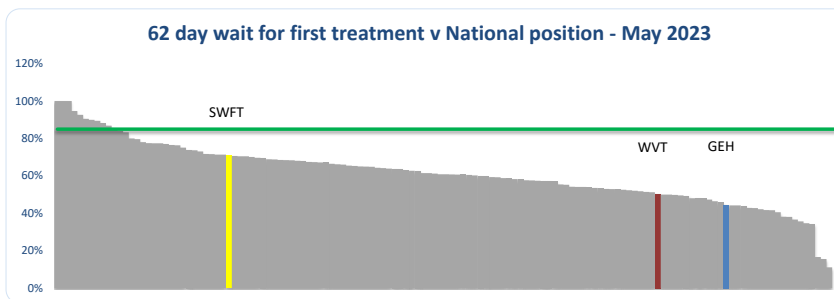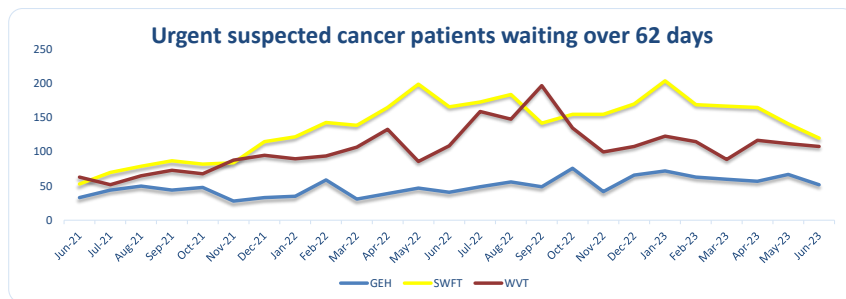
**Analysis / Current Performance:**

**Wye Valley NHS Trust (WVT)**

Cancer referrals remaining high at 8% above 2019/20 levels and above our planning assumptions for 2023/24, almost 300 more referrals than 2019/20. Referrals remain high in key cancer site specialities, in particular Upper Gastrointestinal [UGI], Lower Gastrointestinal [LGI], Gynaecology, Urology and Lung.

Workforce challenges in key specialities such as Gastroenterology and General surgery along with Industrial Action has put pressure on our cancer pathways. Our biggest areas of concern are Endoscopy capacity, Radiology assess and reporting and Histopathology.

We have commenced meeting with Foundation Group colleagues at SWFT to discuss their current pathways in Upper GI which could result in more patients going straight to test within the pathway.

Despite this pressure our greater than 62 days patient cohort has remained static of between 100-115 each week/month. Each speacilitty has improvement plans to imrpve the 62 performance reduce 62 day breachs and additional project support has commenced witfin cancer services to drive the cancer actions from deep dive, and support specialities with progress outstanding action plans and pathway reviews.

**George Eliot Hospital NHS Trust GEH**

May's 62-day performance was 43.53% against a target of 85%. 52.9% of patients treated at GEH (18/34 patients) met this standard. In terms of tertiary patients, only 5.9% 0.5/8.5 patients met this target, these were Gynaecology, Colorectal, and Lung patients who were sent to the tertiary provider after 62 days. The bank holidays and staff annual leave had an adverse impact on this target. Faster diagnosis performance was 56.5% which was a slight increase on the April figure of 54.6%. Additional Locum Consultant and Specialty doctor in Urology to increase diagnostic and elective capacity – backfilling theatre sessions. Additional Gynaecology Clinical Nurse Specialists (CNS) which will provide additional diagnostics and will support Multidisiplinary Teams (MDTS) and pathway delivery. Focus on pathway redesign in readiness for phase 2 of the Community Diagnostic Centres (CDC), delivering increased one-stop clinics to include diagnostics and consultant appointments, reducing attendances and gaps between each stage of the patient's care. All specialities to complete capacity and demand modelling to prioritise 62-day urgent cancer referrals.
Multi-agency Discharge Event (MADE) style event to tackle long waiters on the Patient Treatment List (PTL) with the Multi-Disciplinary Team completed and to be rescheduled bi-monthly. These have proven to be effective in reducing long waiters and issues have fed into an action plan which the services are working to and this is feedback in a 'mop up' meeting post each MADE event.
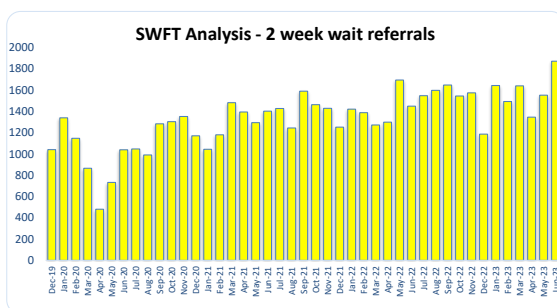
**South Warwickshire University NHS Foundation Trust (SWFT)**

SWFT continues to see a sustained increase in the number of 2 week wait referrals, with a high point of 1,872 being seen in June. This is a significnat increase over pre-COVID levels. The total number of patients on the waiting list remains significantly more than in 2019, with the number waiting for more than 104 days at an average of 26 compared with 9 in 2019 / 2020. Most of the long waits continue to sit within urology and colorectal.

We have also seen a huge shift in performance of the cancer 28 day faster diagnostic standard and a reduction in the number of patients waiting for more than 62 days on the waiting list, this with a background on ongoing rises in suspected cancer referral across multiple specialities. We have worked hard with UHCW to improve our waiting times to first appointment with an oncologist and waits to start chemo have returned to below 2 weeks.

We continue to reduce the number of patients on the cancer waiting list for more than 62 days and are currently ahead of the fair shares Integrated Care System (ICS) trajectory. In May we also achieved 71% against the 62 day referral to treatment cancer standard, the highest for 2 years.

Our breast service has achieved all of the main national cancer waiting times standards, with skin and upper GI consistently achieving above the 75% for the 28 day faster diagnostic standard.

# Foundation Group Key Metrics

**Referral to Treatment List Size - English**

| Trust | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | % change v Jun 22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GEH | 12148 | 12170 | 12659 | 13001 | 13042 | 13310 | 13508 | 13188 | 13296 | 13753 | 13887 | 13921 | 14128 | 14143 | 13877 | 14224 | 14150 | 14675 | 14859 | 15222 | 15514 | 16430 | 16564 | 15903 | 16028 | 13% |
| SWFT | 20495 | 21653 | 22524 | 23650 | 23097 | 23159 | 23184 | 23376 | 23958 | 24207 | 24583 | 25987 | 27355 | 28767 | 29741 | 29747 | 30396 | 30476 | 29788 | 30513 | 30808 | 32013 | 31664 | 32544 | 32604 | 19% |
| WVT | 16308 | 16532 | 16555 | 16764 | 17069 | 17351 | 17697 | 17969 | 18211 | 18606 | 18765 | 18897 | 19038 | 19253 | 19665 | 20112 | 20652 | 20860 | 21117 | 20953 | 21181 | 21776 | 22269 | 22439 | 22265 | 17% |



**Number of Incomplete Pathways**



**RTT Incomplete Pathways % < 18 weeks - Group v National position - February 2023**



**GEH Analysis**



**SWFT Analysis**
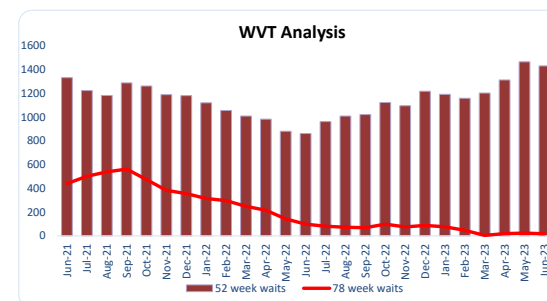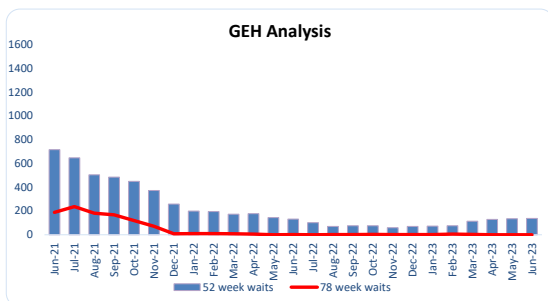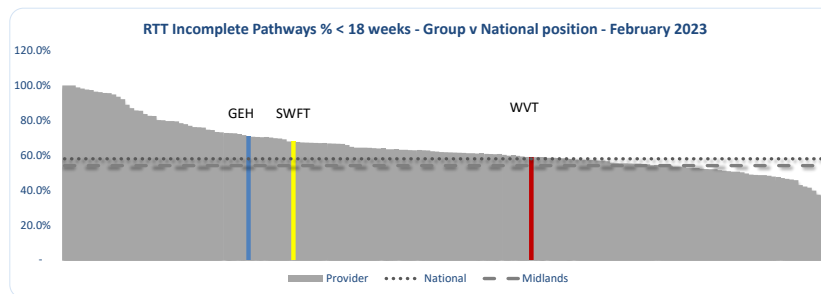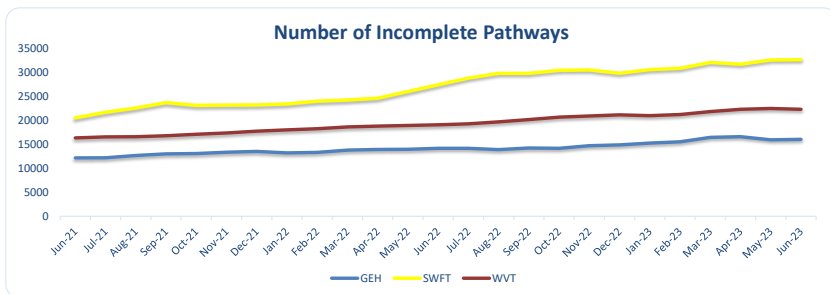


**WVT Analysis**

**Analysis / Current Performance:**

**Wye Valley NHS Trust (WVT)**

Despite significant challenges of ongoing Industrial Action over Quarter 1 and into July and a 9% increase in referral, almost 1,500 additional, above planning assumptions. After Quarter 1 our outpatients and overnight electives remain on plan year to date, with day case behind plan.

Diagnostics activity, overall, for Quarter 1 is 11% ahead of plan, an additional 3,000 patients. However there is significant concern around Endoscopy capacity, which is behind plan, due to Consultants workforce shortfalls to due vacancies and high levels of absence in the Gastroenterology team. This has had an impact on our cancer pathways and over elective activity levels.

Value-based Weighted Activity [VWA] across over night elective, day case, outpatient procedures activity for acute specific Treatment Function Codes (TFCs) we are consistency over 100% activity when compared against the corresponding month in 19/20] for Quarter 1 [bar the first week of May]. The Trusts average weekly VWA for June was 108%.

Our 78 week patients for elective treatment is driven by the clinical and operational issues with our orthodontic and maxillofacial pathways across the ICS. This remains a high level issues across the ICS to resolve.
The Trust has started the Getting It Right First Time (GIRFT) Faster Further programme and is focusing on key specialities with the potentially highest long waiting patients by the end of March 2023, those are Gynaecology, Gastroenterology, Cardiology, Neurology, Ear, Nose and Throat, Dermatology and Orthopaedics.

**George Eliot Hospital NHS Trust (GEH)**

Referral to treatment (RTT), the trust had a slight increase in the 52 weeks position from 118 in May to 137 in June, with overall performance at 66.7%. Leave, Bank Holidays, operational pressures and the rollover from industrial action have led to cancellations in Oral Surgery, Trauma and Orthopaedics (T&O) and General Surgery and some cancellations due to operational pressures were evident in June. Plans to recover are in progress. The Trust has no over 78-week waiters and will be on track to deliver our 65-week trajectory by March 24, we expect to have minimum of 65 weeks of breaches by the end of July 2023. The Trust has been supporting UHCW with mutual aid for General Surgery and Gynaecology patients.
Most patients breaching 52 weeks are split between Gynaecology, Oral Surgery and General surgery, plans are being prioritised to treat these patients and reduce the number of 52-week waiters. The total number of patients waiting for treatment has increased from 15901 in May to 16025 in June.
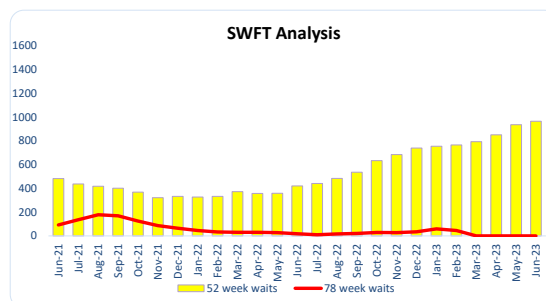
**South Warwickshire University NHS Foundation Trust (SWFT)**

The Trust's RTT performance has reduced over the past year, however, an increase was seen in June, with a reduction in non-admitted pathways mainly driving the improvement.

We continue to have zero 78 week waits with the number of patients waiting more than 65 weeks for a first outpatient appointment (non admitted) falling with the corresponding rise in numbers waiting for surgery (admitted). The orthopaedic vanguard theatre became operational in July. The first week saw 4 joint per day successfully completed in line with the trajectory outlined in the business case. This will contribute to our elective recovery activity and finances improving over the coming months. Overall good progress on elective recovery, with strong inpatient day case and out-patient first activity performing strongly in April, May and June. Focus now changes to getting down to having no patients waiting over 52 weeks by March 2023.

SWFT became the first acute Trust to be accredited as an elective hub. We have already taken advantage of being part of the cohort of accredited hubs understand best practice in other Trusts to bring to SWFT and of course other Trusts are queuing to meet our exemplar teams to understand how we managed our elective activity on an acute site and how to meet our orthopaedic length of stay of 2 days.
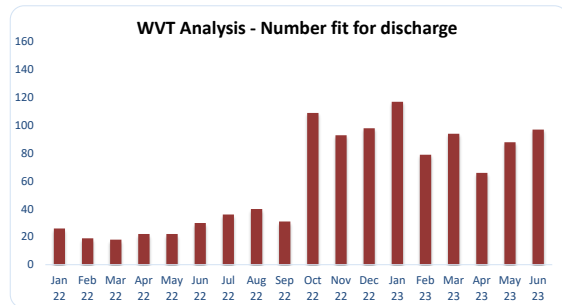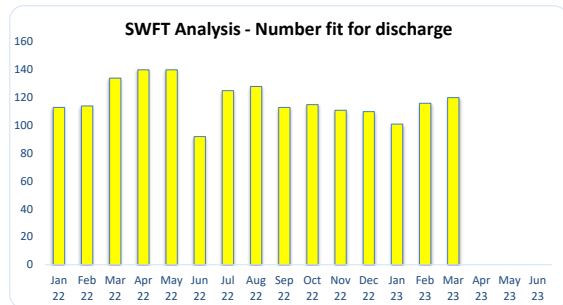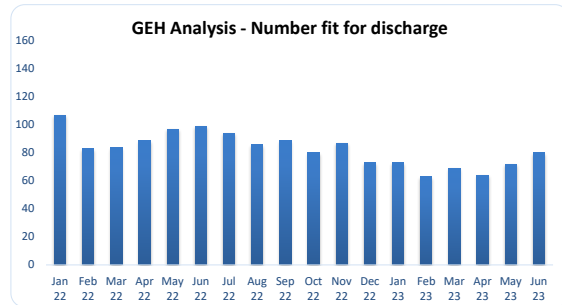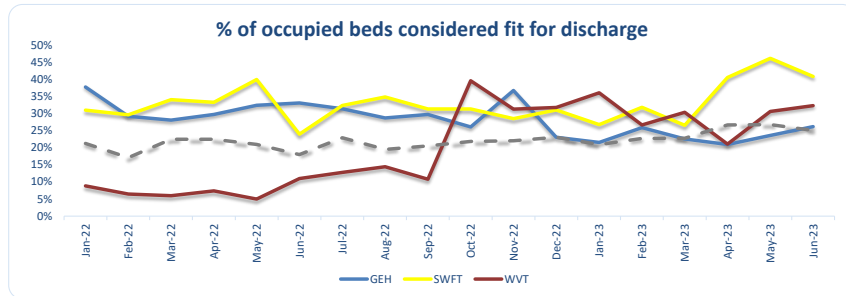
In terms of the diagnostic Diagnostics Waiting Times and Activity (DMO1) performance, it continues to decline and has dropped from 97% in November to under 70% now. This primarily has been as a result of the increase in breaches seen in Non-obstetric ultrasound, which has almost reached 2500, and is as a result of an increase in referrals and a decrease in capacity.

# Foundation Group Key Metrics

**% of occupied beds considered fit for discharge**

| Trust | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GEH | 37.8% | 29.2% | 28.1% | 29.8% | 32.4% | 33.1% | 31.4% | 28.8% | 29.8% | 26.1% | 36.8% | 23.1% | 21.6% | 25.9% | 22.6% | 21.0% | 23.6% | 26.2% | | | | | |
| SWFT | 31.0% | 29.7% | 34.1% | 33.3% | 40.0% | 24.0% | 32.4% | 34.9% | 31.4% | 31.4% | 28.5% | 31.1% | 26.8% | 31.9% | 26.6% | 40.6% | 46.2% | 40.9% | | | | | |
| WVT | 8.8% | 6.5% | 6.0% | 7.4% | 5.0% | 11.0% | 12.8% | 14.4% | 10.8% | 39.6% | 31.3% | 31.8% | 36.1% | 26.7% | 30.4% | 21.1% | 30.7% | 32.3% | | | | | |



% of occupied beds considered fit for discharge



GEH Analysis - Number fit for discharge



SWFT Analysis - Number fit for discharge



WVT Analysis - Number fit for discharge

**Analysis / Current Performance:**

**Wye Valley NHS Trust (WVT)**

We continue to see delays with MFFD and on daily basis we have c52 patients awaiting Pathway 1 - 3 delays across our Acute and Community sites during June. With the second week in June seeing the average delays exceed c60 patients.

Shortfalls in Home First and Domiciliary care impacts on our ability to discharge timely along with 40% of our Pathway 1-3 delays being out of area [Powys, Shropshire and Worcestershire]. These delays were escalated via Silver system meetings and continue to be discussed with partners daily. There have significant concerns with Powys Adult Social Care (ASC) delays over the last month with daily meeting taking place as some weeks the Powys ASC exceed over 15 patients and equated to almost 30% of our pathway 1-3 delays. Both NHS England and the Integrated Care Board have supported these escalation discussions.

We continue to recruit to our Hospital@Home team in order to mitigate the impact of Herefordshire delays, as the Pathway 1 [Package of Care] delays are the largest percentage of Herefordshire delays, We have also established a system wide D2A Board, chaired by our Associate Chief Operating Officers (ACOO) for Integrated Care, which, although still in its early days, is reviewing capacity, performance and referral pathways across the D2A provision.

Our Integrated Complex Discharge Teams, along with its on site Adult Social Care support, continues work with Ward Discharge co-ordinators and our ward teams on Criteria to Reside (CTR) reporting, which has been fully embraced and are using this daily to progress chase and escalate delays to discharge. Our Valuing Patients Time Board continues to work through improvements to planning of Estimated Discharge Dates and weekend discharge planning for patients on all discharge pathways.

**George Eliot Hospital NHS Trust (GEH)**

The number of patients over 21 days is consistent with 18 being medically fit and waiting for supportive care on discharge, and the remainder not medically fit for discharge. there are some complex patients who are being managed on a daily basis with social services and ICB colleagues. The number of medically fit for discharge was 19 at the end of June and Currently is 23 with 59% of medically fit for discharge waiting for pathway 1 and the remainder for pathway 2. 32% of medically fit are out of area.

MADE events are now scheduled monthly and representation has been very good, key actions are managed on the day and themes are shared at the weekly performance meeting and at Warwickshire North Health and Social Care Board.
The pilot of CRS (Community Recovery Service) continues and is going well and this has resulted in patients awaiting care packages being discharged faster.
Continued LOS meetings weeks MADE isn't scheduled. Escalation and support from Integrated Care Boards (ICB) on complex pathways. Further work on providing D2A pathways either in the patient's home or beds commissioned in residential nursing homes.

**South Warwickshire University NHS Foundation Trust (SWFT)**

Medically Fit For Discharge (MFFD) rates have increased to now being over 40% during the Spring and early Summer period, and above the same period the previous year. On average 40% are delayed waiting for Pathways 1, 2 and 3.

There has been a recent move since Summer last year to more patients waiting for pathway 2 and this has remained the case over the last few months, with a corresponding decrease in pathway 1. Also since last year there has been a huge decrease in 'Waiting Medical Decision'. Focus continues to energise specific areas, developing relationships to support discharge and flow into the community eg: domiciliary care with out of area colleagues to gain traction with these patients, and the OPMU are also now involved in the review work around the collection and robustness of the MFFD data, with additional review meetings being set up over the next few months.
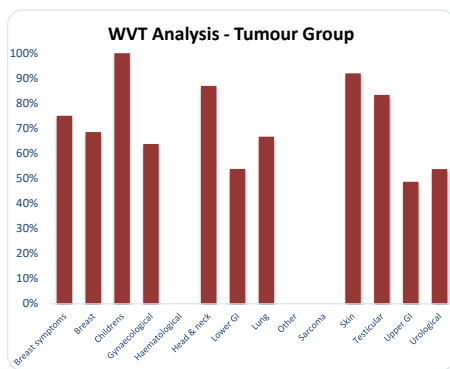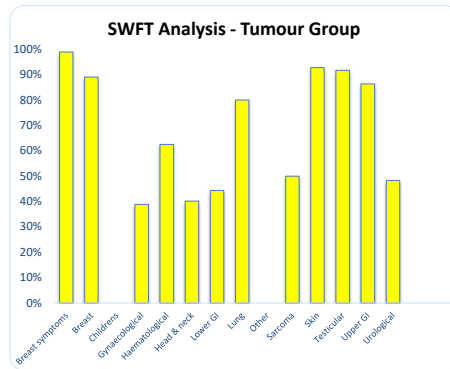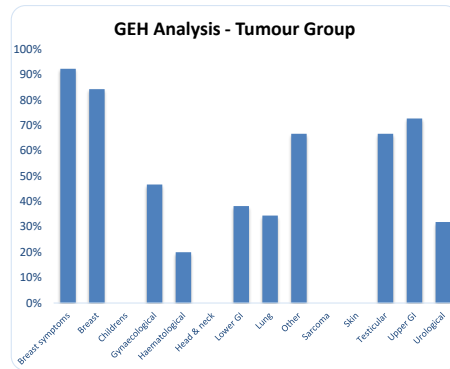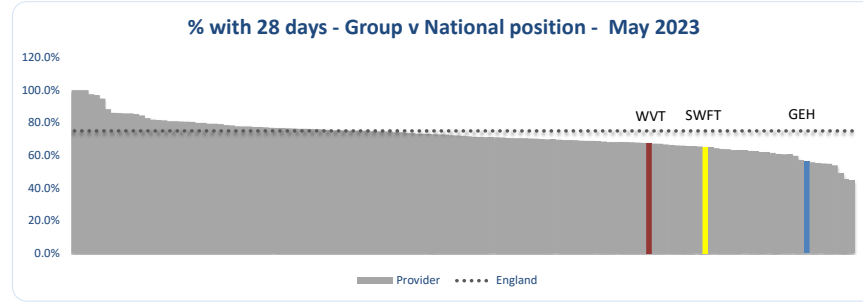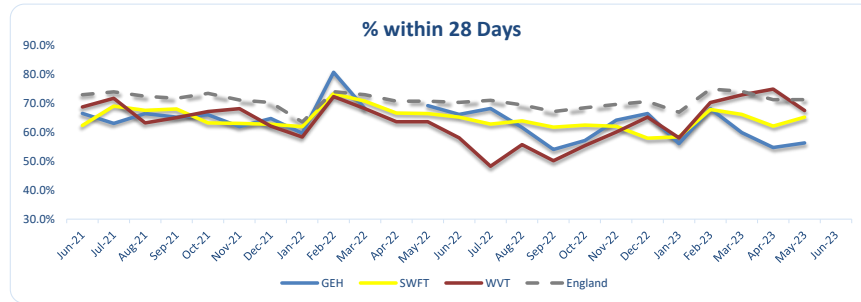
Further, there will be increased focus on the Criteria To Reside data, as it is now being included within the new Faster Data Flows, with Discharge Ready Date now being seen as a key piece of information for NHS England.

# Foundation Group Key Metrics

**28 Day Faster Diagnosis Standard**

| Trust | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GEH | 66.6% | 63.1% | 66.5% | 65.3% | 66.1% | 62.0% | 64.8% | 59.7% | 80.8% | 68.2% | | 69.3% | 66.2% | 68.3% | 61.7% | 54.1% | 57.2% | 64.2% | 66.5% | 56.1% | 68.2% | 60.0% | 54.8% | 56.4% | |
| SWFT | 62.4% | 69.1% | 67.6% | 68.1% | 63.3% | 63.1% | 62.8% | 62.0% | 73.4% | 70.8% | 66.7% | 66.5% | 65.3% | 62.9% | 64.0% | 61.8% | 62.5% | 62.1% | 58.0% | 58.5% | 67.9% | 66.2% | 62.2% | 65.3% | |
| WVT | 68.8% | 71.8% | 63.3% | 65.1% | 67.2% | 68.2% | 62.2% | 58.4% | 72.4% | 68.2% | 63.7% | 63.7% | 58.1% | 48.3% | 55.8% | 50.2% | 55.4% | 60.1% | 65.3% | 58.1% | 70.3% | 73.0% | 75.0% | 67.6% | |



**% within 28 Days**



**% with 28 days - Group v National position - May 2023**



**GEH Analysis - Tumour Group**



**SWFT Analysis - Tumour Group**



**WVT Analysis - Tumour Group**

**RAG versus England**

| Tumour Group | WVT | GEH | SWFT | England |
|---|---|---|---|---|
| Breast symptoms | 75% | 92% | 99% | 88% |
| Breast | 69% | 84% | 89% | 90% |
| Childrens | 100% | | | 88% |
| Gynaecological | 64% | 47% | 39% | 55% |
| Haematological | 0% | 20% | 63% | 55% |
| Head & neck | 87% | | 40% | 73% |
| Lower GI | 54% | 38% | 44% | 52% |
| Lung | 67% | 34% | 80% | 79% |
| Other | | 67% | | 58% |
| Sarcoma | 0% | | 50% | 61% |
| Skin | 92% | | 93% | 84% |
| Testicular | 83% | 67% | 92% | 77% |
| Upper GI | 49% | 73% | 86% | 72% |
| Urological | 54% | 32% | 48% | 53% |

## Analysis / Current Performance:

**Wye Valley NHS Trust (WVT)**

Challenges within Endoscopy, Radiology reporting and Histopathology reporting are the main issues behind the Trust not delivering the 28 FDS.

Endoscopy have had workforce challenges with General Surgery and Gastroenterology which reduced over recent weeks but remain over the summer period. Additional Locum / insourcing support toc over vacancies and additional cancer alliance funding to support the shortfall is ongoing. The Endoscopy team are also working with SWFT colleagues on how WVT can adopt the "straight to test" process.

Radiology have increased their reporting capacity with support from outsourcing through our out of hours providers and daily meetings are now set up between the management team and outsourcing company to discuss capacity and any backlog issues. A WVT diagnostic cancer weekly meeting has also been initiated within the last month to monitor escalations, progress and actions.

Histopathology have vacancies across the consultant team therefore work is being sent to an insourcing company and bank locums, reports can take 3-4 weeks to be sent back. An interface is being tested in relation to reports being uploaded on to the system digitally, once signed off additional bank locums will be taken on to support through virtual working for reporting. Position should improve by mid-July with appointment of locum skin specialist. We are starting to see a reducing in the volume of the reporting backlog and turnaround times.

**George Eliot Hospital NHS Trust (GEH)**

28-day Faster diagnosis performance was 56.4% for May 23 against a Fair Share target of 66.5%. June and July figures are unvalidated but are over 70%. We anticipate that we will achieve the fair share target for June 23 which is detailed in the chart. There are a number of reasons for our underperformance, with the most common themes being capacity in endoscopy for Colorectal, delays for urology in both first appointments and diagnostics and an increase in delays relating to histology and an increase in delays due to patient choice. Additional Locum Consultant and Specialty doctor in Urology to increase diagnostic and elective capacity – backfilling theatre sessions. Bringing forward 1st outpatient appointments and increasing two week wait (TWW) capacity by converting routine slots including endoscopy. Focus on pathway redesign in readiness for phase 2 of the CDC, delivering increased one-stop clinics to include diagnostics and consultant appointments, reducing attendances and gaps between each stage of the patient's care. All specialities to complete capacity and demand modelling to prioritise 62-day urgent cancer referrals. Increased management of 28-day faster diagnosis target with twice weekly PTLs and proactive tracking of all patients. Redesigned process for informing patients—daily report sent to teams and commencement of text messaging in August.

**South Warwickshire University NHS Foundation Trust**

Sickness levels continue to have an impact on our workforce and staffing. We are seeing some patterns within the data which shows that during May and June for the last 2 years we have seen a dip in our sickness absence, with peaks in January 22, July 22 and Oct 22.

In November 2022 the top reason for sickness is Stress/Anxiety/Depression with cold/coughs/flu as a close second. We have seen an increase over the winter period of covid and flu related absences.

# Foundation Group Key Metrics

**Same Day Emergency Care (0 LOS Emergency admissions)**

| Trust | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GEH | 21.3% | 21.3% | 24.3% | 27.0% | 27.2% | 25.3% | 25.5% | 23.5% | 23.4% | 20.2% | 19.7% | 23.5% | 27.5% | 31.3% | 32.9% | 35.4% | 37.9% | 43.1% | 39.7% | 36.2% | 39.5% | 38.8% | 35.2% | 35.8% | 40.7% |
| SWFT | 39.7% | 37.5% | 37.5% | 39.5% | 39.9% | 41.6% | 39.2% | 39.7% | 39.3% | 38.6% | 37.8% | 41.2% | 40.2% | 38.6% | 38.8% | 39.7% | 40.3% | 41.1% | 34.2% | 41.7% | 40.2% | 41.7% | | | |
| WVT | 37.1% | 37.8% | 35.9% | 36.9% | 37.0% | 37.1% | 37.1% | 36.2% | 38.5% | 39.5% | 37.7% | 38.9% | 38.4% | 37.9% | 37.4% | 38.4% | 39.5% | 40.8% | 37.1% | 36.5% | 40.4% | 37.2% | 39.6% | 39.2% | 41.5% |
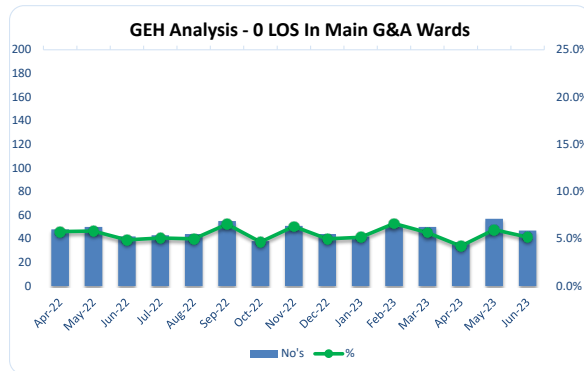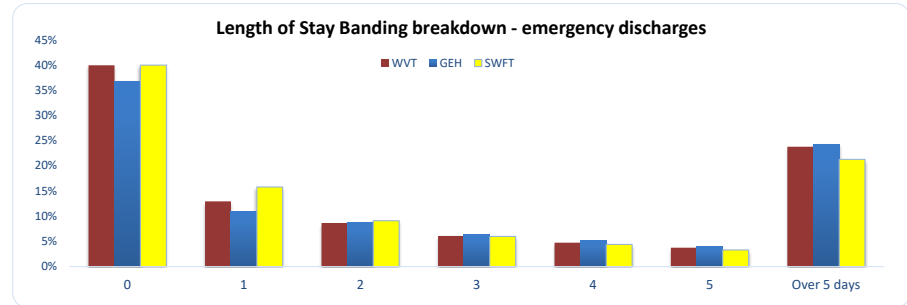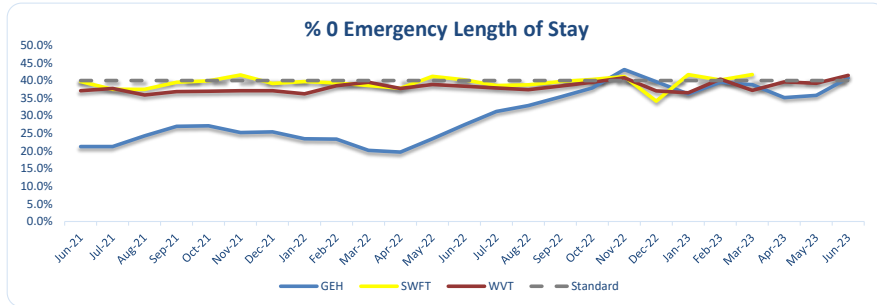






In development, to be reported in next report
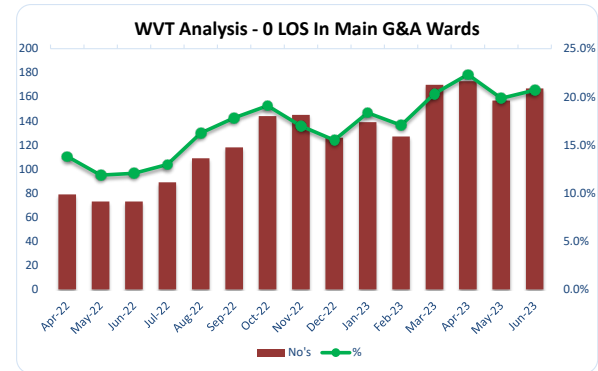


**Analysis / Current Performance:**

**Wye Valley NHS Trust (WVT)**

Improving our 0 Length of Stay [LoS] non-elective discharges remains a key work stream on our Valuing Patients Time agenda. Although, our 0 LoS pathway and volume works well at WVT there is much more to do around the increased opportunity to stream more patients from our Emergency Department [ED] to our Same Day Emergency Care [SDEC] facility which has reached its physical capacity limit in its current location. This requires a change of use of our ED escalation area to increase the floorplan for SDEC and include a Frailty SDEC [FSDEC] within the acute floor and allow the Virtual Ward [VW] team to be co-located with our FSDEC and SDEC team. Our recruitment to a full 24/7 VW team will also ensure that patients are streamed to FSDEC/SDEC overnight ready for clinical reviews in the monring rather than being held in ED or admitted to wards overnight.

**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) |

| Quality of care, access and outcomes | | Responsible Director | Standard | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date vs Standard | Trend - Rolling 13 Month | GEH Latest month vs benchmark | National or Regional | | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cancer | 28 day referral to diagnosis confirmation to patients | Chief Operating Officer | ≥ 75% | 62.8% | 65.4% | 58.2% | 52.0% | 54.2% | 64.1% | 63.2% | 53.3% | 64.7% | 58.3% | 52.6% | 56.4% | | 417 | 740 | 55.6% | | 52.6% | 71.4% | Apr 2023 | F | L | |
| | 2 Week Wait all cancers | Chief Operating Officer | ≥ 93% | 82.8% | 87.8% | 66.5% | 59.2% | 77.6% | 71.2% | 75.0% | 86.2% | 76.2% | 72.6% | 56.1% | 79.3% | | 521 | 657 | 68.0% | | 56.1% | 77.7% | | ? | L | |
| | Urgent referrals for breast symptoms | Chief Operating Officer | ≥ 93% | 81.8% | 100% | 87.8% | 36.1% | 37.1% | 12.2% | 49.0% | 97.9% | 40.9% | 21.3% | 18.9% | 57.7% | | 41 | 71 | 41.1% | | 18.9% | 72.2% | | ? | | |
| | Cancer 31 day diagnosis to treatment | Chief Operating Officer | ≥ 96% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 97.1% | 98.0% | 98.5% | | 67 | 68 | 98.3% | | 98.0% | 90.5% | | P | | |
| | Cancer 62 day pathway: Harm reviews - number of breaches over 104 days | Chief Operating Officer | 0 | 9 | 8 | 9 | 7 | 9 | 9 | 12 | 14 | 8 | 18 | 5 | 6 | | | | 11 | | | | | ? | H | |
| | Cancer 62 days urgent referral to treatment | Chief Operating Officer | ≥ 85% | 47.2% | 68.1% | 71.9% | 56.9% | 64.9% | 55.8% | 52.7% | 63.5% | 44.2% | 53.2% | 40.9% | 43.5% | | 19 | 43 | 42.4% | | 40.9% | 61.0% | Apr 2023 | ? | | |
| | Cancer 62-Day National Screening Programme | Chief Operating Officer | ≥ 90% | 0.0% | 100% | 44.4% | 37.5% | 50.0% | 58.3% | 100% | 57.1% | 8.3% | 40.0% | 0.0% | 100.0% | | 2 | 2.0 | 36.4% | | 0.0% | 67.8% | | ? | | |
| | Cancer consultant upgrade (62 days decision to upgrade) | Chief Operating Officer | ≥ 85% | 50.0% | 61.9% | 71.3% | 56.9% | 100% | 100% | 100% | 84.2% | 75.0% | 90.0% | 89.5% | 86.5% | | 16.0 | 18.5 | 87.5% | | 89.5% | 74.4% | | ? | | |
| | Cancer: number of urgent suspected cancer patients waiting over 62 days | Chief Operating Officer | 0 | 41 | 49 | 56 | 49 | 76 | 42 | 66 | 72 | 63 | 57 | 57 | 59 | | | | 116 | | | | | ? | | |
| Primary Care and Community Services | % emergency admissions discharged to usual place of residence | Chief Operating Officer | ≥ 90% | 91.4% | 89.8% | 92.8% | 90.8% | 90.8% | 91.0% | 90.7% | 90.7% | 90.5% | 89.0% | 89.5% | 91.5% | 93.3% | 1,901 | 2,038 | 91.5% | | 89.5% | 91.8% | Apr 2023 | ? | | |
| Urgent and Emergency Care | A&E Activity | Chief Operating Officer | Actual | 8,176 | 8,113 | 7,728 | 7,294 | 8,318 | 8,398 | 9,263 | 7,707 | 7,486 | 8,155 | 7,740 | 8,229 | 8,384 | | | | | | | | ? | | |
| | Ambulance handover within 15 minutes | Chief Operating Officer | ≥ 95% | 19.7% | 13.4% | 17.4% | 20.9% | 17.1% | 16.3% | 8.3% | 11.2% | 15.9% | 14.6% | 13.6% | 18.1% | 19.7% | 259 | 1,314 | 17.1% | | 16.3% | 26.0% | Nov 2022 | ? | | |
| | Ambulance handover over 60 minutes | Chief Operating Officer | 0% | 1.6% | 4.0% | 2.2% | 1.4% | 0.7% | 2.8% | 15.3% | 11.3% | 2.4% | 2.1% | 1.3% | 1.2% | 1.2% | 16 | 1,314 | 1.2% | | 1.2% | 8.0% | May 2023 | ? | | |
| | Non Elective Activity - General & Acute (Adult & Paediatrics) | Chief Operating Officer | Actual | 884 | 888 | 936 | 875 | 866 | 855 | 926 | 853 | 789 | 926 | 923 | 991 | 936 | | | | | | | | ? | | |
| | Same Day Emergency Care (0 LOS Emergency admissions) | Chief Operating Officer | ≥ 33% | 27.5% | 31.3% | 32.9% | 35.4% | 37.9% | 43.1% | 39.7% | 36.2% | 39.5% | 38.8% | 35.2% | 35.8% | 40.7% | 678 | 1,664 | 37.3% | | 35.2% | 35.0% | Apr 2023 | ? | H | |
| | A&E - Percentage of patients spending more than 12 hours in A&E | Chief Operating Officer | | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 5.5% | 7.0% | 6.7% | 5.6% | 7.3% | 6.5% | 7.0% | 7.0% | 587 | 8,384 | | | 6.5% | <6.0% | | F | H | |
| | A&E - Time to treatment (median) in mins | Chief Operating Officer | | 91 | 86 | 89 | 86 | 83 | 90 | 102 | 93 | 91 | 89 | 81 | 80 | 90 | | | | | 81 | <111 | | | | |
| | A&E - 4-Hour Performance | Chief Operating Officer | ≥ 95% (FY_2022-23) ≥ 76% (FY_2023-24) | 77.7% | 78.2% | 75.8% | 77.9% | 78.0% | 76.5% | 72.9% | 72.4% | 73.8% | 72.7% | 75.2% | 77.7% | 77.4% | 6,492 | 8,384 | 76.8% | | 77.7% | 60.4% | May 2023 | | | |
| | Time to be seen (average from arrival to time seen - clinician) | Chief Operating Officer | <15 minutes | 25 | 24 | 26 | 26 | 27 | 25 | 34 | 30 | 23 | 22 | 21 | 18 | 17 | | | | 18.7 | 21 | 25 | Apr 2023 | | | |
| | A&E Quality Indicator - 12 Hour Trolley Waits | Chief Operating Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 16 | 1 | 0 | 1 | 0 | 0 | | | | 1 | | | | ? | | |
| | A&E - Unplanned Re-attendance with 7 days rate | Chief Operating Officer | ≤ 3% | 1.3% | 2.0% | 1.2% | 0.9% | 1.4% | 1.2% | 1.3% | 1.2% | 1.0% | 0.8% | 1.2% | 1.7% | 1.9% | 147 | 7,941 | 1.6% | | 1.2% | 8.0% | Apr 2023 | P | | |
| | Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard | Chief Operating Officer | ≥ 92% | 69.2% | 70.3% | 71.3% | 70.4% | 70.1% | 70.8% | 68.8% | 69.8% | 70.7% | 67.7% | 67.4% | 68.3% | 66.7% | 10,691 | 16,025 | 67.5% | | 67.4% | 58.3% | Apr 2023 | F | H | |
| | Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List | Chief Operating Officer | | 14,107 | 14,101 | 13,826 | 14,199 | 14,101 | 14,628 | 14,857 | 15,216 | 15,504 | 16,426 | 16,556 | 15,901 | 16,025 | | | | | | | | F | H | |
| | Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 132 | 106 | 70 | 76 | 76 | 58 | 69 | 72 | 69 | 95 | 124 | 118 | 137 | | | | | | | | F | L | |

| Quality of care, access and outcomes | Responsible Director | Standard | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date vs Standard | Trend - Rolling 13 Month | GEH Latest month vs benchmark | National or Regional | | Pass/Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Elective Care** — Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | **0** | 1 | 0 | 2 | 2 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | **0** | | | | | F | L | |
| Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | **0** | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | **0** | | | | | ? | L | |
| GP Referrals (% vs 2019/20 baseline) | Chief Operating Officer | **2019/20** | 103% | 94.0% | 101% | 98.1% | 89.9% | 100% | 95.3% | 96.2% | 103% | 91.8% | 91% | 98% | 105% | 9,652 | 9,204 | | | | | | F | L | S/T/A/R |
| Outpatient Activity - New attendances (% v 2019/20 baseline) | Chief Operating Officer | **2019/20** | 88.6% | 84.4% | 87.1% | 81.2% | 96.3% | 89.9% | 89.9% | 102% | 98.5% | 85.8% | 92.1% | 94.8% | 105.7% | 5,400 | 5,109 | | | | | | ? | | |
| Outpatient Activity - New attendances (volume v plan) | Chief Operating Officer | **Plan** | 77.7% | 74.0% | 76.4% | 71.3% | 84.5% | 78.9% | 78.8% | 89.0% | 74.1% | 75.2% | 82.2% | 84.7% | 94.4% | 5,400 | 5,722 | | | | | | ? | | |
| Total Outpatient Activity (% v 2019/20 baseline) | Chief Operating Officer | **2019/20** | 89.5% | 87.5% | 88.9% | 87.0% | 94.6% | 91.6% | 90.4% | 98.1% | 95.1% | 85.7% | 86.5% | 89.5% | 99.3% | 16,077 | 16,191 | | | | | | ? | | S/T/A/R |
| Total Outpatient Activity (volume v plan) | Chief Operating Officer | **Plan** | 95.1% | 92.7% | 94.6% | 92.2% | 100% | 96.8% | 95.7% | 104% | 101% | 91.1% | 92.4% | 95.7% | 106.2% | 16,077 | 15,142 | | | | | | ? | | |
| Total Elective Activity (% v 2019/20 Baseline) | Chief Operating Officer | **2019/20** | 82.9% | 81.5% | 85.9% | 120% | 121% | 109% | 131% | 102% | 132% | 101% | 113% | 107% | 149% | 218 | 146 | | | | | | ? | | |
| Total Elective Activity (volume v plan) | Chief Operating Officer | **Plan** | 73.8% | 72.7% | 76.8% | 107% | 107% | 97% | 117% | 90.5% | 118.0% | 89.7% | 90.4% | 85.1% | 119.1% | 218 | 183 | | | | | | F | L | |
| Total Daycase Activity (% v 2019/20 Baseline) | Chief Operating Officer | **2019/20** | 90.7% | 89.8% | 99.7% | 102.0% | 119.2% | 111.1% | 101.6% | 120.5% | 107.9% | 98.7% | 83.2% | 96.1% | 120.2% | 1,698 | 1,413 | | | | | | ? | | |
| Total Daycase Activity (volume v plan) | Chief Operating Officer | **Plan** | 81.0% | 80.2% | 89.0% | 91.0% | 106.4% | 99.2% | 90.7% | 107.6% | 96.4% | 88.1% | 66.5% | 76.9% | 96.1% | 1,698 | 1,766 | | | | | | ? | | |
| BADS Daycase rates | Chief Operating Officer | **≥90%** | 95.0% | 84.7% | 90.0% | 93.5% | 93.3% | 96.1% | 95.5% | 90.1% | 96.2% | 96.4% | 92.3% | 94.4% | 90.3% | 84 | 93 | **92.1%** | | **96.4%** | 82.0% | Mar 2023 | P | | |
| Cancelled Operations on day of Surgery for non clinical reasons per month | Chief Operating Officer | **≤10 per month** | 21 | 23 | 23 | 48 | 27 | 21 | 44 | 22 | 24 | 23 | 11 | 22 | 29 | | | **21** | | | | | ? | L | |
| Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline) | Chief Operating Officer | **Plan** | 106% | 105% | 116% | 114% | 114% | 125% | 114% | 121% | 98.0% | 136% | 115.8% | 119.4% | 125.1% | 2,042 | 1,632 | **120%** | | | | | | | |
| Diagnostic Activity - Endoscopy (% v 2019/20 Baseline) | Chief Operating Officer | **Plan** | 72.6% | 82.3% | 88.5% | 86.1% | 80.4% | 86.6% | 77.8% | 83.6% | 105% | 139% | 81.3% | 97.6% | 110.9% | 842 | 759 | **96.3%** | | | | | | | S/T/A/R |
| Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline) | Chief Operating Officer | **Plan** | 72.8% | 75.3% | 69.2% | 73.0% | 57.3% | 68.6% | 67.4% | 75.6% | 72.9% | 100.7% | 77.1% | 73.8% | 79.1% | 1,021 | 1,291 | **76.6%** | | | | | | | |
| Waiting Times - Diagnostic Waits <6 weeks | Chief Operating Officer | **>95%** | 97.4% | 96.0% | 91.3% | 90.1% | 94.0% | 96.8% | 94.3% | 97.4% | 99.4% | 91.5% | 87.4% | 90.6% | 96.8% | 3,339 | 3,449 | **91.5%** | | **87.4%** | 72.4% | Apr 2023 | F | | |
| **Woman and Child Care** — Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy | Chief Nursing Officer | **≥90%** | 85.8% | 85.8% | 87.0% | 87.2% | 89.7% | 90.3% | 85.4% | 81.3% | 89.0% | 86.0% | 89.6% | 92.2% | 95.0% | 170 | 179 | **92.1%** | | | | | ? | | |
| Robson category - CS % of Cat 1 deliveries (rolling 6 month) | Chief Medical Officer | **<15%** | 33.3% | 14.8% | 5.3% | 10.5% | 12.5% | 20.8% | 12.5% | 21.1% | 12.5% | 22.2% | 35.3% | 15.4% | 26.9% | 7 | 26 | **26.8%** | | | | | ? | H | |
| Robson category - CS % of Cat 2 deliveries (rolling 6 month) | Chief Medical Officer | **<34%** | 33.3% | 48.5% | 51.0% | 40.4% | 53.6% | 61.5% | 53.5% | 66.7% | 44.4% | 43.6% | 24.2% | 34.3% | 55.6% | 20 | 36 | **38.5%** | | | | | F | H | |
| Robson category - CS % of Cat 5 deliveries (rolling 6 month) | Chief Medical Officer | **<60%** | 86.7% | 80.8% | 72.4% | 86.4% | 80.0% | 92.6% | 78.3% | 81.8% | 80.0% | 88.2% | 94.7% | 70.0% | 86.7% | 26 | 30 | **82.3%** | | | | | F | H | |
| Maternity Activity (Deliveries) | Chief Nursing Officer | **Actual** | 143 | 188 | 189 | 188 | 211 | 170 | 188 | 173 | 137 | 178 | 173 | 170 | 180 | | | **523** | | | | | ? | | |
| Midwife to birth ratio | Chief Nursing Officer | **1:26** | 1:29 | 1:31 | 1:31 | 1:30 | 1:32 | 1:28 | 1:28 | 1:25 | 1:21 | 1:29 | 1:26 | 1:26 | 1:29 | | | **1:27** | | | | | ? | | |
| **Outpatient Transformation** — DNA Rate (Acute Clinics) | Chief Operating Officer | **<4%** | 8.6% | 6.7% | 7.8% | 9.2% | 8.5% | 8.3% | 7.8% | 7.0% | 6.9% | 7.6% | 4.9% | 4.9% | 5.2% | 1,516 | 29,254 | **5.0%** | | **4.9%** | 7.8% | Apr 2023 | F | H | S/T/A/R |
| Outpatient - % OPD Slot Utilisation (All slot types) | Chief Operating Officer | **≥90%** | 71.4% | 74.9% | 74.7% | 75.1% | 76.6% | 81.5% | 71.0% | 72.0% | 73.2% | 67.2% | 59.6% | 60.4% | 59.8% | 21,215 | 35,474 | **60.0%** | | | | | F | H | |
| Outpatient Activity - Follow Up attendances (% v 2019/20 baseline) | Chief Operating Officer | **< 85%** | 90.0% | 89.0% | 89.7% | 89.8% | 93.8% | 92.5% | 90.6% | 96.5% | 93.5% | 85.7% | 83.9% | 87.1% | 96.3% | 10,677 | 11,082 | **89.1%** | | | | | ? | H | S/T/A/R |
| Outpatient Activity - Follow Up attendances (volume v plan) | Chief Operating Officer | **Plan** | 106% | 105% | 105% | 106% | 110% | 109% | 107% | 114% | 110% | 101% | 99% | 102% | 113% | 10,677 | 9,420 | | | | | | ? | | |
| Outpatients Activity - Virtual Total (% of total OP activity) | Chief Operating Officer | **≥ 25%** | 19.1% | 19.6% | 19.5% | 19.7% | 19.7% | 19.0% | 19.5% | 19.9% | 18.6% | 19.8% | 18.0% | 18.2% | 17.2% | 3,446 | 20,070 | **17.8%** | | **18.0%** | 20.0% | Apr 2023 | F | L | S/T/A/R |
| **Prevention Long Term Conditions** — Maternity - Smoking at Delivery | Chief Nursing Officer | | 9.7% | 17.8% | 11.9% | 10.2% | 10.0% | 14.1% | 8.4% | 8.2% | 11.1% | 16.6% | 12.1% | 12.9% | 12.2% | 22 | 180 | | | | | | | | S/T/A/R |
| Bed Occupancy - Adult General & Acute Wards | Chief Operating Officer | **< 92%** | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 305 | 305 | **100.0%** | | **100%** | 95.0% | May 2023 | P | | |

Information Services

| Quality of care, access and outcomes | Responsible Director | Standard | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date vs Standard | Trend - Rolling 13 Month | GEH Latest month vs benchmark | National or Regional | (date) | Pass/Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mixed Sex Accommodation Breaches | Chief Nursing Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | | 0 | 3,329 | Apr 2023 | P | | |
| Patient ward moves emergency admissions (acute) | Chief Nursing Officer | | 2.6% | 3.6% | 2.4% | 2.1% | 2.6% | 2.9% | 2.1% | 3.0% | 3.8% | 2.5% | 1.6% | 2.6% | 2.7% | 29 | 1,062 | | | | | | | | ● |
| ALoS – D2A Pathway 2 | Chief Operating Officer | | 26.7 | 32.1 | 31.7 | 30.1 | 34.8 | 24.5 | 26.3 | 20.3 | 22.7 | 22.7 | 15.1 | 17.5 | 29.5 | | | | | | | | | | |
| ALoS – D2A Pathway 3 | Chief Operating Officer | | 27.4 | 32.3 | 27.1 | 34.1 | 30.9 | 20.7 | 26.7 | 25.4 | 27.1 | 20.0 | 20.3 | 17.7 | 26.3 | | | | | | | | | | |
| ALoS - General & Acute Adult Emergency Inpatients | Chief Operating Officer | < 4.5 | 8.8 | 9.2 | 9.1 | 9.5 | 9.6 | 8.2 | 9.6 | 9.3 | 9.2 | 6.6 | 5.6 | 5.4 | 5.0 | | | 5.3 | | 5.6 | 4.5 | Apr 2023 | P | | |
| ALoS – General & Acute Elective Inpatients | Chief Operating Officer | < 2.5 | 1.8 | 2.0 | 2.2 | 2.0 | 2.6 | 2.3 | 2.6 | 3.0 | 2.7 | 2.6 | 3.3 | 3.2 | 2.4 | | | 3.0 | | 3.3 | 2.9 | | P | | |
| Medically fit for discharge - Acute | Chief Operating Officer | ≤5% | 33.1% | 31.4% | 28.8% | 29.8% | 26.1% | 36.8% | 23.1% | 21.6% | 25.9% | 22.6% | 21.0% | 23.6% | 26.2% | 80 | 305 | 23.6% | | 23.1% | 23.1% | Dec 2022 | ? | H | |
| Emergency readmissions within 30 days of discharge (G&A only) | Chief Medical Officer | ≤5% | 8.8% | 9.1% | 9.4% | 7.7% | 8.1% | 6.9% | 8.0% | 7.3% | 7.9% | 8.5% | 9.0% | 9.5% | 8.6% | 360 | 4,180 | 9.0% | | 9.0% | 7.1% | Apr 2023 | F | H | |
| HSMR - Rolling 12 months | Chief Medical Officer | <100 | 112 | 114 | 116 | 116 | 118 | 120 | 122 | 124 | 124 | 124 | 117 | 117 | | | | 117 | | 124 | 100 | Mar 2023 | F | H | ● |
| Mortality SHMI - Rolling 12 months | Chief Medical Officer | <100 | 110 | 111 | 109 | 110 | 109 | 109 | 110 | 111 | 112 | 111 | 111 | 109 | | | | 110 | | 112 | 100 | Feb 2023 | ? | H | |
| Never Events | Chief Medical Officer | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | | | 1 | | | | | ? | | |
| MRSA Bacteraemia | Chief Nursing Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | | | | | P | L | |
| MSSA Bacteraemia | Chief Nursing Officer | 0 | 2 | 0 | 3 | 1 | 1 | 2 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | | | 1 | | | | | ? | | |
| Number of external reportable >AD+1 clostridium difficile cases | Chief Nursing Officer | 2022/23 (13) | 5 | 1 | 2 | 1 | 5 | 3 | 4 | 5 | 2 | 3 | 0 | 1 | 1 | | | 2 | | | | | ? | | |
| Number of falls with moderate harm and above | Chief Nursing Officer | 2021/22 (18) | 0 | 2 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 1 | | | 3 | | | | | ? | | |
| Total no of Hospital Acquired Pressure Sores Category 4 | Chief Nursing Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | | | | | F | | |
| Serious Incidents | Chief Medical Officer | Actual | 1 | 8 | 1 | 2 | 1 | 3 | 1 | 4 | 4 | 2 | 2 | 6 | 2 | | | 10 | | | | | ? | | |
| VTE Risk Assessments | Chief Medical Officer | ≥95% | 98.9% | 97.8% | 96.5% | 98.0% | 97.8% | 96.9% | 96.8% | 97.0% | 96.8% | 96.8% | 97.2% | 96.9% | 96.9% | 4,174 | 4,306 | 97.0% | | 97.0% | 95.5% | Jan 2023 | F | L | |
| WHO Checklist | Chief Medical Officer | 100% | 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% | 28.0% | 37.5% | 57.9% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | 100% | | 100% | ≥80.0% | Feb 2023 | ? | L | |
| Cleaning Standards: Acute (Very High Risk) | Chief Nursing Officer | ≥95% | 97.2% | 97.5% | 93.8% | 95.9% | 90.9% | 95.9% | 96.6% | 96.4% | 94.8% | 95.6% | 95.0% | 98.7% | 91.4% | | | 94.6% | | | | | | | |
| Number of complaints | Chief Nursing Officer | 2021/22 (352) | 12 | 8 | 10 | 10 | 14 | 13 | 4 | 9 | 8 | 8 | 10 | 13 | | | | 23 | | | | | | | |
| Number of complaints referred to Ombudsman - Assessment Stage BWFD = 1 | Chief Nursing Officer | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | | | | 0 | | | | | F | | |
| Number of complaints referred to Ombudsman - Investigation stage BFWD = 2 | Chief Nursing Officer | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | | | | 0 | | | | | ? | | ● |
| Number of complaints referred to Ombudsman - Closed | Chief Nursing Officer | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | | | | 0 | | | | | F | | |
| Complaints resolved within policy timeframe | Chief Nursing Officer | ≥90% | 100% | 88.0% | 100% | 90.0% | 93.0% | 100% | 100% | 100% | 88.0% | 87.5% | 90.0% | 100.0% | | 13 | 13 | 95.7% | | | | | F | L | |
| Friends and Family Test Score: A&E% Recommended/Experience by Patients | Chief Nursing Officer | ≥86% | 81.0% | 77.0% | 78.0% | 81.0% | 78.0% | 78.0% | 75.0% | 80.0% | 77.4% | 78.0% | 81.4% | 82.7% | 78.2% | | | 80.8% | | 77.4% | 80.0% | 2023 | | | |
| Friends and Family Test Score: Acute % Recommended/Experience by Patients | Chief Nursing Officer | ≥86% | 86.0% | 81.0% | 84.0% | 87.0% | 86.0% | 86.0% | 83.0% | 83.7% | 89.7% | 86.0% | 82.6% | 84.2% | 86.2% | | | 84.4% | | 89.7% | 94.0% | Feb 2023 | | | |
| Friends and Family Test Score: Maternity % Recommended/Experience by Patients** | Chief Nursing Officer | ≥96% | 96.0% | 88.0% | 89.0% | 94.0% | 95.0% | 90.0% | 91.0% | 83.4% | | 94.0% | 93.4% | 93.8% | 94.3% | | | 93.8% | | | | | | | ● |
| Friends and Family Test: Response rate (A&E) | Chief Nursing Officer | ≥25% | 29.0% | 24.0% | 33.0% | 30.0% | 29.0% | 29.0% | 27.0% | 23.0% | 6.9% | 15.0% | 28.5% | 27.7% | 27.5% | | | 27.9% | | | | | | | |

Row groupings (left margin): Safe, High-Quality Care

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## Quality of care, access and outcomes

| Quality of care, access and outcomes | Responsible Director | Standard | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date vs Standard | Trend - Rolling 13 Month | GEH Latest month vs benchmark | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Friends and Family Test: Response rate (Acute inpatients) | Chief Nursing Officer | ≥30% | 24.2% | 26.7% | 33.1% | 25.4% | 33.4% | 32.7% | 28.2% | 34.1% | 5.4% | 26.6% | 29.2% | 29.4% | 27.8% | | | 28.8% | | | | | | |
| Friends and Family Test: Response rate (Maternity)** | Chief Nursing Officer | ≥30% | 42.0% | 46.0% | 41.0% | 40.0% | 36.0% | 40.0% | 31.0% | 21.0% | | 44.0% | 34.5% | 21.5% | 31.5% | | | 28.3% | | | | | | |

**Note:- Related to FFT reporting, due to technical reasons with the third-party vendor, the organisation could not extract the data for February 2023 for Maternity Speciality.

## People

| People | | Responsible Director | Standard | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date vs Standard | Trend - Rolling 13 Month | GEH Latest month vs benchmark | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Looking After Our People | Appraisals | Chief People Officer | ≥ 85% | 76.6% | 78.0% | 80.6% | 79.9% | 82.0% | 82.0% | 78.3% | 79.4% | 80.5% | 78.5% | 78.6% | 78.3% | 78.9% | 1,477 | 1,872 | 78.6% | | | | F | | |
| | Mandatory Training | Chief People Officer | ≥ 85% | 90.0% | 90.0% | 91.0% | 91.0% | 91.0% | 90.0% | 90.0% | 89.1% | 87.8% | 89.1% | 88.9% | 92.0% | 93.0% | 23,675 | 25,462 | 91.3% | | | | ? | | |
| | Sickness Absence (%) - Monthly | Chief People Officer | < 4% | 5.8% | 6.8% | 5.4% | 4.8% | 6.2% | 6.3% | 6.6% | 5.3% | 5.4% | 4.8% | 4.9% | 5.0% | 5.1% | 3,852 | 75,242 | 5.0% | | | | F | H | |
| | Overall Sickness (Rolling 12 Months) | Chief People Officer | < 4% | 5.9% | 5.9% | 5.8% | 5.8% | 5.8% | 5.9% | 5.9% | 5.8% | 5.7% | 5.7% | 5.6% | 5.6% | 5.6% | 49,203 | 880,068 | 5.6% | | 5.8% | 6.0% Oct 2022 | F | H | |
| | Staff Turnover Rate (Rolling 12 months) | Chief People Officer | < 13.5% | 15.4% | 15.9% | 18.1% | 17.6% | 17.3% | 15.9% | 15.9% | 16.0% | 17.1% | 17.3% | 16.7% | 16.5% | 16.8% | 389 | 2,319 | 16.6% | | | | F | H | |
| | Vacancy Rate | Chief People Officer | < 10% | 9.8% | 9.0% | 7.8% | 9.3% | 14.0% | 13.0% | 12.8% | 11.8% | 11.1% | 11.9% | 10.7% | 10.6% | 10.2% | 285 | 2,812 | 10.5% | | | | P | L | |

## Finance and Use of Resources

| Finance and Use of Resources | | Responsible Director | Standard | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date vs Standard | Trend - Rolling 12 Month | GEH Latest month vs benchmark | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Finance | I&E - Surplus/(Deficit) (£k) | Chief Finance Officer | ≥0 | 700 | -592 | -237 | -236 | -36 | -541 | -710 | 1,480 | 694 | 693 | -1,531 | -1,202 | -650 | | | -3,382 | | | | | | |
| | I&E - Margin (%) | Chief Finance Officer | ≥0% | 3.9% | -3.4% | -1.4% | -1.3% | -0.2% | -3.0% | -3.9% | 7.3% | 3.7% | 2.3% | -8.4% | -6.2% | -3.6% | -650 | 18,198 | -6.1% | | | | | | S T A R |
| | I&E - Variance from plan (£k) | Chief Finance Officer | ≥0 | 894 | -533 | -306 | -151 | -238 | -699 | -652 | 1,391 | 599 | 591 | -719 | -414 | -42 | | | -1,175 | | | | | | |
| | I&E - Variance from Plan (%) | Chief Finance Officer | ≥0% | 461% | -888% | -437% | -176% | -116% | -442% | -1,124% | 1,563% | 631% | 579% | -89.0% | -53.0% | -6.9% | -42 | -608 | -53.0% | | | | | | |
| | CPIP - Variance from plan (£k) | Chief Finance Officer | ≥0 | -32 | 969 | -55 | 42 | 359 | -157 | -66 | -32 | -58 | -633 | -180 | -258 | -278 | | | -715 | | | | | | S T A R |
| | Agency - expenditure (£k) | Chief Finance Officer | N/A | 1,047 | 994 | 1,393 | 1,008 | 849 | 1,316 | 1,203 | 907 | 1,182 | 1,145 | 926 | 1,101 | 822 | | | | | | | | | S T A R |
| | Agency - expenditure as % of total pay | Chief Finance Officer | N/A | 8.2% | 8.3% | 11.3% | 7.6% | 6.8% | 10.3% | 9.3% | 6.8% | 9.2% | 4.9% | 6.8% | 7.7% | 5.9% | 822 | 13,830 | | | | | | | S T A R |
| | Agency - expenditure as % of cap | Chief Finance Officer | ≤100% | 167% | 159% | 222% | 161% | 136% | 210% | 192% | 145% | 189% | 183% | 159% | 209% | 172% | 822 | 478 | 180% | | | | | | |
| | Productivity - Cost per WAU (£k) | Chief Finance Officer | N/A | 4,306 | 4,385 | 4,208 | 4,292 | 4,291 | 4,285 | 4,612 | 4,191 | 4,456 | 4,458 | 4,643 | 4,591 | 4,490 | | | | | | | | | S T A R |
| | Capital - Variance to plan (£k) | Chief Finance Officer | ≥0 | 450 | -183 | -944 | 121 | 1,185 | 1,119 | 442 | 888 | -281 | -5,594 | 83 | 347 | 625 | | | 1,055 | | | | | | |
| | Cash - Balance at end of month (£m) | Chief Finance Officer | As Per Plan | 47.3 | 45.6 | 46.5 | 40.8 | 37.9 | 40.2 | 40.3 | 40.5 | 38.6 | 45.3 | 48.1 | 46.2 | 46.6 | | | | | | | | | S T A R |
| | BPPC - Invoices paid <30 days (% value £k) | Chief Finance Officer | ≥95% | 83.5% | 76.7% | 76.9% | 79.7% | 83.3% | 94.0% | 81.0% | 89.1% | 92.2% | 92.6% | 92.1% | 75.7% | 95.2% | 9,517 | 10,000 | 87.6% | | | | | | |
| | BPPC - Invoices paid <30 days (% volume) | Chief Finance Officer | ≥95% | 91.7% | 87.6% | 88.2% | 82.4% | 83.0% | 88.0% | 87.3% | 91.8% | 92.1% | 94.0% | 97.6% | 97.6% | 96.4% | 4,010 | 4,159 | 97.1% | | | | | | S T A R |

# South Warwickshire University NHS Foundation Trust
# Trust Key Performance Indicators (KPIs) - 2023/24

**Relates to the latest months data**

NHS
South Warwickshire
University
NHS Foundation Trust

## Performance Against Targets TB (Status)
- Meeting Target (green)
- Not Meeting Target (red)

## Activity Performance Only
- Over 5% above Target (blue)
- 5% above to 2% below Target (green)
- More than 2% below Target to 5% below Target (amber)
- 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 fall 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 | N/A | The system is not suitable for SPC reporing |

**Data Quality Assurance Questions**

| Example | | | 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 |

*Latest Period*

## Quality of care, access and outcomes

| | | Responsible Director | Standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Rags | 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% | 67.9% | 71.4% | 62.2% | 65.3% | | 1048 | 1606 | 63.9% | ● | | | | | |
| | Cancer 2WW all cancers, Urgent GP Referral | Chief Operating Officer | 93% | 67.1% | 68.1% | 65.5% | 64.5% | | 957 | 1483 | 65.0% | ● | | | | | |
| | Cancer 2WW Symptomatic Breast | Chief Operating Officer | 93% | 97.6% | 96.7% | 98.7% | 98.8% | | 83 | 84 | 98.8% | ● | | | | | |
| | Cancer 31-Day Diag to treat, all new cancers | Chief Operating Officer | 96% | 92.7% | 93.3% | 91.5% | 95.6% | | 109 | 114 | 93.6% | | | | | | |
| | Cancer 62 day pathway: Harm reviews - number of breaches over 104 days | Chief Operating Officer | 0 | 19 | 22 | 16 | 13 | | 13 | | | | | | | | STAR |
| | Cancer 62-Day 2WW Ref to treat, all cancers | Chief Operating Officer | 85% | 52.0% | 73.6% | 55.3% | 71.0% | | 55 | 78 | 63.5% | ● | | | | | |
| | Cancer 62-Day National Screening Programme | Chief Operating Officer | 90% | 66.7% | 55.6% | 90.0% | 100.0% | | 6 | 6 | 93.8% | ● | | | | | |
| | Cancer 62 Days Wait: Consultant Upgrade | Chief Operating Officer | 85% | 84% | 85% | 75% | 100% | | 24 | 24 | | | | | | | |
| | Cancer 62-Day 2WW Ref to treat, all cancers patients waiting | Chief Operating Officer | | 63.5 | 89.0 | 70.5 | 77.5 | | 78 | | | | | | | | |
| **Primary care and community services** | Community Service Contacts - Total | Chief Operating Officer | 2019/2020 Outturn | 118.8% | 137.3% | 121.2% | 130.4% | 137.7% | 85531 | 62102 | 129.8% | ● | | | | | |
| | Urgent Response > 1st Assessment completed on same day (facilitated discharge & other) | Chief Operating Officer | 80% | 99.1% | 98.8% | 99.8% | 99.5% | 99.3% | 981 | 993 | 99.5% | ● | | | | | |
| | Urgent Response > 1st Assessment completed within 2 hours (admission prevention) | Chief Operating Officer | 70% | 83.7% | 82.8% | 85.8% | 84.0% | 85.8% | 834 | 1007 | 85.2% | ● | | | | | |
| | Emergency admissions discharged to usual place of residence | Chief Operating Officer | | 95.2% | 94.9% | 94.0% | 93.3% | 90.9% | 2217 | 2438 | 92.7% | | | | | | |
| **Urgent and emergency care** | A&E Activity | Chief Operating Officer | PLAN | 107.1% | 111.5% | 101.5% | 115.6% | 115.8% | 8087 | 6983 | 111.1% | ● | | | | | STAR |
| | A&E - Ambulance handover within 15 minutes | Chief Operating Officer | 65% | 34.8% | 37.9% | 44.6% | 40.8% | 44.9% | 669 | 1490 | 43.4% | ● | | | | | |
| | A&E - Ambulance handover within 30 minutes | Chief Operating Officer | 95% | 87.8% | 87.8% | 97.3% | 96.3% | 95.9% | 874 | 911 | 96.5% | ● | | | | | |
| | A&E - Ambulance handover over 60 minutes | Chief Operating Officer | 0.0% | 3.2% | 2.9% | 0.2% | 0.1% | 0.6% | 9 | 1490 | 0.3% | ● | | | | | |
| | Total Non Elective Activity (Exc A&E) | Chief Operating Officer | PLAN | 116.3% | 129.7% | 107.4% | 116.9% | 136.9% | 13269 | 13525 | 120.2% | ● | | | | | |
| | Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS) | Chief Operating Officer | - | 40.2% | 41.2% | 41.0% | 41.2% | 39.9% | 793 | 1987 | 40.7% | | | | | | |
| | A&E - Percentage of patients spending more than 12 hours in A&E | Chief Operating Officer | - | 3.1% | 3.2% | 0.3% | 0.9% | 0.6% | 52 | 8120 | 0.7% | | | | | | |
| | A&E - Time to treatment (median) | Chief Operating Officer | - | 68 | 66 | 53 | 67 | 65 | 65 | | 62 | | | | | | |
| | A&E max wait time 4hrs from arrival to departure | Chief Operating Officer | 76% | 67.5% | 68.5% | 83.3% | 73.5% | 76.4% | 6202 | 8120 | 77.4% | ● | | | | | |
| | A&E minors max wait time 4hrs from arrival to departure | Chief Operating Officer | 76% | 91.5% | 91.3% | 96.0% | 92.2% | 94.2% | 3247 | 3447 | 94.0% | ● | | | | | |
| | A&E - Time to Initial Assessment | Chief Operating Officer | - | 20 | 21 | 15 | 17 | 15 | 15 | | 16 | | | | | | |
| | A&E Quality Indicator - 12 Hour Trolley Waits | Chief Operating Officer | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | 0 | ● | | | | | |
| | A&E - Unplanned Re-attendance with 7 days rate | Chief Operating Officer | - | 3.9% | 3.4% | 3.3% | 3.6% | 3.5% | 277 | 7878 | 3.5% | | | | | | |
| | Referral to Treatment Times - Open Pathways (92% within 18 weeks) | Chief Operating Officer | 92% | 67.8% | 67.3% | 66.7% | 66.3% | 64.9% | TBC | TBC | | | | | | | |

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## Quality of care, access and outcomes

| Category | Metric | Responsible Director | Standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Elective care | Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List | Chief Operating Officer | 16234 | 30808 | 32013 | 31664 | 32544 | 32604 | TBC | | |
| | Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 765 | 793 | 851 | 936 | 965 | TBC | | |
| | Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 218 | 158 | 203 | 234 | 282 | TBC | | |
| | Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 52 | 0 | 0 | 0 | 0 | TBC | | |
| | Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 0 | 0 | 0 | 0 | 0 | TBC | | |
| | Referrals (GP/GDP only) | Chief Operating Officer | 0 | 6534 | 8235 | 6229 | 6883 | 7603 | 7603 | | |
| | Outpatient Activity - New (excl AHP & AEC) | Chief Operating Officer | 106% 19/20 Outturn | 118.2% | 118.1% | 97.2% | 113.3% | 119.2% | 9006 | 7558 | 109.9% |
| | **Outpatient Activity - Total** | Chief Operating Officer | 2019/20 Outturn | **98.4%** | **105.3%** | **94.0%** | **105.8%** | **113.6%** | **35682** | **31415** | **107.3%** |
| | Elective Activity | Chief Operating Officer | 106% 19/20 Outturn | 103.4% | 121.7% | 99.8% | 108.3% | 114.7% | 3476 | 3031 | 107.7% |
| | Elective - Theatre Productivity | Chief Operating Officer | 75% | 104.5% | 92.7% | 91.2% | 93.6% | 88.2% | 76656 | 86888 | 90.9% |
| | Elective - Theatre utilisation | Chief Operating Officer | 85% | 87.4% | 85.5% | 87.5% | 86.4% | 86.2% | 74906 | 86888 | 86.7% |
| | Cancelled Operations on day of Surgery | Chief Operating Officer | 0.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0 | 104280 | 0.00% |
| | Diagnostic Activity - Computerised Tomography | Chief Operating Officer | 120% 19/20 Outturn | 132.9% | 257.0% | 109.9% | 97.8% | 72.2% | 541 | 749 | 90.9% |
| | Diagnostic Activity - Endoscopy | Chief Operating Officer | 120% 19/20 Outturn | 185.5% | 214.6% | 193.1% | 165.8% | 153.1% | 923 | 603 | 169.3% |
| | Diagnostic Activity - Magnetic Resonance Imaging | Chief Operating Officer | 120% 19/20 Outturn | 127.4% | 159.7% | 197.2% | 217.0% | 227.5% | 1258 | 553 | 214.3% |
| | Waiting Times - Diagnostic Waits <6 weeks | Chief Operating Officer | 95% | 89.9% | 79.5% | 72.6% | 68.9% | 69.4% | 7406 | 10670 | |
| Maternity and childrens health | Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan | Chief Nursing Officer | 70% | 77.4% | 82.1% | 70.1% | 50.0% | 80.8% | 164 | 203 | 66.1% |
| | Maternity - Emergency Caesarean Section rate | Chief Nursing Officer | - | 18.7% | 15.9% | 14.6% | 23.0% | 20.1% | 52 | 259 | 19.3% |
| | Increase the number of women birthing in a Midwifery Led Unit setting | Chief Nursing Officer | - | 28 | 28 | 36 | 26 | 33 | 33 | | 95 |
| | Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy | Chief Operating Officer | 90% | 90.8% | 89.3% | 90.4% | 91.0% | 92.2% | 213 | 231 | 91.1% |
| | Robson category - CS % of Cat 1 deliveries (rolling 6 month) | Chief Nursing Officer | - | 12.3% | 10.6% | 10.4% | 11.0% | 11.2% | 31 | 278 | 10.9% |
| | Robson category - CS % of Cat 2a deliveries (rolling 6 month) | Chief Nursing Officer | - | 26.6% | 26.4% | 26.4% | 28.6% | 28.2% | 74 | 262 | 27.8% |
| | Robson category - CS % of Cat 5 deliveries (rolling 6 month) | Chief Nursing Officer | - | 84.9% | 84.4% | 87.3% | 87.9% | 87.6% | 184 | 210 | 87.6% |
| | Maternity Activity (Deliveries) | Chief Operating Officer | PLAN | 106.9% | 100.7% | 96.9% | 105.1% | 105.8% | 256 | 242 | 102.5% |
| | Midwife to birth ratio | Chief Nursing Officer | 1:27 | 1:24 | 1:24 | 1:24 | 1:25 | 1:26 | 1:26 | | 1:26 |
| | Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q1) | Chief Nursing Officer | 46% | | | | | | 423 | 1353 | 0.0% |
| | Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q1) | Chief Nursing Officer | 46% | | | | | | 490 | 971 | 0.0% |
| | Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q1) | Chief Nursing Officer | 46% | | | | | | 220 | 488 | 0.0% |
| | Maternity - Breast Feeding Initiation Rate (Warwick Hospital) | Chief Nursing Officer | 81% | 90.2% | 90.8% | 89.8% | 88.5% | 91.1% | 235 | 258 | 89.8% |
| Outpatient transformation | Outpatient - DNA rate (consultant led) | Chief Operating Officer | 3.35% | 7.5% | 6.7% | 7.1% | 6.2% | 6.7% | 1217 | 18257 | 6.6% |
| | Outpatient - % OPD Slot Utilisation (All slot types) | Chief Operating Officer | 95% | 79.3% | 81.1% | 76.9% | 81.9% | 81.5% | 16174 | 19854 | 80.2% |
| | Outpatient Activity - Follow Up (excl AHP, incl AEC) | Chief Operating Officer | 85% OP/106% OPP 19/20 Outturn | 103.3% | 110.4% | 100.1% | 111.0% | 115.3% | 17919 | 15538 | 108.77% |
| | *Outpatients Activity - Virtual Total* | Chief Operating Officer | | 21.4% | 20.2% | 20.2% | 20.8% | 20.6% | 4594 | 22288 | 20.6% |
| Prevention | Maternity - Smoking at Delivery | Chief Nursing Officer | 8% | 4.1% | 5.4% | 3.8% | 4.7% | 5.1% | 14 | 276 | 4.5% |
| | Occupancy Acute Wards Only | Chief Operating Officer | 92% | 101.1% | 99.8% | 94.4% | 99.9% | 99.5% | 9674 | 9726 | 98.0% |
| | Bed occupancy - Community Wards | Chief Operating Officer | 90% | 111.0% | 109.4% | 100.0% | 108.0% | 103.4% | 1210 | 1170 | 103.9% |
| | 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% | 1.7% | 2.0% | 2.1% | 1.9% | 1.8% | 46 | 2620 | 1.9% |
| | ALoS – D2A Pathway 2 | Chief Operating Officer | >28 days | 29 | 32 | 30 | 35 | 33 | 44 | 1432 | 33 |

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| Quality of care, access and outcomes | Responsible Director | Standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Rags | Trend - Apr 2019 to date | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ALoS - Adult Emergency Inpatients | Chief Operating Officer | 6.0 | 7.3 | 7.1 | 7.1 | 7.1 | 7.8 | 7397 | 947 | 7.4 | ● | | | | F | |
| ALoS – Elective Inpatients | Chief Operating Officer | 2.5 | 2.3 | 2.2 | 2.5 | 2.1 | 2.2 | 629 | 287 | 2.3 | ● | | | | F | |
| Medically fit for discharge - Acute | Chief Operating Officer | - | - | - | - | - | - | - | - | | | | | | | |
| Medically fit for discharge - Community | Chief Operating Officer | - | - | - | - | - | - | - | - | | | | | | | |
| Emergency readmissions within 30 days of discharge (G&A only) | Chief Operating Officer | 0 | 9.7% | 9.7% | 10.5% | 11.1% | 9.1% | 207 | 2271 | 10.20% | ● | | | | | |
| HSMR - Rolling 12 months May 22 - Apr 23 | Chief Medical Officer | 100 | | | | | | 111.2 | | 111.2 | ● | | | | | |
| Mortality SHMI - Rolling 12 months Feb 22 - Jan 23 | Chief Medical Officer | 89-112 | | | | | | 104.3 | | 104.3 | ● | | | | | |
| Never Events | Chief Nursing Officer | - | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| MRSA Bacteraemia | Chief Nursing Officer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | ● | | | | P | |
| MSSA Bacteraemia | Chief Nursing Officer | 0 | 2 | 0 | 2 | 0 | 3 | 3 | | 5 | ● | | | | | |
| C Diff Hospital Acquired (Target for Full Year) | Chief Nursing Officer | 29 | 4 | 2 | 1 | 0 | 0 | 0 | | 1 | ● | | | | P | |
| Falls with harm (per 1000 bed days) | Chief Nursing Officer | 1.14 | 1.30 | 0.00 | 1.66 | 1.60 | 1.51 | 61 | 12573 | 1.59 | ● | | | | P | |
| Pressure Ulcers (omissions in care Grade 3,4) | Chief Nursing Officer | 10 | 5 | 0 | 0 | 0 | 0 | 0 | | 0 | ● | | | | | |
| Sepsis screening - A&E (% screened) - Latest Quarter (Q1) | Chief Medical Officer | 90% | | | | | | 50 | 50 | 100.0% | ● | | | | | |
| Sepsis screening - Inpatients (% screened) - Latest Quarter (Q1) | Chief Medical Officer | 90% | | | | | | 50 | 50 | 100.0% | ● | | | | | |
| Serious Incidents | Chief Nursing Officer | - | 5 | 0 | 2 | 2 | 4 | 4 | | | | | | | ? | |
| VTE Risk Assessments | Chief Nursing Officer | 95% | 93.1% | 95.6% | 93.7% | 97.6% | 92.2% | | | 94.3% | ● | | | | ? | |
| WHO Checklist | Chief Nursing Officer | 100% | 97.8% | 98.1% | 97.7% | 98.0% | 99.5% | 6012 | 6042 | 98.4% | ● | | | | ? | |
| Stroke Admissions - CT Scan within 24 hours | Chief Operating Officer | 80% | - | - | - | - | - | | | 0.0% | ● | | | | | |
| Stroke - thrombolysis | | | | | | | | | | | | | | | | |
| Stroke Indicator 80% patients = 90% stroke ward | Chief Operating Officer | 80% | - | - | - | - | - | 0 | | 0.0% | ● | | | | | |
| Cleaning Standards: Acute (Very High Risk) | Chief Nursing Officer | 95% | 98.1% | 98.1% | 98.2% | 98.2% | 98.2% | 75 | 76 | 98.2% | ● | | | | P | |
| Cleaning Standards: Community (Very High Risk) | Chief Nursing Officer | 95% | 97.9% | 97.7% | 97.6% | 97.8% | 97.8% | 16 | 16 | 97.7% | ● | | | | P | |
| No. of Complaints received | Chief Nursing Officer | 0% | 13 | 7 | 12 | 14 | 14 | 14 | 0 | 40 | ● | | | | F | |
| No. of Complaints referred to Ombudsman | Chief Nursing Officer | 0% | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | ● | | | | ? | |
| Complaints resolved within policy timeframe | Chief Nursing Officer | 90% | 63.6% | 80.0% | 100.0% | 62.5% | 66.7% | 8 | 12 | 72.0% | ● | | | | F | |
| Friends and Family Test Score: A&E% Recommended/Experience by Patients | Chief Nursing Officer | >96% | 89.5% | 87.5% | 87.5% | 89.6% | TBC | | | 88.5% | ● | | | | | |
| Friends and Family Test Score: Acute % Recommended/Experience by Patients | Chief Nursing Officer | >96% | 95.5% | 95.7% | 96.0% | 100.0% | TBC | | | 96.1% | ● | | | | | |
| Friends and Family Test Score: Community % Recommended/Experience by Patients | Chief Nursing Officer | >96% | 96.1% | 96.7% | 98.8% | 100.0% | TBC | | | 98.9% | ● | | | | | |
| Friends and Family Test Score: Maternity % Recommended/Experience by Patients | Chief Nursing Officer | >96% | 100.0% | 95.0% | 100.0% | 100.0% | TBC | | | 100.0% | ● | | | | | |
| Friends and Family Test: Response rate (A&E) | Chief Nursing Officer | >12.8% | 10.8% | 4.8% | 7.0% | 5.1% | TBC | | | 6.0% | ● | | | | F | |
| Friends and Family Test: Response rate (Acute inpatients) | Chief Nursing Officer | >25% | 12.7% | 24.8% | 22.4% | 0.4% | TBC | | | 11.2% | ● | | | | F | |
| Friends and Family Test: Response rate (Maternity) | Chief Nursing Officer | >23.4% | 4.5% | 6.8% | 7.7% | 0.7% | TBC | | | 4.1% | ● | | | | ? | |
| Friends and Family Test: Response rate (Community) | Chief Nursing Officer | >30% | 0.0% | 0.0% | 0.0% | 0.0% | TBC | | | 0.0% | ● | | | | | |

| People | Responsible Director | Standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Rags | Trend - Apr 2019 to date | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Agency - expenditure as % of total pay | Chief Finance Officer | - | 5% | 3% | 5% | 6% | | 6% | | | | | | | | |

| Finance and Use of Resources | Responsible Director | Standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Rags | Trend - Apr 2019 to date | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I&E - Surplus/(Deficit) (£k) | Chief Finance Officer | - | -21 | 49 | -597 | -601 | | -601 | | | | | | | | |

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| Quality of care, access and outcomes | Responsible Director | Standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Rags | Trend – Apr 2019 to date | National or Regional | Pass/ Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I&E - Margin (%) | Chief Finance Officer | - | 0% | 0% | -2% | -2% | | -2% | | | | | | | | |
| I&E variance from plan (£) | Chief Finance Officer | - | -272 | -192 | -597 | -601 | | -601 | | | | | | | | |
| I&E - Variance from Plan (%) | Chief Finance Officer | - | -1.1 | 0.8 | 0.0 | 0.0 | | 0.0 | | | | | | | | |
| CPIP - Variance from plan (£k) | Chief Finance Officer | - | -603 | 3613 | -1083 | -808 | | -808 | | | | | | | | |
| Agency - expenditure (£k) | Chief Finance Officer | - | 1041 | 1286 | 1088 | 1151 | | 1151 | | | | | | | | |
| Agency - expenditure as % of cap | Chief Finance Officer | - | 208% | 256% | 132% | 139% | | 139% | | | | | | | | |
| Productivity - Cost per WAU (£k) | Chief Finance Officer | - | 4656 | 4517 | 4654 | 4471 | 4704 | 4704 | | | | | | | | |
| Capital - Variance to plan (£k) | Chief Finance Officer | - | 8 | 28779 | -1629 | -1937 | | -1937 | | | | | | | | |
| Cash - Balance at end of month (£m) | Chief Finance Officer | - | 19575 | 17326 | 15856 | 8055 | | 8055 | | | | | | | | |
| BPPC - Invoices paid <30 days (% value £k) | Chief Finance Officer | - | 88% | 89% | 97% | 87% | | 87% | | | | | | | | |
| BPPC - Invoices paid <30 days (% volume) | Chief Finance Officer | - | 87% | 88% | 96% | 96% | | 96% | | | | | | | | |
| Agency - expenditure as % of cap | Chief Finance Officer | - | 208% | 256% | 132% | 139% | | 139% | | | | | | | | |

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**Performance Against Target (Status)**

| Colour | Meaning |
|---|---|
| Green | Meeting Target |
| Red | Not Meeting Target |

**Activity Performance Only**

| Colour | Meaning |
|---|---|
| Blue | Over 5% above Target |
| Green | 5% above to 2% below Target |
| Orange | More than 2% below Target to 5% below Target |
| Red | 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) |

**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? | **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 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cancer** | | | | | | | | | | | | | | | | | | | | |
| 28 day referral to diagnosis confirmation to patients | Chief Operating Officer | 75% | 58.8% | 63.2% | 56.3% | 68.1% | 71.3% | 68.8% | 67.9% | | 628 | 925 | 68.3% | | | 71.3% | | | | |
| 2 Week Wait all cancers | Chief Operating Officer | 93% | 94.2% | 91.4% | 89.5% | 88.8% | 88.0% | 81.9% | 84.5% | | 790 | 935 | 83.3% | | | 80.8% | May | | | |
| Urgent referrals for breast symptoms | Chief Operating Officer | 93% | 89.5% | 82.8% | 77.3% | 39.3% | 63.6% | 50.0% | 14.8% | | 4 | 27 | 31.4% | | | 75.2% | | | | |
| Cancer 31 day diagnosis to treatment | Chief Operating Officer | 96% | 90.1% | 86.2% | 81.7% | 89.6% | 91.1% | 88.5% | 74.5% | | 73 | 98 | 81.1% | | | 90.3% | | | | |
| Cancer 62 day pathway: Harm reviews - number of breaches over 104 days | Chief Operating Officer | | 5 | 10 | 14 | 13 | 12 | 9 | 13 | | | | 22 | | | | | | | |
| Cancer 62 days urgent referral to treatment | Chief Operating Officer | 85% | 60.2% | 67.7% | 61.5% | 60.7% | 54.5% | 48.1% | 50.4% | | 31 | 61 | 49.4% | | | 58.7% | | | | |
| Cancer 62-Day National Screening Programme | Chief Operating Officer | 90% | 83.3% | 71.4% | 33.3% | 0.0% | 0.0% | 0.0% | 100.0% | | 0.5 | 0.5 | 50.0% | | | 61.7% | May | | | |
| Cancer consultant upgrade (62 days decision to upgrade) | Chief Operating Officer | 85% | 60.0% | 71.4% | 58.5% | 74.2% | 71.0% | 70.4% | 57.1% | | 8 | 14 | 70.4% | | | 73.1% | | | | |
| Cancer: number of urgent suspected cancer patients waiting over 62 days | Chief Operating Officer | Plan | 100 | 108 | 123 | 115 | 89 | 117 | 112 | 108 | | | | | | | | | | |
| **Primary care and community services** | | | | | | | | | | | | | | | | | | | | |
| Community Service Contacts - Total | Chief Operating Officer | v 2022/23 | 104% | 106% | 113% | 103% | 100% | 94% | 104% | 102% | 29530 | 28849 | 100% | | | | | | | |
| Urgent Response > 1st Assessment completed on same day (facilitated discharge & other) | Chief Operating Officer | 80% | 100% | 98.6% | 99.2% | 100% | 98.2% | 96.7% | 100% | 96% | 133 | 138 | 97.7% | | | | | | | |
| Urgent Response > 1st Assessment completed within 2 hours (admission prevention) | Chief Operating Officer | 70% | 91.1% | 80.0% | 90.2% | 91.7% | 83.3% | 91.5% | 76.5% | 85.7% | 72 | 84 | 85.1% | | | 85% | May | | | |
| % emergency admissions discharged to usual place of residence | Chief Operating Officer | 90% | 90.5% | 88.4% | 89.2% | 89.2% | 89.2% | 90.3% | 89.8% | 90.7% | 2167 | 2389 | 90.3% | | | 91.8% | Apr to Mar | | | |
| **Urgent and emergency care** | | | | | | | | | | | | | | | | | | | | |
| A&E Activity | Chief Operating Officer | Plan | 102% | 108% | 96% | 97% | 108% | 99% | 101% | 98% | 6027 | 6152 | 99% | | | | | | | |
| Ambulance handover within 15 minutes | Chief Operating Officer | 95% | 42.5% | | | | | | | | | | 42.6% | | | 26% | Nov | | | |
| Ambulance handover within 30 minutes | Chief Operating Officer | 98% | | 58.7% | 77.0% | 81.0% | 82.9% | 75.1% | 76.2% | 81.7% | 1164 | 1425 | | | | 76% | May | | | |
| Ambulance handover over 60 minutes | Chief Operating Officer | 0% | 6.1% | 25.0% | 9.2% | 6.6% | 5.2% | 9.0% | 9.0% | 4.6% | 66 | 1425 | 7.6% | | | 8% | | | | |
| Non Elective Activity - General & Acute (Adult & Paediatrics) | Chief Operating Officer | Plan | 111% | 110% | 115% | 113% | 117% | 118% | 111% | 109% | 2207 | 2021 | 113% | | | | | | | |
| Same Day Emergency Care (0 LOS Emergency adult admissions) | Chief Operating Officer | >40% | 40.8% | 37.1% | 36.5% | 40.4% | 37.2% | 37.8% | 38.3% | 39.6% | 819 | 2070 | 38.5% | | | 35% | Apr to Mar | | | |
| A&E - % of patients seen within 4 hours | Chief Operating Officer | 76% | 57.4% | 45.1% | 54.7% | 55.1% | 55.2% | 59.9% | 57.8% | 59.3% | 3573 | 6027 | 58.8% | | | 60.2% | Jun | | | |
| A&E - Percentage of patients spending more than 12 hours in A&E | Chief Operating Officer | | 13.8% | 24.6% | 19.3% | 18.4% | 16.2% | 9.7% | 14.8% | 13.8% | 833 | 6027 | 17.5% | | | 6% | April to March | | | |
| A&E - Time to treatment (median) | Chief Operating Officer | | 01:34 | 02:44 | 01:28 | 01:36 | 01:38 | 01:47 | 01:51 | 01:46 | | | | | | 01:51 | April to March | | | |
| A&E max wait time 4hrs from arrival to departure | Chief Operating Officer | | In development - to be reported next month | | | | | | | | | | | | | | | | | |
| Time to be seen (average from arrival to time seen - clinician) | Chief Operating Officer | <15 minutes | 00:46 | 01:06 | 00:42 | 00:41 | 00:44 | 00:41 | 00:36 | 00:32 | | | | | | 00:25 | Apr to Mar | | | |
| A&E Quality Indicator - 12 Hour Trolley Waits | Chief Operating Officer | 0 | 238 | 346 | 288 | 308 | 263 | 107 | 225 | 259 | | | 591 | | | | | | | |
| A&E - Unplanned Re-attendance with 7 days rate | Chief Operating Officer | 3% | 7.7% | 7.2% | 7.4% | 7.2% | 8.3% | 7.1% | | | 107 | 5309 | 7.1% | | | 8% | Apr to Mar | | | |

| Category | Measure | Owner | Target | | | | | | | | | Num | Denom | Perf | | | Latest | Period |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Elective care | Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard | Chief Operating Officer | 92% | 61.2% | 58.4% | 58.6% | 59.0% | 58.3% | 56.7% | 59.3% | 59.4% | 13228 | 22265 | | | 59.5% | May |
| | Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard | Chief Operating Officer | 95% | 69.4% | 68.0% | 66.7% | 67.5% | 67.3% | 64.7% | 65.1% | 67.1% | 2983 | 4445 | | | | |
| | Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List | Chief Operating Officer | | 24698 | 24997 | 24974 | 25301 | 25957 | 26503 | 26797 | 26710 | | | | | | |
| | Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 1326 | 1463 | 1446 | 1391 | 1453 | 1552 | 1718 | 1688 | | | | | 385022 | |
| | Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 404 | 495 | 490 | 439 | 365 | 417 | 413 | 439 | | | | | 96801 | May |
| | Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 94 | 104 | 94 | 58 | 6 | 27 | 23 | 18 | | | | | 11446 | |
| | Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List | Chief Operating Officer | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 1 | | | | | 482 | |
| | GP Referrals | Chief Operating Officer | 2019/20 | 118% | 103% | 100% | 111% | 168% | 94% | 101% | 119% | 3474 | 2928 | 104% | | | |
| | Outpatient Activity - New attendances (% v 2019/20) | Chief Operating Officer | 2019/20 | 105% | 96% | 101% | 99% | 116% | 97% | 103% | 118% | 5880 | 4970 | 106% | | | |
| | Outpatient Activity - New attendances (volume v plan) | Chief Operating Officer | Plan | 92% | 103% | 81% | 93% | 95% | 101% | 108% | 86% | 5880 | 6819 | 97% | | | |
| | Total Outpatient Activity (% v 2019/20) | Chief Operating Officer | 2019/20 | 105% | 97% | 105% | 102% | 114% | 98% | 105% | 120% | 18274 | 15183 | 108% | | | |
| | Total Outpatient Activity (volume v plan) | Chief Operating Officer | Plan | 98% | 109% | 95% | 105% | 100% | 109% | 118% | 90% | 18274 | 20244 | 104% | | | |
| | Total Elective Activity (% v 2019/20) | Chief Operating Officer | 2019/20 | 96% | 85% | 92% | 99% | 104% | 78% | 96% | 104% | 2870 | 2757 | 93% | | | |
| | Total Elective Activity (volume v plan) | Chief Operating Officer | Plan | 86% | 89% | 80% | 91% | 88% | 84% | 96% | 79% | 2870 | 3636 | 86% | | | |
| | BADS Daycase rates | Chief Operating Officer | Actual | 78% | 78.5% | 84.0% | 83.8% | | | | | 662 | 790 | 79.6% | | 82% | Mar to Feb |
| | Elective - Theatre Productivity (% Booked sessions used) | Chief Operating Officer | 95% | | | | | | | | | 286 | 294 | 95.6% | | | |
| | Elective - Theatre utilisation (%) - Capped | Chief Operating Officer | 85% | New measure calculation from April 2023 inline with GiRFT methodology | | | | | 77.0% | 78.7% | 78.5% | | | 78.1% | | 75% | April |
| | Elective - Theatre utilisation (%) - Uncapped | Chief Operating Officer | 85% | | | | | | 84.6% | 84.9% | 84.6% | | | 84.7% | | 80% | |
| | Cancelled Operations on day of Surgery for non clinical reasons | Chief Operating Officer | 10 per month | 46 | 32 | 16 | 16 | 16 | 10 | 22 | | | | 32 | | 18975 | Jan to Mar |
| | Diagnostic Activity - Computerised Tomography | Chief Operating Officer | Plan | 139% | 138% | 141% | 138% | 108% | 138% | 120% | 140% | 2803 | 2003 | 133% | | | |
| | Diagnostic Activity - Endoscopy | Chief Operating Officer | Plan | 121% | 100% | 122% | 131% | 123% | 50% | 126% | 79% | 814 | 1025 | 79% | | | |
| | Diagnostic Activity - Magnetic Resonance Imaging | Chief Operating Officer | Plan | 143% | 139% | 132% | 142% | 117% | 166% | 158% | 171% | 1622 | 947 | 165% | | | |
| | Waiting Times - Diagnostic Waits >6 weeks | Chief Operating Officer | <5% | 24.9% | 30.0% | 29.4% | 22.2% | 22.0% | 27.6% | 28.9% | 29.8% | 1748 | 5861 | | | 25.9% | May |
| | Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy | Chief Nursing Officer | 90% | 94.9% | 97.3% | 89.3% | 96.3% | 98.6% | 96.7% | 94.6% | 94.0% | 140 | 149 | 95.0% | | | |
| | Robson category - CS % of Cat 1 deliveries (rolling 6 month) | Chief Medical Officer | <15% | 18.5% | 15.8% | 14.5% | 15.2% | 16.2% | 14.0% | 19.3% | 21.3% | 23 | 108 | 21.3% | | | |
| | Robson category - CS % of Cat 2 deliveries (rolling 6 month) | Chief Medical Officer | <34% | 62.5% | 63.4% | 63.3% | 60.9% | 60.0% | 58.8% | 58.2% | 57.0% | 102 | 179 | 57.0% | | | |
| | Robson category - CS % of Cat 5 deliveries (rolling 6 month) | Chief Medical Officer | <60% | 87.3% | 87.2% | 87.0% | 88.4% | 86.6% | 87.3% | 87.5% | 89.6% | 103 | 115 | 87.5% | | | |
| | Maternity Activity (Deliveries) | Chief Nursing Officer | v 2022/23 | 97% | 95% | 70% | 99% | 117% | 111% | 109% | 99% | 130 | 132 | 106% | | | |
| | Midwife to birth ratio | Chief Nursing Officer | 1:26 | 1:29 | 1:33 | 1:24 | 1:24 | 1:31 | 1:25 | | | | | | | | |
| | Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1) | Chief Nursing Officer | | In development - to be reported next month | | | | | | | | 0 | 0 | | | | |
| Outpatient transformation | DNA Rate (Acute Clinics) | Chief Operating Officer | <4% | 6.0% | 6.8% | 6.3% | 6.5% | 5.8% | 5.8% | 6.2% | 6.1% | 1745 | 26663 | 6.0% | | 7.8% | Apr to Mar |
| | Outpatient - % OPD Slot Utilisation (All slot types) | Chief Operating Officer | 90% | 81.6% | 79.2% | 78.1% | 79.3% | 78.4% | 80.6% | 82.5% | 86.7% | 15356 | 17707 | 83.3% | | | |
| | Outpatient Activity - Follow Up attendances (% v 2019/20) | Chief Operating Officer | v 2019/20 | 105% | 97% | 107% | 103% | 114% | 99% | 106% | 121% | 12394 | 10213 | 109% | | | |
| | Outpatient Activity - Follow Up attendances (volume v plan) | Chief Operating Officer | Plan | 100% | 112% | 102% | 110% | 102% | 113% | 123% | 92% | 12394 | 13426 | 107% | | | |
| | Outpatients Activity - Virtual Total (% of total OP activity) | Chief Operating Officer | 25% | 23% | 25% | 26% | 25% | 23% | 25% | 23.4% | 23.0% | 4200 | 18274 | 23.6% | | 20% | Apr to Mar |
| Prevention long term conditions | Maternity - Smoking at Delivery | Chief Nursing Officer | | 6.7% | 10.5% | 9.9% | 12.4% | 7.3% | 12.0% | 13.7% | 9.2% | 12 | 130 | | | | |

| Indicator | Owner | Target | | | | | | | | | | | Value | | | Period |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bed Occupancy - Adult General & Acute Wards | Chief Operating Officer | <92% | 91% | 92% | 97% | 103% | 97% | 95% | 97% | 98% | 281 | 287 | 97% | | 94% | Jun |
| Bed occupancy - Community Wards | Chief Operating Officer | <92% | 97% | 96% | 97% | 96% | 95% | 94% | 95% | 96% | 73 | 76 | 95% | | | |
| Mixed Sex Accommodation Breaches | Chief Nursing Officer | 0 | 81 | 240 | 517 | 233 | 150 | 173 | 181 | 110 | | | 464 | | 3473 | May |
| Patient ward moves emergency admissions (acute) | Chief Operating Officer | | 10.2% | 9.9% | 10.9% | 8.6% | 7.3% | 9.1% | 7.5% | 7.4% | 87 | 1093 | 8.0% | | | |
| ALoS - General & Acute Adult Emergency Inpatients | Chief Operating Officer | 4.5 | 4.3 | 4.4 | 4.9 | 4.1 | 4.5 | 4.2 | 4.0 | 4.0 | 7584 | 1888 | 4.1 | | 4.5 | Apr to Mar |
| ALoS – General & Acute Elective Inpatients | Chief Operating Officer | 2.5 | 2.4 | 2.3 | 2.6 | 2.1 | 1.8 | 2.5 | 3.0 | 2.7 | 812 | 305 | 2.7 | | 2.9 | |
| Medically fit for discharge - Acute | Chief Operating Officer | 5% | | | | 22.7% | 22.0% | 19.5% | 22.5% | 24.6% | 8559 | 2106 | | | 23.1% | Dec |
| Medically fit for discharge - Community | Chief Operating Officer | 10% | | | | 57.9% | 61.1% | 60.4% | 58.7% | 58.9% | 2311 | 1361 | | | | |
| Emergency readmissions within 30 days of discharge (G&A only) | Chief Medical Officer | 5% | 9.1% | 10.1% | 10.2% | 9.1% | 6.3% | 10.1% | | | 381 | 3763 | 10.1% | | 7.1% | Apr to Mar |
| HSMR - Rolling 12 months | Chief Medical Officer | <100 | 107.7 | 110.5 | 109.2 | 109.1 | | | | | 715 | 655 | | | 100 | Mar to Feb |
| Mortality SHMI - Rolling 12 months | Chief Medical Officer | <100 | 103.5 | 103.8 | 101.3 | | | | | | 1140 | 1125 | | | 100 | Feb to Jan |
| Never Events | Chief Nursing Officer | 0 | 0 | 0 | 0 | 0 | 1 | 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 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | | | 3 | | | |
| Number of external reportable >AD+1 clostridium difficile cases | Chief Nursing Officer | 44 | 3 | 4 | 0 | 3 | 5 | 5 | 6 | 6 | | | 17 | | | |
| Number of falls with moderate harm and above | Chief Nursing Officer | 2022/23 (30) | 1 | 1 | 1 | 3 | 5 | 3 | 4 | 3 | | | 10 | | | |
| Pressure sores (Confirmed avoidable Grade 3,4) | Chief Nursing Officer | 0 | 8 | 2 | 9 | 5 | 3 | 2 | 2 | 3 | | | 7 | | | |
| Serious Incidents | Chief Nursing Officer | Actual | 14 | 9 | 10 | 30 | 16 | 6 | 9 | 8 | | | 23 | | | |
| VTE Risk Assessments | Chief Medical Officer | 95% | 92.3% | 90.7% | 89.7% | 90.6% | 90.4% | 89.6% | 90.6% | 89.4% | 4049 | 4527 | 89.1% | | | |
| WHO Checklist | Chief Medical Officer | 100% | | 99.5% | | | 99.5% | | | 99.8% | | | | | | |
| % of people who have a TIA who are scanned and treated within 24 hours | Chief Medical Officer | 60% | 47.7% | 79.1% | 71.7% | 60.7% | 48.8% | 68.8% | 88.6% | 87.0% | 40 | 46 | 80.6% | | | |
| Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time) | Chief Medical Officer | 90% | 75.0% | 62.5% | 80.0% | 33.3% | 75.0% | 57.1% | 40.0% | 0.0% | 0 | 2 | 42.9% | | | |
| Stroke Indicator 80% patients = 90% stroke ward | Chief Medical Officer | 80% | 73.6% | 71.0% | 76.9% | 82.9% | 88.1% | 86.7% | 80.0% | 83.9% | 26 | 31 | 83.5% | | | |
| Cleaning Standards: Acute (Very High Risk) | Chief Nursing Officer | 98% | In development - to be reported next month | | | | | | | | 0 | 0 | | | | |
| Cleaning Standards: Community (Very High Risk) | Chief Nursing Officer | 98% | In development - to be reported next month | | | | | | | | 0 | 0 | | | | |
| Number of complaints | Chief Nursing Officer | 2022/23 (253) | 19 | 18 | 19 | 18 | 25 | 23 | 23 | 47 | | | 93 | | | |
| 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% | 63.6% | 52.9% | 50.0% | 26.7% | 71.4% | 33.3% | 100.0% | 62.5% | 5 | 8 | 62.5% | | | |

Information Services

| Metric | Responsible Director | Standard | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Trend | WVT Latest month v benchmark | National or Regional | | Pass/Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Friends and Family Test - Response Rate (Community) | Chief Nursing Officer | 30% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | | | 11 | 5004 | 0.2% | | | | | ? | | |
| Friends and Family Test Score: A&E% Recommended/Experience by Patients | Chief Nursing Officer | 95% | Nil Return | Nil Return | Nil Return | Nil Return | 0.0% | 76.3% | 76.0% | 79.6% | | | | | | 80% | | | | |
| Friends and Family Test Score: Acute % Recommended/Experience by Patients | Chief Nursing Officer | 95% | 67.0% | 80.0% | 100.0% | 82.2% | 87.9% | 90.0% | 89.1% | 87.4% | 182 | 207 | 88.9% | | | 94% | February | ? | | |
| Friends and Family Test Score: Community % Recommended/Experience by Patients | Chief Nursing Officer | 95% | 67.0% | 0.0% | 100.0% | 100.0% | 100.0% | 81.8% | | | 9 | 11 | 81.8% | | | 95% | | ? | | |
| Friends and Family Test Score: Maternity % Recommended/Experience by Patients | Chief Nursing Officer | 95% | 100% | 100% | 100% | 0.0% | 100.0% | 0.0% | 100.0% | | | | 100.0% | | | 92% | | ? | | |
| Friends and Family Test: Response rate (A&E) | Chief Nursing Officer | 25% | Nil Return | Nil Return | Nil Return | Nil Return | 0.0% | 21.0% | 21.0% | 20.5% | | | | | | | | | | |
| Friends and Family Test: Response rate (Acute inpatients) | Chief Nursing Officer | 30% | 2.0% | 0.9% | 1.0% | 20.2% | 21.0% | 19.0% | 20.4% | 19.0% | 207 | 1069 | 19.5% | | | | | F | | |
| Friends and Family Test: Response rate (Maternity) | Chief Nursing Officer | 30% | 23.0% | 3.3% | 4.0% | 0.0% | | 0.0% | 0.0% | | 1 | 0 | 13.1% | | | | | ? | | |

| People | Responsible Director | Standard | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Trend - Apr 2019 to date | WVT Latest month v benchmark | National or Regional | | Pass/Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Agency (agency spend as a % of total pay bill) | Chief People Officer | 6.4% | 10.2% | 11.1% | 12.0% | 10.5% | 6.9% | 8.1% | 8.4% | 8.4% | | | 8% | | | | | ? | | |
| Appraisals | Chief People Officer | 85% | 72.4% | 72.8% | 74.4% | 76.0% | 77.1% | 77.5% | 78.6% | 79.0% | 2360 | 2988 | 78% | | | 76% | 2021/22 | F | | |
| Mandatory Training | Chief People Officer | 85% | 89.1% | 88.7% | 89.3% | 89.6% | 89.2% | 89.7% | 89.3% | 89.9% | 3320 | 3693 | 90% | | | 88% | | P | | |
| Overall Sickness | Chief People Officer | 3.5% | 5.7% | 7.1% | 5.9% | 5.4% | 5.4% | 4.8% | 4.4% | 4.1% | 4186 | 101398 | 4% | | | 5% | Feb | F | | |
| Staff Turnover Rate (Rolling 12 months) | Chief People Officer | 10% | 14.4% | 14.1% | 13.6% | 13.5% | 12.8% | 12.6% | 12.0% | 11.5% | 379 | 3281 | 12% | | | | | F | | |
| Vacancy Rate | Chief People Officer | 5% | 9.2% | 9.1% | 8.6% | 8.7% | 8.2% | 7.9% | 8.0% | 6.3% | 230 | 3620 | 7% | | | | | F | | |

| Finance and Use of Resources | Responsible Director | Standard | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Numerator | Denominator | Year to Date | Trend - Apr 2019 to date | WVT Latest month v benchmark | National or Regional | Pass/Fail | Trend Variation | DQ Mark |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I&E - Surplus/(Deficit) (£k) | Chief Finance Officer | ≥0 | -£623 | -£383 | -£519 | -£517 | -£355 | -£2,571 | -£2,571 | -£2,769 | | | -£7,911 | | | | | | |
| I&E - Margin (%) | Chief Finance Officer | ≥0% | -2.5% | -1.5% | -1.9% | -1.9% | -0.8% | -8.9% | -8.9% | -10.8% | -£2,769 | £25,711 | -8.9% | | | | | | |
| I&E - Variance from plan (£k) | Chief Finance Officer | ≥0 | -£33 | -£39 | £36 | £13 | £201 | £157 | £43 | -£146 | | | £54 | | | | | | |
| I&E - Variance from Plan (%) | Chief Finance Officer | ≥0% | 5.6% | 5.6% | -6.5% | -2.5% | -36.2% | 0.5% | 0.1% | -0.6% | -£146 | £25,711 | 0.1% | | | | | | |
| CPIP - Variance from plan (£k) | Chief Finance Officer | ≥0 | £125 | -£344 | -£717 | -£666 | -£869 | -£614 | -£635 | -£340 | | | -£1,589 | | | | | | |
| Agency - expenditure (£k) | Chief Finance Officer | N/A | £1,634 | £1,874 | £1,880 | £1,744 | £2,017 | £1,505 | £1,505 | £1,323 | | | £4,332 | | | | | | |
| Agency - expenditure as % of total pay | Chief Finance Officer | N/A | 10.1% | 11.5% | 11.4% | 10.5% | 9.0% | 8.8% | 8.8% | 7.9% | £1,323 | £16,812 | 9% | | | | | | |
| Agency - expenditure as % of cap | Chief Finance Officer | ≤100% | | | | | | | | | | | | | | | | | |
| Productivity - Cost per WAU (£k) | Chief Finance Officer | N/A | | | | | | | | | | | | | | | | | |
| Capital - Variance to plan (£k) | Chief Finance Officer | ≥0 | -£17 | £377 | £414 | £14 | -£107 | -£57 | -£57 | -£114 | | | -£228 | | | | | | |
| Cash - Balance at end of month (£m) | Chief Finance Officer | As Per Plan | £21 | £22 | £18 | £22 | £35 | £19 | £19 | £25 | | | £24.8 | | | | | | |
| BPPC - Invoices paid <30 days (% value £k) | Chief Finance Officer | ≥95% | 75.8% | 77.0% | 89.1% | 77.4% | 85.5% | 95.6% | 89.5% | 96.4% | £31,108 | £32,286 | 94.1% | | | | | | |
| BPPC - Invoices paid <30 days (% volume) | Chief Finance Officer | ≥95% | 93.0% | 93.9% | 86.5% | 92.6% | 93.4% | 97.9% | 97.7% | 97.3% | £9,323 | £9,580 | 97.5% | | | | | | |

Information Services

| Report to | Foundation Group Boards | Agenda Item | 6.2 |
|---|---|---|---|
| Date of Meeting | 2 August 2023 | | |

| | |
|---|---|
| Title of Report | Group Analytics Update |
| Status of report: (Consideration, position statement, information, discussion) | Position statement |
| Author: | Haq Khan, Chief Finance Officer of GEH |
| Lead Executive Director: | Adam Carson, Managing Director of SWFT and Haq Khan, Chief Finance Officer of GEH |
| 1. Purpose of the Report | This report provides an update on the progress that has been made with the work on improving analytics across the Group. |
| 2. Recommendations | To note the progress to date and the issues impacting pace of progress. |
| 3. Executive Director Assurance | Good progress has been made despite the capacity challenges across the three organisations.  We are reviewing the capacity and capability within the analytics functions as well as additional support to ensure we continue to make progress at sufficient pace. <br><br> Eight projects have been agreed with one complete two on hold and five in progress.  Delivery of these projects is overseen by the Group Analytics Board chaired at Managing Director level. <br><br> With Adam Carson, Managing Director of SWFT, taking on the responsibility of Chairing the Group Analytics Board, this is an opportune time for us to review the objectives and priorities.  The work to date has laid some good foundations for the next phase which will focus on developing an informatics culture. |

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

**Report to Foundation Group Boards – 2 August 2023**

**Group Analytics Update**

**Introduction**

This report provides an update on the progress that has been made with the work on improving analytics across the Foundation Group.

**Background**

The Group is aiming to:

> *'Bring together capacity and capability across the group for informatics to contribute to Place and System informatics and Intelligence Cells.'*

To support delivery of the objective an external review was commissioned that recommend the establishment of the Group Analytics Board (GAB) to lead and oversee the development and delivery of a Group Analytics Strategy and workplan. The GAB, established since January 2022, has overseen the development and agreement of the analytics strategic vision and objectives as set out below.
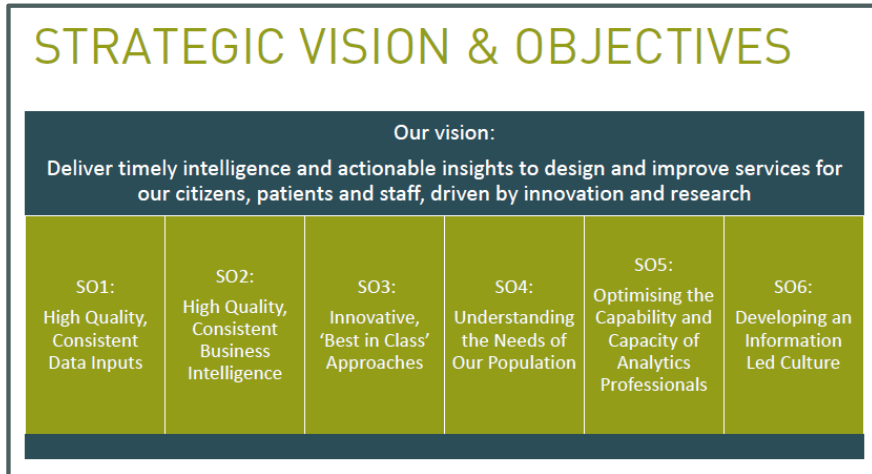


The strategic objectives relate to a five-year strategy. The focus over the last 12 months has been on immediate priorities such as the new standardised Integrated Performance Report (IPR), getting the basics right through the implementation of Power BI to support automation, user self-service and more advanced analytics as well as developing the capacity and capability within the teams. This means that some of the more advanced strategic objectives such as "S03 - Innovative 'Best in Class's Approaches" which include the introduction of Artificial Intelligence and Robotic Process Automation are not currently being worked on and will form part of longer-term development plans.

**Progress to Date**

We continue to make good progress despite several competing priorities and resource constraints. Some highlights are listed below:

1. Analytics capacity and capability (In Progress) (SO5)
   - An assessment of analytics capacity and capability is underway including looking at structures of analytics functions as well as skills required now an in the future.
   - This will also look at how we develop the analytics capacity and capability beyond the informatics functions.

2. Implementation of an analytics and business intelligence tool (In Progress) (SO2)
   - Microsoft Power BI has been implemented across the Group alongside the Azure cloud environment.
   - A number of informatics colleagues have completed the training (PL300) which provides the knowledge and skills to develop Power BI reports/dashboards. Training will be made available to non-informatics colleagues shortly.
   - The 3 organisations are at different stages of developing Power BI reports due to capacity constraints and competing priorities ranging from Power BI dashboards deployed and being actively used by clinical and operational colleagues to manage performance to being used within the information function only.
   - We are in the process of finalising the approach to developing centres of excellence for Power BI in each organisation.

3. Standardised IPR format across the Group (Complete) (SO2)
   - The new standardised format for the IPR is now well established.

4. Foundation Group Boards Performance Report (Complete) (SO2)
   - A reporting format was developed for the first Foundation Group Boards meeting that took place on 3 August 2022 and has been refined since with additional metrics added recently.
   - The project is complete with further refinements being managed as business as usual.
   - Recent additional work has included supporting the deep dives in relation to the strategic pillars with productivity being the focus area for today's meeting.

5. Review of Finance and Performance Executive (FPE) Packs (In Progress) (SO2)
   - Some standardisation has been agreed and implemented including agenda, performance summary and the exception/improvement report format.
   - Work is underway exploring the opportunities to standardise the look and feel of the data packs.

6. Data Quality Kitemarks (In Progress) (SO1)
   - A data quality kitemark methodology has been agreed.
   - Data quality kitemarks have been applied to some of the metrics in the IPR and there is a plan in place to apply the kitemarks to all the metrics over the coming months across all 3 organisations.

> **Commented [CS(TSSWU1]:** Chelsea - I have removed the page numbering as not needed because Admincontrol inserts a page numbering automatically

**Next Steps**

With Adam Carson taking on the responsibility of Chairing the GAB, following his recent appointment as the Managing Director of SWFT, this is an opportune time for us to review the objectives and priorities. You will see from the progress update above much of the work to date has been focussed on infrastructure, standards, and standardisation. These are important foundations for the next phase which will focus on developing an informatics culture (SO6) where analytics is everybody's business and analytics play a central role in supporting operational, tactical and strategic decisions. Developing the analytics capacity and capability beyond the informatics/analytics functions is a key element of this (SO5).

Over the next 12 months we will progress the above projects with the aim to develop our analytical capacity and capability and create some headroom for the cultural improvements through developing our people and rolling out the use of the state-of-the-art analytical infrastructure such as the Azure cloud environment and the Power BI analytical and reporting tool alongside standardising and automating reporting across the Group.

The key concern over the last 6 months has been in relation to resourcing as the Group Analyst role has been vacant despite numerous attempts to recruit. The role has now been appointed to with start date to be agreed. This role will relieve some pressure from the 3 informatics functions in supporting the Foundation Group Boards' analytics as well as developing a data sharing solution across the Group.

**Recommendation**

The Foundation Group Boards are asked to note the progress to date and the issues impacting pace of progress.


Adam Carson
Managing Director (SWFT) and Chair of the Group Analytics Board

Haq Khan
Chief Finance Officer (GEH) and Senior Responsible Officer for the Group Analytics Programme

| Report to | Foundation Group Boards | Agenda Item | 6.3 |
|---|---|---|---|
| **Date of Meeting** | 2 August 2023 | | |
| **Title of Report** | Deep Dive into Additional Performance Measures – Theatre Productivity | | |
| **Status of report:** (Consideration, position statement, information, discussion) | For information and discussion | | |
| **Author:** | Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, and Robin Snead, Chief Operating Officer of GEH | | |
| **Lead Executive Director:** | Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, and Robin Snead, Chief Operating Officer of GEH. | | |
| **1. Purpose of the Report** | To provide the Foundation Group Boards with a current update of the position faced across the Foundation Group in the delivery of improved Theatre Productivity to Getting It Right First Time (GIRFT) standards and reduce the waiting times for patients on an elective admitted waiting list.<br><br>It is recognised that all Trusts across the Foundation Group have significant opportunities and plans to improve Theatre Productivity. The volume of complexity to resolve is understood and the benefits of combining our teams' efforts to work through the solutions across the Foundation Group, along with GIRFT recommendations, is and will improve waiting times for our patients.<br><br>The report also shows how the Trusts are approaching the Productivity challenge locally, and across the Foundation Group, using GIRFT and local data to benchmark and learn from each other in order to bring operational and clinical teams together to share best practice. | | |
| **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. | | |

# Theatres Productivity

Foundation Group Boards – 2 August 2023

# Now….

## Planned….

### GEH
- 9 theatres (4 elective, 2 emergency and 3 day case) plus 2 maternity theatres
- 10th theatre (Theatre 5) not fit for purpose, supports Right Procedure, Right Place (RPRP) for Chronic Pain procedures and Cardioversions.

Site reconfiguration by the end of 2023 will support not only ringfencing of elective beds and protect activity, but will also future proof the Trust in the event of another Pandemic.

### SWFT
- 10 theatres at the Warwick site plus 2 obstetric theatres
- A recently commissioned vanguard orthopaedic theatre, for an additional 20 joints per week.
- 2 day case theatres at the Stratford site which cater for patients who do not require anaesthetic cover.
- A dedicated elective surgical ward, a dedicated elective orthopaedic ward plus a day case unit which are protected from emergency bed pressures. This allows us to take a zero approach to cancellations on the day and also enables our elective work to be maintained regardless of external pressures.

Due to commence a full refurbishment programme later 2023.

Have become the first acute site to receive the GIRFT Hub Accreditation proving that you can provide an "elective hub" environment on a busy acute site.

### WVT
- 8 substantive theatres (1 Obstetric – currently covers elective and emergency C Sections)
- A temporary Vanguard Theatre
- Theatre 7 is the designated Robotic theatre, some non-robotic surgery also takes place
- Theatre 5 is the designated Ophthalmology Theatre and there are 3 Ultra Clean theatres
- Dedicated clean ward for elective orthopaedics and other suitable surgery (ring fenced)
- Dedicated elective ward for general surgery (ring fenced)
- Elective Gynaecology beds are within the overall gynaecology bed base (not ring fenced)
- Day surgery unit (ring fenced for elective – but additional beds can be utilised for escalation process for non-elective patients)

In May 2024 the Elective Day Surgery Hub is scheduled to open, seeing 3 new day case theatres open (one of which with be a Cataract suite).
At this time CEPOD will extend to all day lists, 2 additional Trauma lists will be allocated and 3 weekly C Section lists will move to main theatres

# Group Activity

## GEH Activity

Q1 19/20
2012 Theatre Activity (cases)
541 sessions

Q1 23/24
1498 Theatre Activity (cases)
419 sessions

(3 Day case theatres closed for 6 weeks in Q1 23/24 for refurbishment)

## SWFT

Q1 19/20
3232 Theatre Activity
952 Sessions
3.4 average cases per session

Q1 23/24
2685 Theatre Activity
875 Sessions
3.1 average cases per session

## WVT

Q1 19/20
2498 Theatre Activity
3.6 average cases per session

Q1 23/24
2148 Theatre Activity
3.3 average cases per session

NB not directly comparable as insourcing during 2019/20 and some services now moving out of theatres into MOPs rooms

# Summary - Definitions

Theatre utilisation (Capped) = sum of each patient's touchtime over available theatre time, cut off at session scheduled end if procedure end time is later (see below)

Theatre utilisation (Uncapped) - sum of each patient's touchtime over available theatre time (see below)



Illustration of different utilisation measurements
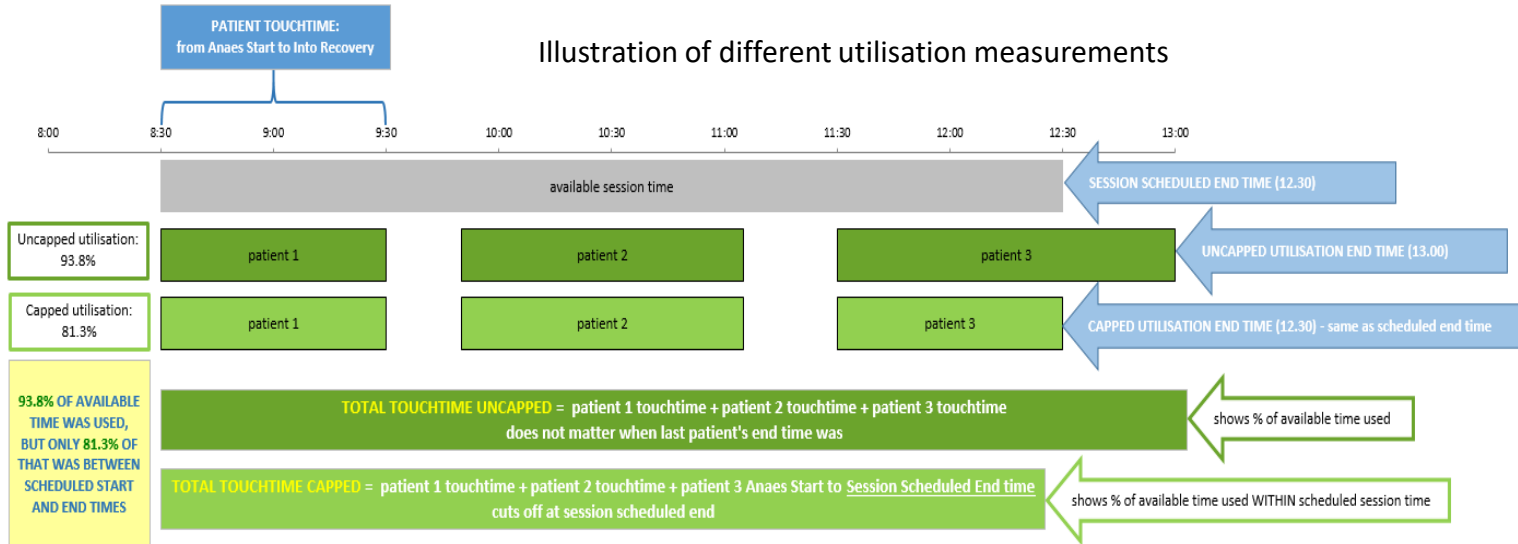
**WORKING TOGETHER**

Small team across the Group got together to review and agree methodology in line with Model Hospital / GiRFT

Sign off across Group for key measures
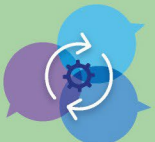
# Capped Touchtime Theatre Utilisation

The sum of each patient's Touchtime (Into Anaesthetic Suite to Into Recovery), over available theatre time, cut off at session scheduled end if procedure end time is later.

## GEH
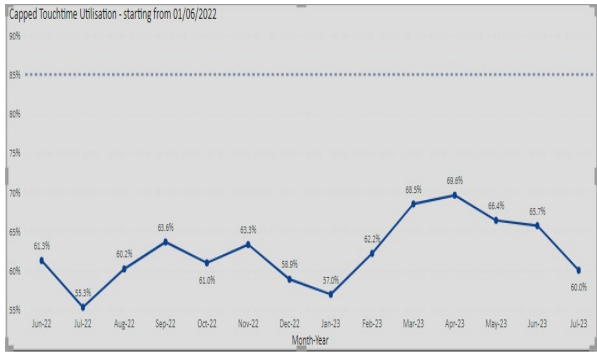


Following a review of metrics and deep dive on data quality in addition to a validation exercise undertaken by the Operational teams, the Trust is now in a position to accurately report capped touch time utilisation. The graph shows GEH saw capped touch time utilisation increase by just over 12% (57% January 2023 to April 2023).

## SWFT
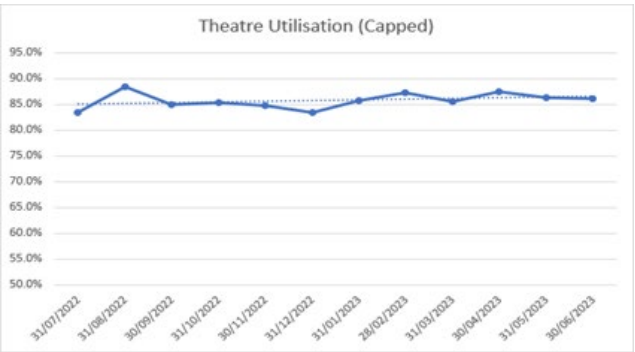


Looking at specific specialties that are not hitting target, for example: ophthalmology and ENT

## WVT
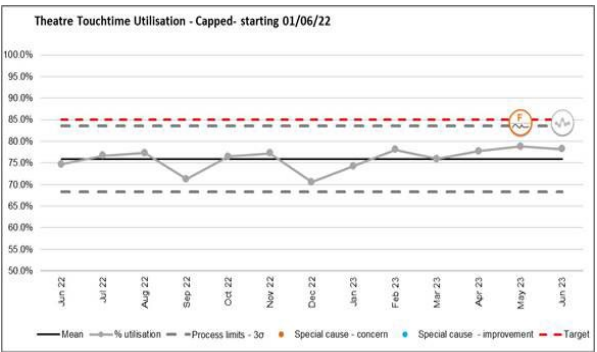


Issues identified with real-time data entry and Maxims functionality. Need to build clinician confidence in data
More work required with theatre scheduling at specialty level, some specialties plan lists well – need to consider booking arrangements
Weekly scheduling meetings in place structured around 6-4-2

# Late Starts and Early Finishes

**GEH**

There has been a steady and consistent improvement in lists starting on time.  This has been a collective effort across the Clinical Support Services (CSS) and Surgical directorates, with the right amount cultural challenge.  The focus through mission possible workstreams may benefit from a re-focus for on "on-the-day" data and processes.
FOCUS: There has been a steady and consistent improvement in lists **not finishing early**.  There is an increase seen in May and June and there could be some correlation to the Industrial action.  As with late starts the focus through mission possible workstreams may benefit from a re-focus for on "on-the-day" data and processes.

**SWFT**

There has been a small improvement in main theatre lists starting on time. Across all theatres, there has been a 6% reduction lists finishing early in Q1 23/24 when compared with Q1 2019/20.  However, there has been a small increase in lists **over running** which is an area of focus. This is being picked up as part of Theatre Excel in Everything Programme and Elective Performance Board.  Data has been analysed and a target approach will be applied.

**WVT**

During the theatre improvement event, issues were identified with real-time data entry and Maxims functionality and very few sessions witnessed were actual late starts.
Patients in some specialties e.g. Dentistry, Oral and Paediatric lists, take longer to anaesthetise due to Learning Disabilities or the need for pre-operative sedation Positioning of some patients on the table can take longer, e.g. Robotic Surgery
The Theatre Improvement Event identified a need to focus on list booking/scheduling at specialty /consultant level to maximise productivity and work is underway with some specialties where late finishing is more common.

# On The Day Cancellations.

Definition: Patients cancelled on the day of surgery for Clinical, Non-Clinical or Patient related

**GEH**

Hospital cancellations for non-clinical reasons can be explained as bed shortages, due to increased Emergency demand.

**SWFT**

There are challenges in recording data in ORMIS. Daily notifications are provided to inform 'on the day' cancellations. There is a recognised opportunity to conduct an audit to cross reference information from both sources.

**WVT**

Developing escalation process to support avoidance of cancellations on the day
Maxims functionality has resulted in the need to develop workarounds to avoid list changes showing as cancellations.
Cancellations now centralised for main theatres with the aim of improving data quality. Some DQ issues are still being experienced due to Maxims functionality.

## Foundations Group Actions

- Adopting "Operation Ring-fence" to protect Elective beds for the day of surgery

- Learning from SWFT escalation process for on the day cancellations involving clear escalation processes and challenge by senior managers and clinical leads

- Review Pre-Op guidance and instructions to patient learning from across the Group to reduce clinical / patient cancellations

- Use of digital technology for patient reminders via two way texting and use of digital Pre-Op to allow for patient questionnaire to be complete remotely to ensure patients are fully informed and ready for surgery without a the need for a face to face appointment.

**NHS** George Eliot Hospital NHS Trust

**NHS** South Warwickshire University NHS Foundation Trust

**NHS** Wye Valley NHS Trust

# GEH - Solutions

**Mission Statement: We will take a 'can-do' flexible approach to streamline our surgical patient journey; so that TOGETHER we achieve best outcomes and experience for patients and colleagues.**

- Mission Possible Programme (GEH Theatres Improvement Programme) has led to increased clinical, operational and corporate engagement and leadership to deliver on theatre productivity.
- Improved 642 booking process has led to increase in elective & day case activity.
- Scheduling and booking improvements have enabled early clinical management discussions to take place between Surgeon, Anaesthetic, Theatres and Ward teams to ensure preparation for each patient and increase activity on lists
- Reviewed Escalation of cancellation processes has led to fewer cancellations on the day as cases have been escalated early to appropriate decision makers.
- Improved management of planned leave has supported scheduling to book out to 6 weeks ahead of surgery
- Clinical ownership of lists has improved
- Prophylactic management of UTIs for Urology patients has reduced cancellation on the day for this cohort of patients. Transferred Booking Team to CSS enabling more focus on 642 process and a closer more cohesive link between the bookers and the Operational/Theatres team, allowing the right level of challenge.
- Increased consistency in Surgeon/Anaesthetist and theatre teams has increased opportunity for pre surgery clinical discussion reducing delays on the day.
- Rollout of MyPreOp (excluding cancer pathways) has ensured that patients are worked up appropriately prior to surgery
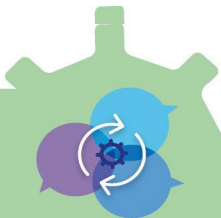
# GEH - Solutions

- Rollout of MyPreOp (excluding cancer pathways) has ensured that patients are worked up appropriately prior to surgery
- Utilising volunteers to prompt timely completion of MyPreOp to optimise use of clinical time.
- Dashboard development with Key Performance Indicators (KPIs) to track and monitor performance and themes. Data is visible to all colleagues.
- Lookback in scheduling meeting has facilitated learning and continual improvement in scheduling sessions appropriately
- Standard Operating Procedure (SOP) in place for use of surge capacity and to reduce impact of emergency flow on elective care.
- Recommendations from BDO (Internal Auditors) internal theatres audit delivered which have demonstrated clear governance for Theatres Improvement Programme, visibility of data to all colleagues and processes in place to address data quality issues and validation. Recommendations have also supported improvement in 642 booking process to increase elective activity.

# GEH - Next steps

- 'Right Procedure Right Place' audit complete and links made with regional lead. Exploratory discussions taking place with clinicians to move low complexity cases out of theatre which will give more capacity in theatres for complex cases.
- In addition the CSS Management Team on embarking on a move to the Theatre suite, to provide support and guidance and positive assurance to further enable improved working relationships.
- Preoperative period process redesign to ensure patients worked up prior to surgery, including partnership working with AmbaCare for Shape Up for Surgery (NHSE Perioperative Care Plan)

NHS
George Eliot Hospital
NHS Trust

NHS
South Warwickshire
University
NHS Foundation Trust

NHS
Wye Valley
NHS Trust
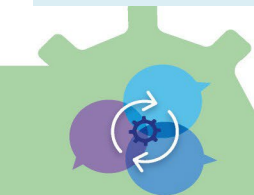
# SWFT - Solutions

- Focussed recruitment and retention group for theatres supported by our workforce team. The introduction of apprentice Operating Department Practitioners (ODPs) saw recruitment of 20 trainee's, the first will be practicing from September to allow us to re-open 4 extra lists per week.
- Introduced non pay related benefits, for example, guaranteed parking spaces whilst on call and extended training opportunities
- Weekly 6/4/2 meeting takes place to monitor filling of lists.
- Reviewed average times by consultant for the top 10 most common procedures to ensure booking based on consultant times rather than an average standard time. The next step is to understand the variance, linked in with GIRFT recommendations
- Improve the numbers cases per list for cataract surgery in line with GIRFT recommendation.
- Established an Excel in Everything Programme set up for "Theatre Transformation" taking a whole pathway approach.
- Agreed a set of standards by which patients can judge us by when they attend for elective surgery. This will be published in September but are being used to drive the quality and productivity agendas.
- Our day case rates are running at 119% compared with 2019/2020, overall admitted activity is up by 14% and we expect to see this improve further with the Vanguard theatre now live.
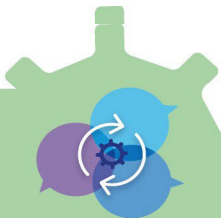
# SWFT – Next Steps

- To ensure the standards we are promising patients are delivered, monitored and improved as we move forward
- To apply the same approach to all theatre staff as we did with ODP's, specifically our scrub nurses.
- To extend the 6/4/2 meeting to include a look back so we can monitor what we planned and what happened, provide learning and improve utilisation.
- To discuss and implement with the consultants the new booking arrangements based on actual average times by consultant to improve cases per list.
- To conclude and implement improvements in the cataract pathway so meet the GIRFT recommended numbers of case per list.
- To ensure the vanguard is fully utilised whilst improving our recruitment and retention to allows to open all our substantive theatres fully and moving to extend hours, including a 6 day elective surgery model.
- To ensure the Excel in Everything Programme for theatres realises the full opportunities, including extending offers for mutual aid for the Foundation Group, Integrated Care Board (ICB) and Region.
- To work with our informatics team to ensure we are capturing the data accurately, that it is relevant and user friendly to support the monitoring and to maximise performance improvements and income generating potential.
- To continue to maintain a zero approach to cancelling patients on the day, to protect our elective beds so we can operate our elective hub and to take the opportunity to learn that the Hub Accreditation process has given us.
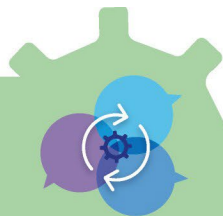
# WVT - Solutions

**Theatre Improvement Event 3rd – 14th July**

- Over 40 staff were involved across the period including Executive and Non-Executive Directors
- During this period 103 operating sessions were observed including Elective, Trauma, CEPOD and Obstetrics
- Outputs were captured through a co-ordination hub supported by Operational managers and Transformation Team
- Staff also observed Day Case, Surgical Admissions, Elective/Emergency Ward and Recovery areas
- During the period over 400 patients had surgery
- Daily Trust-wide progress updates were posted
- Over 700 comments/suggestions/observation notes were collated, these comments were themed:

- ➤ Equipment
- ➤ IT
- ➤ Scheduling
- ➤ Capacity
- ➤ Timings

- ➤ List order Change
- ➤ Recovery
- ➤ Radiology
- ➤ Pathology
- ➤ Staff Resourcing

- ➤ Pharmacy Drugs
- ➤ Communication
- ➤ Portering
- ➤ Other
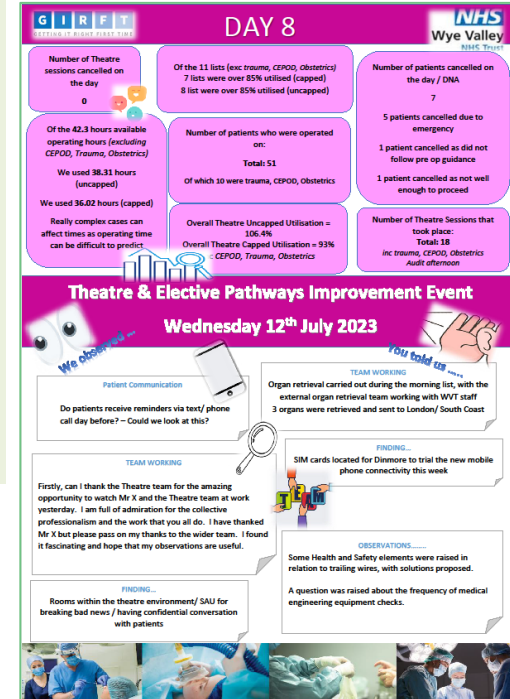
# WVT – Next Steps

**Theatre Improvement Event**
- Comments/Observations/Suggestions have been reviewed and amended to remove any duplication and formulated into an action plan
- Each action has been sorted by Directorate and lead and delivery dates and key measurable are being developed
- Delivery against the action plan will be overseen by the ACOO for Performance Improvement and be the subject of a regular Divisional meeting (actions that sit within other Divisions will progress though respective productivity meetings)
- A follow up staff survey is to be collated

**Pre-operative Assessment**
- Pre-operative assessment is a separate improvement project with several improvements identified (have worked closely with SWFT and planning site visit to GEH)
- In the process of rolling out mini-screening with the support of OPD, following site visit with SWFT
- Upskilling pre-operative assessment nurses

**Cancellations**
- Reviewed Escalation of cancellation processes has led to fewer cancellations on the day as cases have been escalated early to appropriate decision makers

**Booking and Scheduling**
- Weekly 6/4/2 meeting in place to monitor filling of lists attended by GM's/DGM's, lookback review is integrated to facilitate learning
- We have reviewed average times by consultant for the top 10 most common procedures to ensure we are booking based on consultant times rather than an average standard time. The next step is to understand the variance, linked in with GIRFT recommendations
- Ratified Theatre Access Policy – continue to reinforce and embed
- HV lists now in place for key Ophthalmology Consultants

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# WVT- Next steps

- ODP training and development plan in place, grow your own approach to developing TSW's
- SQL reporting tool developed with KPIs to track and monitor performance and themes, all operational managers and clinicians have access, work in progress to move to PowerBI.
- Ophthalmology Theatre Nursing now part of Ophthalmology specialty, rotation in place between OPD and Theatres to improve recruitment and retention (R&R), specialist skills provision and cover for sickness absence
- Development of MOPs capacity to facilitate to move from theatres of some lists e.g. some hand surgery and vascular
- Urology Diagnostic Centre (UDC) - prophylactic management of UTIs in place for Urology patients reducing cancellation on the day, diathermy lists now take place in the UDC reducing the need for GA in theatres. First HOLEP patient through theatres discharged on same day – previously this would have been a 3 night stay following TURP
- Consider moving to 6 day working and ceasing evening elective lists (Further Faster recommendation)
- Need to invest in some replacement/additional equipment (some of this can be achieved through contract sign off – free tools)
- CPIP opportunity – stock control – roll out theatres approach across other areas
- Need rapid progress with Election Patient Record (EPR) functionality developments
- Specialty scheduling, consider booking team of booking secretaries per specialties, some lists under booked (trainees impacted)
- Need to consider additional cleaning and portering

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15/18

75/125
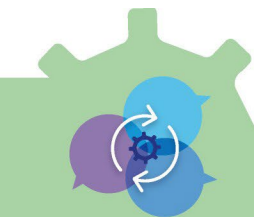
# Foundation Group Solution Themes

- 'Right Procedure Right Place' audit complete and links made with regional lead. Exploratory discussions taking place with clinicians to move low complexity cases out of theatre which will give more capacity in theatres for complex cases.
- Focussed recruitment and retention group for theatres including apprenticeships and internal staff development models.
- Robust implementation of 6-4-2 theatre scheduling process
- Continue efficient improvement programmes – Mission Possible / Excel in Everything
- Focus on Pre-operative process to minimise cancellations and theatre inefficiencies
- Dashboard development with KPIs to track and monitor performance and themes. Data is visible to all colleagues, with a common approach to metric calculation across the group.
- Maximise clinical ownership of the utilisation of the theatre resource.
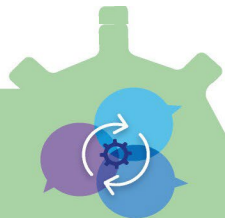
# Foundation Group Next Steps

- Reconciliation to Model Hospital and GiRFT - Alignment of data across Foundation Group - Information and Operational teams continuing to work together to review and agree on wider data definitions.
- Group Data Analyst appointed to support coordination and collaboration of Group data.
- Learn from SWFT on My Pre-Op and Scheduling approach and Orthopaedic Length of stay
- Learn from GEH My Pre-Op rollout and benefit realisations
- Shared Learning: Right Procedure, Right Place
- Further Faster Initiative – working together to deliver with an eye on impact of inpatient waiting list
- Provision of mutual aid

| Report to | Foundation Group Boards | **Agenda Item** | 6.4 |
|---|---|---|---|
| **Date of Meeting** | 2 August 2023 | | |
| **Title of Report** | | Safe Staffing Overview (including Nurse per bed ratio) | |
| **Status of report: (Consideration, position statement, information, discussion)** | | For information | |
| **Author:** | | Natalie Green, Chief Nursing Officer of GEH, Fiona Burton, Chief Nursing Officer of SWFT and Lucy Flanagan, Chief Nursing Officer of WVT | |
| **Lead Executive Director:** | | Natalie Green, Chief Nursing Officer of GEH, Fiona Burton, Chief Nursing Officer of SWFT and Lucy Flanagan, Chief Nursing Officer of WVT | |
| **1. Purpose of the Report** | | To provide the Foundation Group Boards with a Group overview of inpatient nurse staffing. | |
| **2. Recommendations** | | The Foundation Group Boards are asked to receive and note this report. | |
| **3. Executive Assurance** | | This report provides assurance that inpatient nurse staffing numbers and ratios are broadly aligned across the Foundation Group inpatient wards. Some recommendations for ongoing work across the Foundation Group are made for consideration. | |
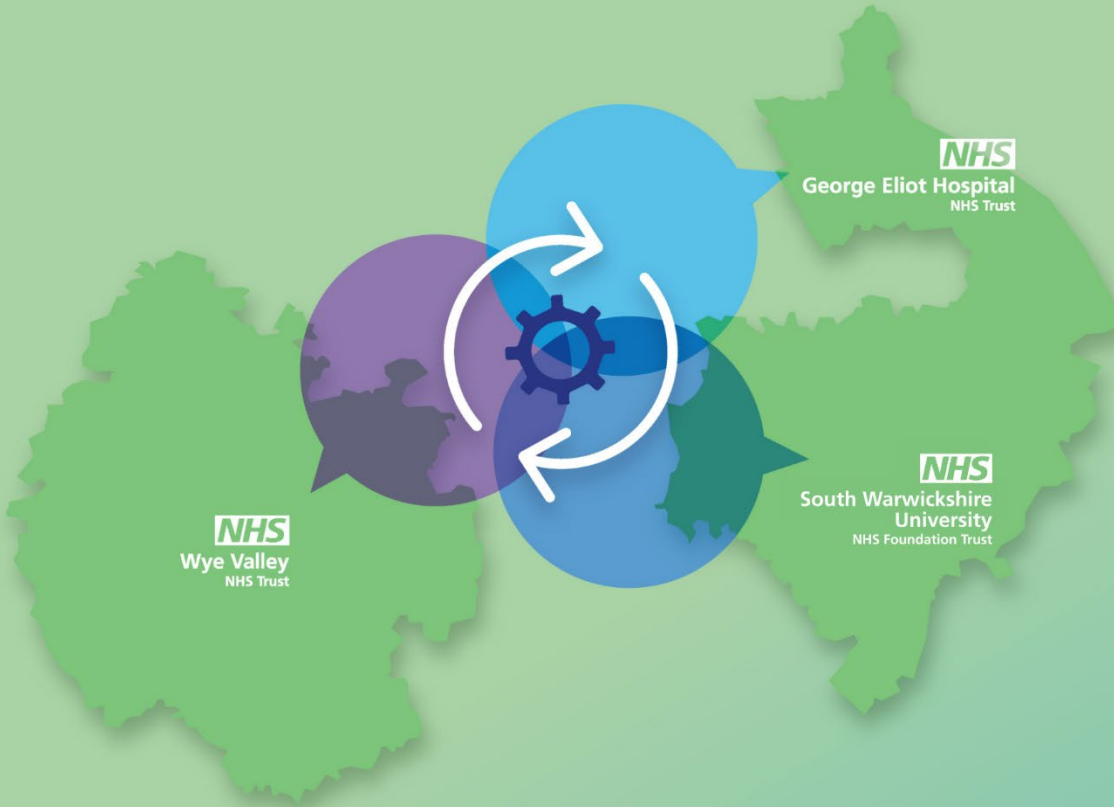
# Safer Nurse Staffing

Fiona Burton, Chief Nursing Officer SWFT
Lucy Flanagan, Chief Nursing Officer WVT
Natalie Green, Chief Nursing Officer GEH

# Content

- Strategic Context
- Evidence Based Tools
- Benchmarking – comparable wards
- Benchmarking – Care Hours Per Patient Day (CHPPD) – model hospital
- Workforce information
    - Vacancy factor
    - Temporary Workforce
    - Incidents/Red Flags
- Next Steps

# National Context – Safer Nurse Staffing
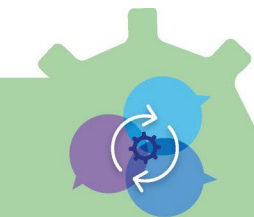
# Evidence Based Tools

- National Quality Board – Safe sustainable and productive staffing – 2016
- NHS Improvement - Developing Workforce Safeguards – 2018
- Safer Nursing Care Tools
    - Adult Inpatient Wards
    - Children and Young People
    - Emergency Department
    - Community (District Nursing)
- Specialty Guidance
    - Care of Older People in hospital
    - British Association of Perinatal Medicine (BAPM) standards – Neonates
    - Guidelines for the Provision of Intensive Care (GPIC) standards – Critical Care



Figure 1: Frequency that patient care is compromised in NHS hospitals compared to the mean number of patients per RN (Ball and Pike, 2009)
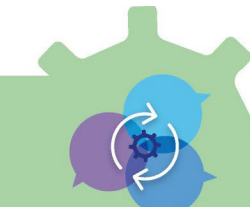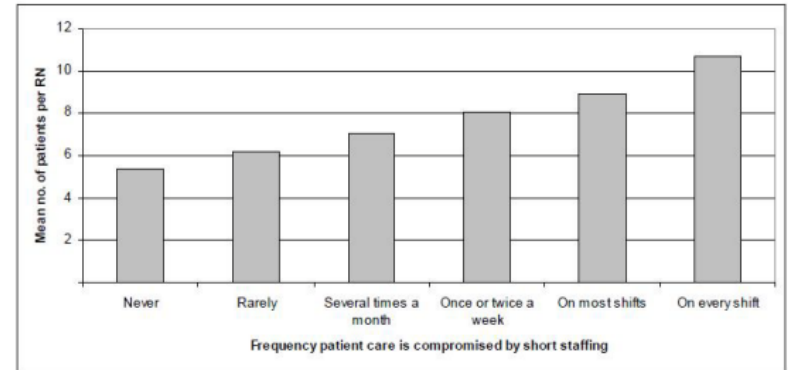
# Staff to bed ratio – comparable wards

| Trust | Number of Trained Nurses per 1 Bed (Patient) (2.d.p) | | | Number of Band 4s per 1 Bed (Patient) (2.d.p) | | | Total Trained per 1 Bed | | | Number of HCAs per 1 Bed (Patient) (2.d.p) | | | Total Number of staff per 1 Bed (Patient) (2.d.p) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Early | Late | Night | Early | Late | Night | Early | Late | Night | Early | Late | Night | |
| WVT | 0.16 | 0.15 | 0.13 | 0.02 | 0.02 | 0.01 | 0.17 | 0.17 | 0.14 | 0.15 | 0.14 | 0.13 | 0.15 |
| SWFT | 0.18 | 0.16 | 0.12 | 0.00 | 0.00 | 0.00 | 0.18 | 0.16 | 0.12 | 0.15 | 0.14 | 0.10 | 0.14 |
| GEH | 0.17 | 0.16 | 0.13 | 0.00 | 0.00 | 0.00 | 0.17 | 0.16 | 0.13 | 0.13 | 0.11 | 0.11 | 0.14 |

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# Care Hours per Patient Day* - Trust level
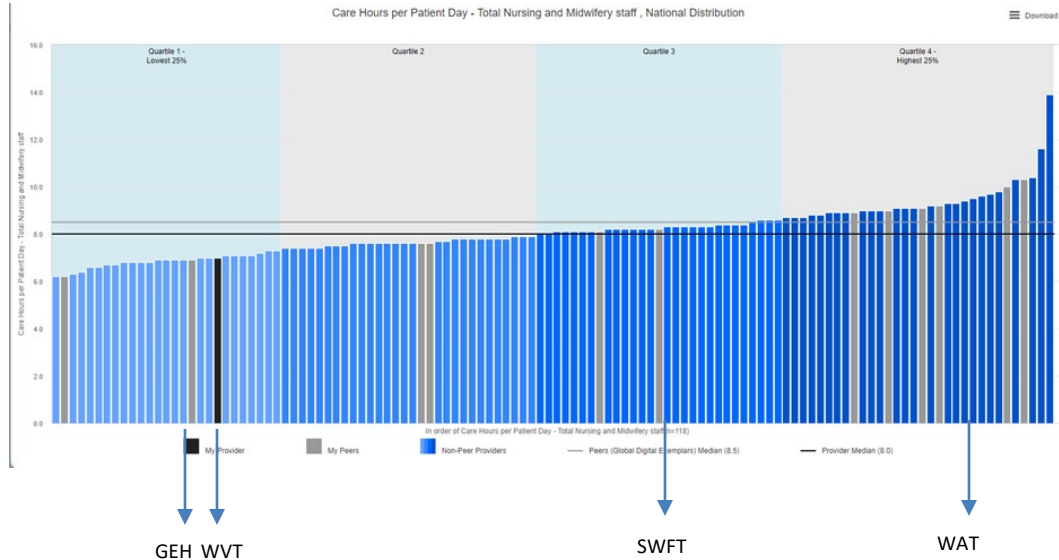


| GE | 6.9 | Quartile 1 |
|------|-----|------------|
| WVT | 7.0 | Quartile 1 |
| SWFT | 8.2 | Quartile 3 |
| WA | 9.5 | Quartile 4 |
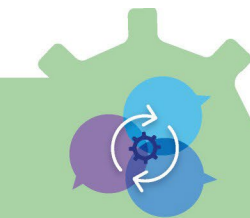
# NHS England staffing return (Establishment versus Actual)
## George Eliot Hospital NHS Trust

| | Average fill rate - Registered Nurses/Midwives (%) | Average fill rate - Non-registered Nurses/Midwives (care staff) (%) | Average fill rate - Registered Nursing Associates (%) | Average fill rate - Registered Nurses/Midwives (%) | Average fill rate - Non-registered Nurses/Midwives (care staff) (%) | Average Combined CHPPD | bed Numbers |
|---|---|---|---|---|---|---|---|
| Adam Bede | 100% | 100% | | 100% | 100% | 6.1 | 18 |
| Alexandra | 100% | 100% | | 100% | 100% | 5.8 | 27 |
| AMU | 100% | 100% | 100% | 100% | 100% | 9.5 | 53 |
| Bob Jakin | 100% | 100% | | 100% | 100% | 6.3 | 20 |
| CCU | 100% | 100% | | 100% | 100% | 6.2 | 13 |
| Delivery Suite | 100% | 100% | | 100% | 100% | 44.7 | 9 |
| Drayton Ward | 100% | 100% | | 100% | 100% | 5.3 | 23 |
| Elizabeth | 100% | 100% | | 100% | 100% | 4.9 | 27 |
| Felix | 100% | 100% | | 100% | 100% | 6.4 | 19 |
| ITU | 100% | - | | - | 100% | 15.9 | 5 |
| Mary Garth | 100% | 100% | | 100% | 100% | 6.2 | 18 |
| Melly | 100% | 100% | | 100% | 100% | 5.5 | 27 |
| Nason | 100% | 100% | | 100% | 100% | 5.8 | 26 |
| Romola | 100% | 100% | | 100% | 100% | 7.7 | 9 |
| Victoria | 100% | 100% | | 100% | 100% | 5.6 | 27 |
| Florence Nightingale | 100% | 100% | | 100% | 100% | 2.9 | 11 |
| Mary Seacole | 100% | 100% | | 100% | 100% | 3.9 | 15 |

CHPPD based on establishment

| | Average fill rate - Registered Nurses/Midwives (%) | Average fill rate - Non-registered Nurses/Midwives (care staff) (%) | Average fill rate - Registered Nursing Associates (%) | Average fill rate - Registered Nurses/Midwives (%) | Average fill rate - Non-registered Nurses/Midwives (care staff) (%) | Average Combined CHPPD | Bed Numbers |
|---|---|---|---|---|---|---|---|
| Adam Bede | 92% | 106% | - | 103% | 128% | 6.5 | 18 |
| Alexandra | 102% | 80% | - | 101% | 101% | 5.4 | 27 |
| AMU | 100% | 95% | 77% | 96% | 100% | 8.3 | 53 |
| Bob Jakin | 99% | 97% | - | 98% | 112% | 6.5 | 20 |
| CCU | 98% | 40% | - | 92% | - | 5.7 | 13 |
| Delivery Suite | 80% | 61% | - | 73% | 74% | 32.5 | 9 |
| Drayton Ward | 91% | 92% | - | 100% | 95% | 4.2 | 23 |
| Elizabeth | 100% | 100% | - | 103% | 93% | 4.9 | 27 |
| Felix | 98% | 80% | - | 102% | 115% | 6.1 | 19 |
| ITU | 83% | - | - | - | 3% | 8.2 | 5 |
| Mary Garth | 98% | 95% | - | 103% | 100% | 6.4 | 18 |
| Melly | 110% | 87% | - | 107% | 147% | 6.0 | 27 |
| Nason | 99% | 102% | - | 100% | 102% | 5.9 | 26 |
| Romola | 96% | 47% | - | 102% | 43% | 6.2 | 9 |
| Victoria | 101% | 88% | - | 105% | 94% | 5.4 | 27 |
| Florence Nightingale | 98% | 35% | - | 92% | 10% | 7.0 | 11 |
| Mary Seacole | 99% | 106% | | 131% | 92% | 6.0 | 15 |

CHPPD based on reality (April 23 data)
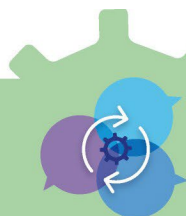
# NHS England staffing return (Establishment versus Actual) SWFT

| | Day | | Night | | | |
|---|---|---|---|---|---|---|
| | RN Fill | HCA Fill | RN Fill | HCA Fill | Planned CHPPD | Bed Numbers |
| AMU | 100% | 100% | 100% | 100% | 5.7 | 30 |
| Allsopp Ward | 100% | 100% | 100% | 100% | 6.2 | 21 |
| Avon Ward | 100% | 100% | 100% | 100% | 4.1 | 22 |
| Beauchamp Ward | 100% | 100% | 100% | 100% | 5.6 | 15 |
| Beaumont Ward | 100% | 100% | 100% | 100% | 4.5 | 13 |
| Campion Ward | 100% | 100% | 100% | 100% | 4.6 | 25 |
| Cardiology( inc CCU) | 100% | 100% | 100% | 100% | 4.4 | 20 /9 |
| Castle Ward | 100% | 100% | 100% | 100% | 3.4 | 25 |
| Chadwick Ward | 100% | 100% | 100% | 100% | 6.0 | 21 |
| Charlecote Ward | 100% | 100% | 100% | 100% | 4.3 | 21 |
| Fairfax Ward | 100% | 100% | 100% | 100% | 4.3 | 15 |
| Farries Ward | 100% | 100% | 100% | 100% | 4.0 | 22 |
| Feldon Ward | 100% | 100% | 100% | 100% | 4.3 | 20 |
| Greville Ward | 100% | 100% | 100% | 100% | 2,7 | 20 |
| ITU | 100% | 100% | 100% | 100% | 9.5 | 7 |
| MacGregor (paeds) Ward | 100% | 100% | 100% | 100% | 5.2 | 17 |
| Mary Ward | 100% | 100% | 100% | 100% | 4.3 | 25 |
| Maternity -all inpatient | 100% | 100% | 100% | 100% | 5.6 | 50 |
| Nicholas Ward | 100% | 100% | 100% | 100% | 3.8 | 27 |
| Nicol Unit | 100% | 100% | 100% | 100% | 4.8 | 18 |
| SCBU | 100% | 100% | 100% | 100% | 5.8 | 11 |
| Surgical Unit | 100% | 100% | 100% | 100% | 5.0 | 32 |
| Thomas Ward | 100% | 100% | 100% | 100% | 4.1 | 22 |
| Victoria Ward | 100% | 100% | 100% | 100% | 4.0 | 21 |
| Willoughby Ward | 100% | 100% | 100% | 100% | 3.3 | 24 |

CHPPD based on establishment

| | Day | | Night | | | |
|---|---|---|---|---|---|---|
| | RN Fill | HCA Fill | RN Fill | HCA Fill | ActualCHPPD | Bed Numbers |
| AMU | 95% | 102% | 155% | 126% | 6.7 | 30 |
| Allsopp Ward | 137% | 101% | 154% | 100% | 6.8 | 21 |
| Avon Ward | 110% | 96% | 102% | 99% | 3.5 | 22 |
| Beauchamp Ward | 95% | 101% | 128% | 81% | 4.5 | 15 |
| Beaumont Ward | 97% | 86% | 145% | 199% | 7.4 | 13 |
| Campion Ward | 90% | 94% | 100% | 99% | 3.7 | 25 |
| Cardiology( inc CCU) | 114% | 107% | 101% | 108% | 3.8 | 20 /9 |
| Castle Ward | 98% | 98% | 102% | 102% | 3.0 | 25 |
| Chadwick Ward | 100% | 102% | 100% | 100% | 6.4 | 21 |
| Charlecote Ward | 105% | 113% | 104% | 132% | 3.8 | 21 |
| Fairfax Ward | 90% | 101% | 100% | 141% | 4.0 | 15 |
| Farries Ward | 101% | 99% | 100% | 106% | 3.1 | 22 |
| Feldon Ward | 98% | 167% | 102% | 180% | 4.4 | 20 |
| Greville Ward | 76% | 72% | 71% | 77% | 5.0 | 20 |
| ITU | 102% | 240% | 100% | 100% | 18.1 | 7 |
| MacGregor (paeds) Ward | 100% | 96% | 99% | 108% | 10.5 | 17 |
| Mary Ward | 95% | 101% | 90% | 105% | 2.9 | 25 |
| Maternity -all inpatient | 85% | 93% | 78% | 84% | 5.4 | 50 |
| Nicholas Ward | 94% | 98% | 152% | 136% | 4.0 | 27 |
| Nicol Unit | 99% | 89% | 98% | 100% | 3,.6 | 18 |
| SCBU | 102% | 81% | 103% | 87% | 7.5 | 11 |
| Surgical Unit | 99% | 87% | 106% | 77% | 4.1 | 32 |
| Thomas Ward | 91% | 95% | 102% | 110% | 3.4 | 22 |
| Victoria Ward | 97% | 105% | 100% | 109% | 3.4 | 21 |
| Willoughby Ward | 95% | 113% | 100% | 124% | 3.2 | 24 |

CHPPD based on reality (April 23 data)
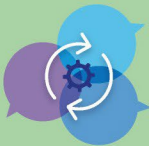
# NHS England staffing return (Establishment versus Actual)
## Wye Valley NHS Trust

| | Day | | Night | | | |
|---|---|---|---|---|---|---|
| | RN Fill | HCA Fill | RN Fill | HCA Fill | hed) CHPPD | Bed Numbers |
| Primrose Unit | 100.0% | 100.0% | 100.0% | 100.0% | 7.7 | 6 |
| Maternity Ward | 100.0% | 100.0% | 100.0% | 100.0% | 5.4 | 17 |
| Children's Ward | 100.0% | 100.0% | 100.0% | 100.0% | 4.3 | 25 |
| Lugg Ward | 100.0% | 100.0% | 100.0% | 100.0% | 5.6 | 30 |
| Wye Ward | 100.0% | 100.0% | 100.0% | 100.0% | 7.1 | 26 |
| Cardiac Care Unit | 100.0% | 100.0% | 100.0% | 100.0% | 11.5 | 6 |
| Leominster Community Hospital | 100.0% | 100.0% | 100.0% | 100.0% | 5.3 | 26 |
| Bromyard Community Hospital | 100.0% | 100.0% | 100.0% | 100.0% | 5.8 | 18 |
| Ross Community Hospital | 100.0% | 100.0% | 100.0% | 100.0% | 5.4 | 32 |
| Teme Ward | 100.0% | 100.0% | 100.0% | 100.0% | 5.8 | 20 |
| Redbrook Ward | 100.0% | 100.0% | 100.0% | 100.0% | 6.4 | 18 |
| Special Baby Care Unit | 100.0% | - | 100.0% | - | 5.8 | 12 |
| Intensive Care Unit | 100.0% | - | 100.0% | - | 18.5 | 8 |
| Gilwern Ward | 100.0% | 100.0% | 100.0% | 100.0% | 6.5 | 16 |
| Acute Medical Unit | 100.0% | 100.0% | 100.0% | 100.0% | 7.2 | 24 |
| Ashgrove Ward | 100.0% | 100.0% | 100.0% | 100.0% | 6.7 | 24 |
| Dinmore Ward | 100.0% | 100.0% | 100.0% | 100.0% | 6.7 | 24 |
| Garway Ward | 100.0% | 100.0% | 100.0% | 100.0% | 6.7 | 24 |
| Frome Ward | 100.0% | 100.0% | 100.0% | 100.0% | 5.3 | 41 |
| Arrow Ward | 100.0% | 100.0% | 100.0% | 100.0% | 6.9 | 25 |

CHPPD based on establishment

| | Day | | Night | | |
|---|---|---|---|---|---|
| | RN Fill | HCA Fill | RN Fill | HCA Fill | Overall (Actual) CHPPD |
| Primrose Unit | 94% | 78% | 77% | 90% | 9.7 |
| Maternity Ward | 98% | 93% | 98% | 89% | 7.1 |
| Children's Ward | 120% | 103% | 99% | 91% | 13.5 |
| Lugg Ward | 95% | 89% | 101% | 99% | 5.6 |
| Wye Ward | 116% | 83% | 109% | 93% | 7.3 |
| Cardiac Care Unit | 100% | 92% | 100% | 100% | 12.6 |
| Leominster Community Hospital | 137% | 92% | 132% | 136% | 6.7 |
| Bromyard Community Hospital | 109% | 115% | 102% | 129% | 8.1 |
| Ross Community Hospital | 100% | 111% | 148% | 109% | 6.3 |
| Teme Ward | 74% | 55% | 85% | 42% | 10.2 |
| Redbrook Ward | 97% | 105% | 100% | 108% | 6.9 |
| Special Baby Care Unit | 92% | - | 88% | - | 8.0 |
| Intensive Care Unit | 107% | - | 93% | - | 27.4 |
| Gilwern Ward | 147% | 145% | 102% | 115% | 7.6 |
| Acute Medical Unit | 121% | 90% | 93% | 113% | 8.4 |
| Ashgrove Ward | 112% | 99% | 105% | 140% | 8.1 |
| Dinmore Ward | 131% | 80% | 101% | 105% | 7.0 |
| Garway Ward | 114% | 104% | 100% | 128% | 9.1 |
| Frome Ward | 111% | 104% | 99% | 116% | 7.5 |
| Arrow Ward | 140% | 77% | 139% | 90% | 8.1 |
| Women's Health | 100% | 90% | 98% | - | 9.3 |

CHPPD based on reality (April 23 data)

# Vacancy GEH (establishment/vacancy)
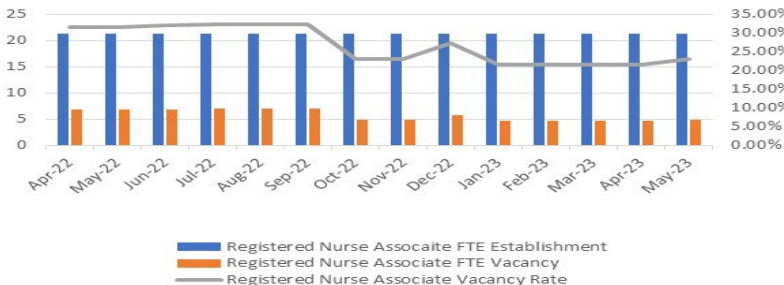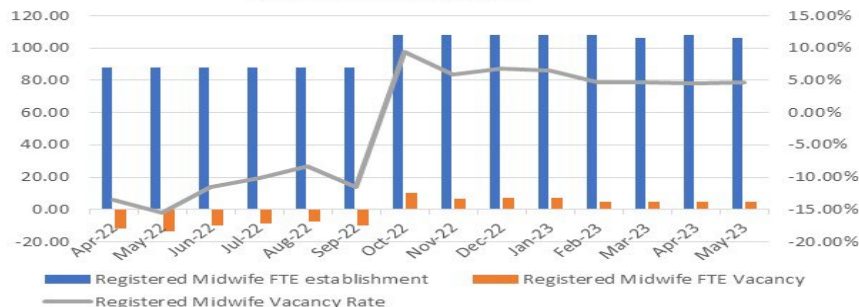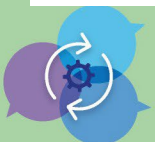
# Vacancy SWFT (establishment/vacancy)
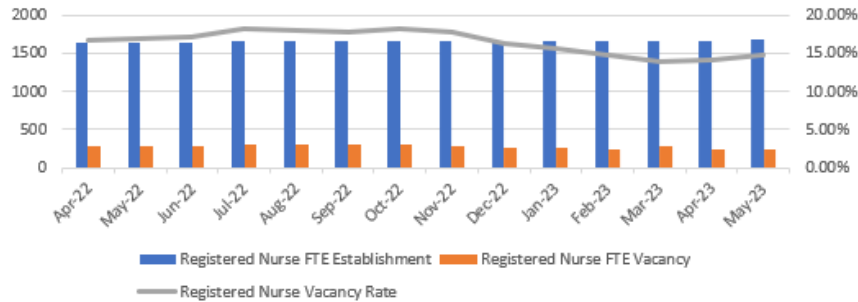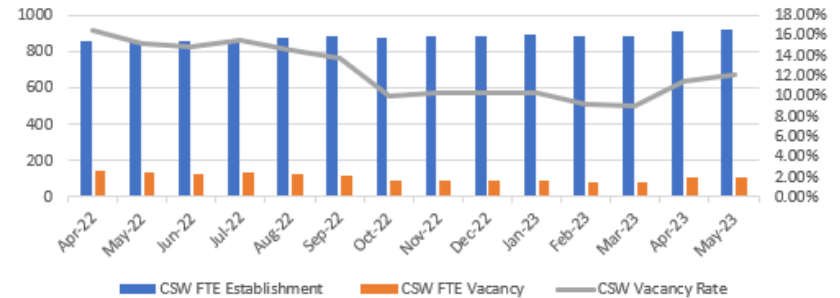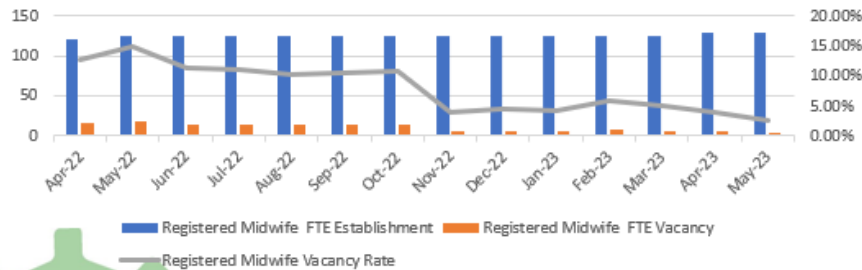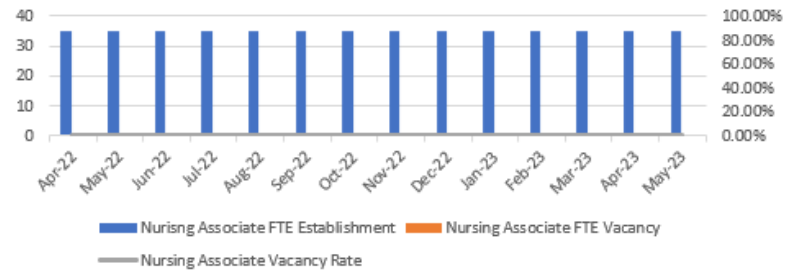
# Vacancy WVT (establishment/vacancy)
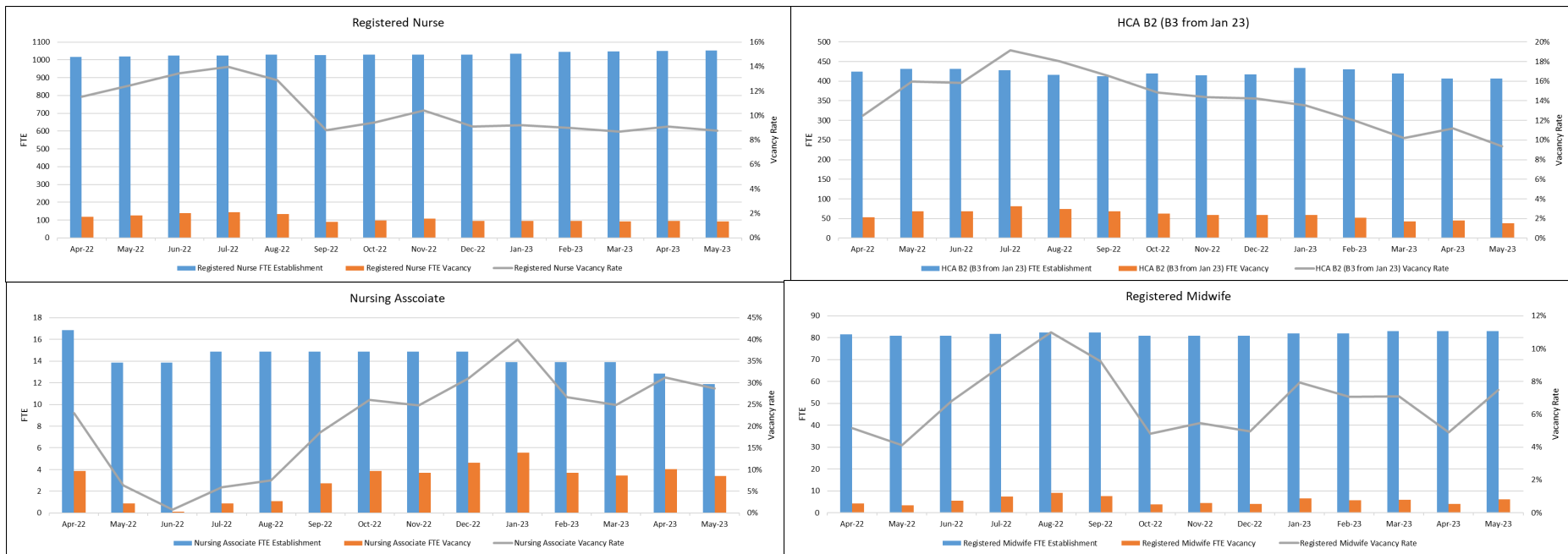
# Temporary Workforce GEH

Worked hours split by substantive/NHSP/Agency May 2023
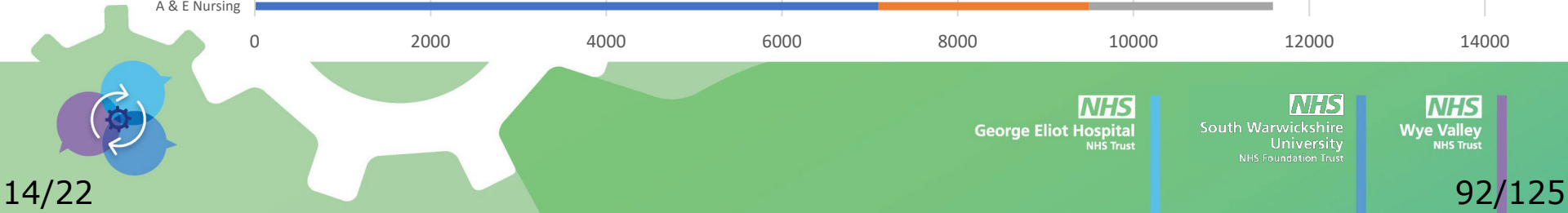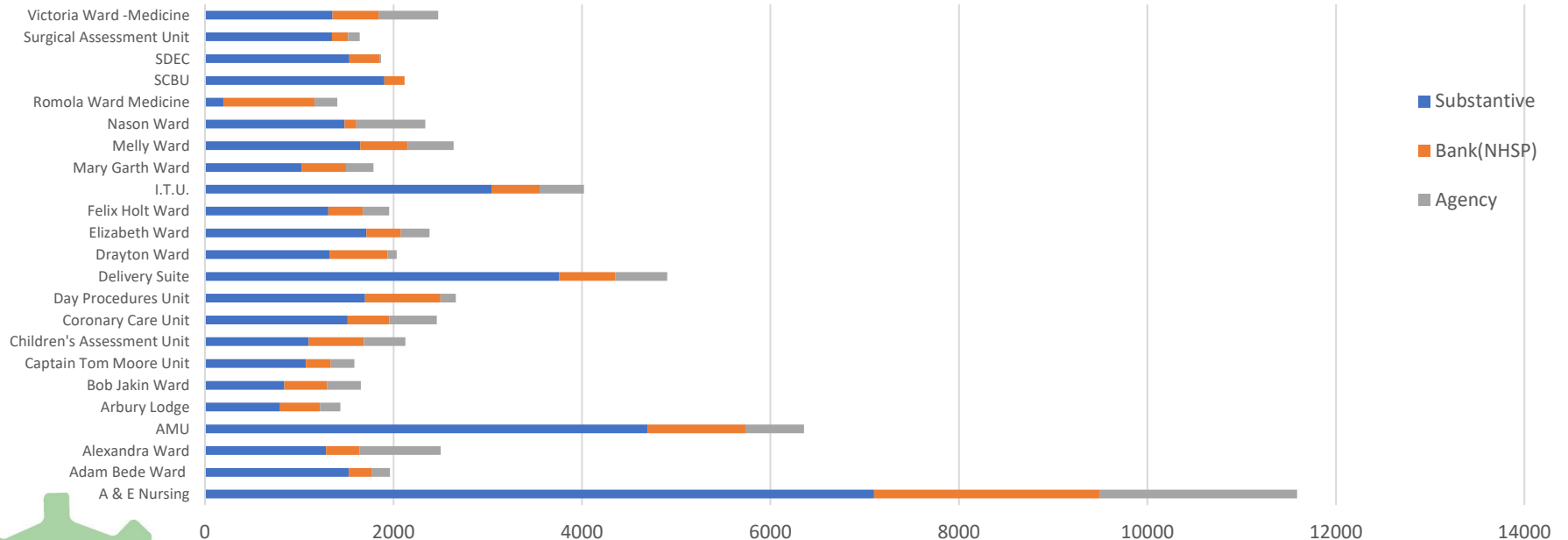
# Temporary Workforce SWFT



Worked Hours Split by Substantive / Bank / Agency for May 2023

# Temporary Workforce WVT



Worked Hours Split by Substantive/Bank/Agency for the period 01/05/23 - 28/05/23
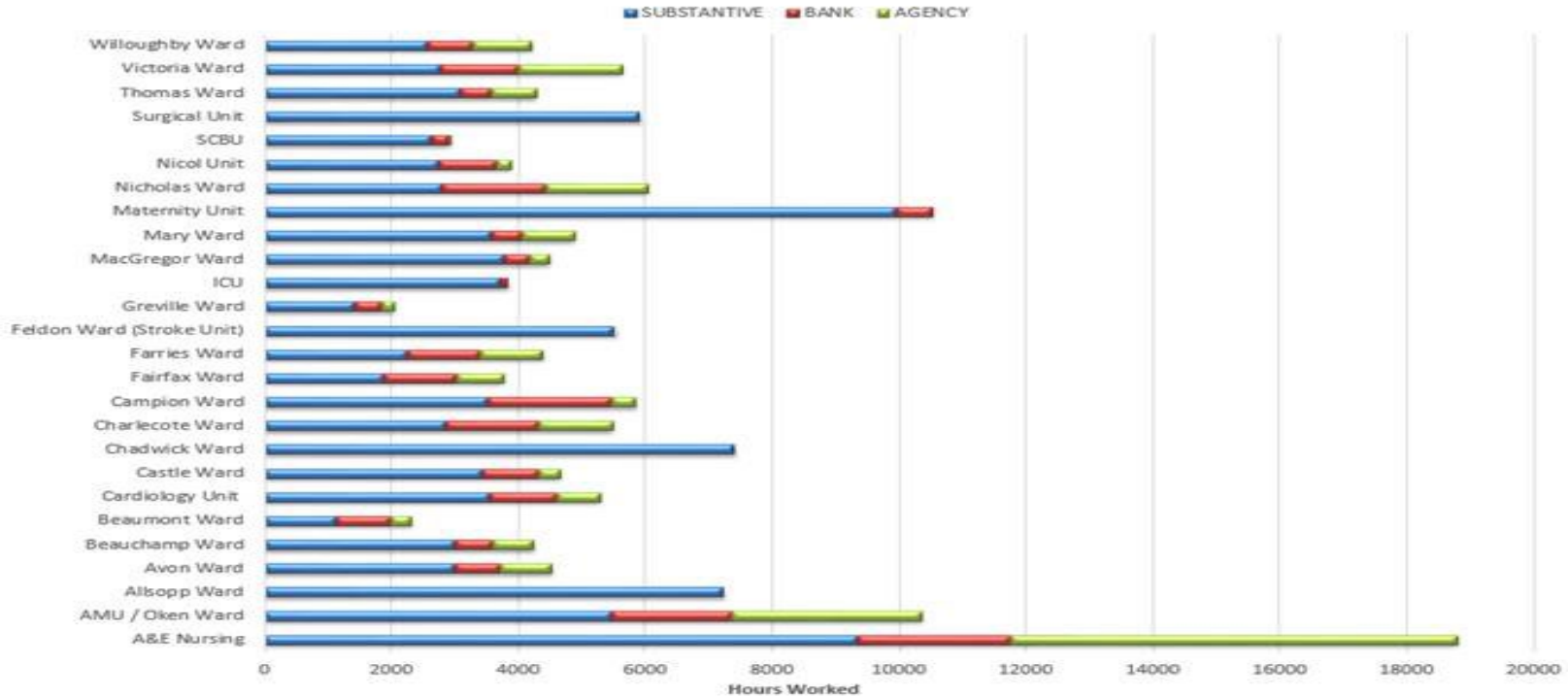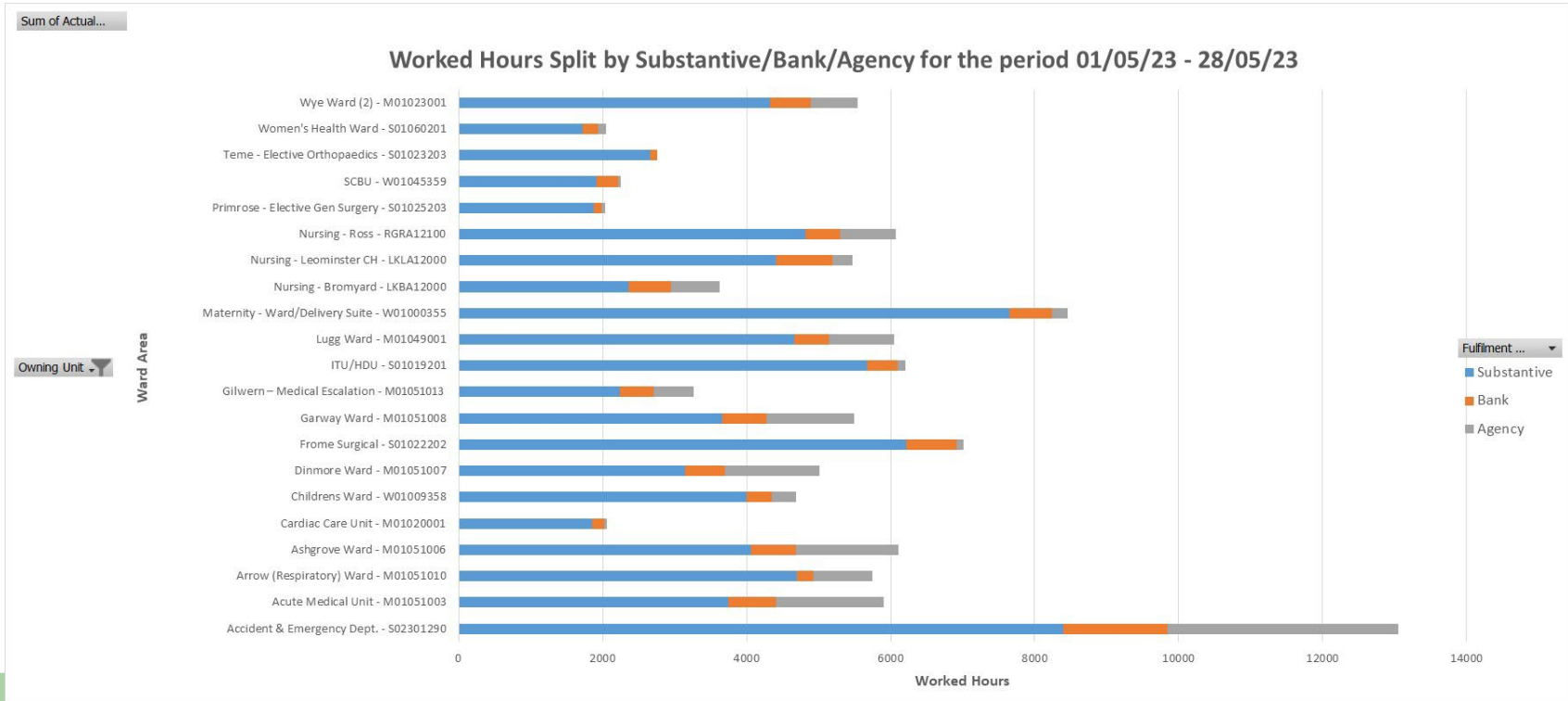
# Staffing incidents/red flags GEH



Red Flag Incidents April 2022 to May 2023

# Staffing incidents/red flags SWFT
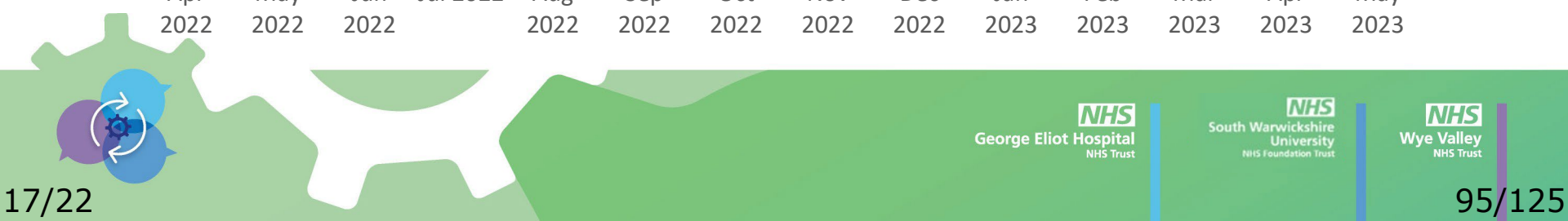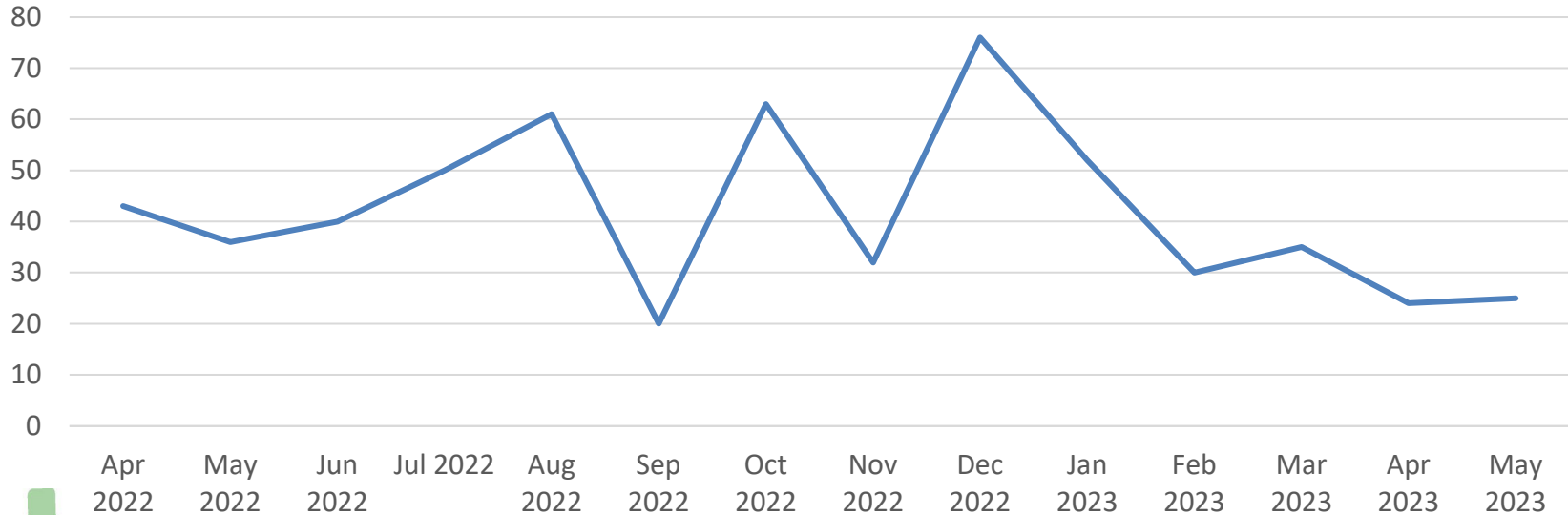


Reported Staffing Incidents - SWFT
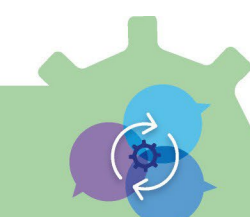
# Staffing incidents/red flags - WVT



Reported Staffing Incidents - WVT

# Quality - Dashboards

# Next Steps

- Foundation Group Quality outcome dashboard

- Formalise benchmarking/comparison with Worcester colleagues

- Review of Headroom requirements specifically for CPD, QI and restorative supervision.

- Supervisory / management time for ward managers

| | GEH | SWFT | WVT |
|---|---|---|---|
| Headroom RN | 21% | 22% | 21% |
| Headroom HCSW | 21% | 22% | 18% |
| Supervisory ward sister | 40% | 40% | 60% |

NHS
George Eliot Hospital
NHS Trust

NHS
South Warwickshire University
NHS Foundation Trust

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