

FOUNDATION GROUP BOARDS - PUBLIC

Wed 01 November 2023, 13:30 - 15:30

MS TEAMS

Agenda

1. Apologies for Absence

Fiona Burton (Chief Nursing Officer, SWFT); Paul Capener (ANED GEH); Erica Hermon (Associate Director of Corporate Governance / Trust Secretary WVT); Sharon Hill (ANED WVT); Vikki Lewis (Chief Digital Officer, WAHT); David Mowbray, (Chief Medical Officer, WVT); Simon Murphy (NED/Deputy Chair, WAHT); Jo Newton (Director of Strategy and Planning, WAHT); Katie Osmond (Chief Finance Officer, WVT) and Bharti Patel (ANED SWFT)

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 2 August 2023


13:35 - 13:40

3.1 GEH Minutes of the Meeting held on 2 August 2023

3.2 SWIFT Minutes of the Meeting held on 2 August 2023

3.3 WVT Minutes of the Meeting held on 2 August 2023

 Agenda Item 3.1 - Draft Public FGB Minutes (GEH) - 2 August 2023 - Final.pdf (14 pages)

 Agenda Item 3.2 - Draft Public FGB Minutes (SWFT) - 2 August 2023 - Final.pdf (14 pages)

 Agenda Item 3.3 - Draft Public FGB Minutes (WVT) - 2 August 2023 - Final.pdf (14 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:50 *Russell Hardy*

 Agenda Item 4 - FGB Public Actions Update Report - 1 November 2023 - Final.pdf (1 pages)

5. Overview of Key Discussions from the Foundation Group Workshop

13:50 - 14:00 *Russell Hardy / Glen Burley*

6. Performance Review and Updates

14.00 - 15.00

6.1. Foundation Group Performance Report

Managing Directors

 Agenda Item 6.1 - Foundation Group Performance Report 1 November 2023.pdf (24 pages)

6.2. Outpatient Productivity

Chief Operating Officers

📄 Agenda Item 6.2 - Outpatient Productivity - Final.pdf (14 pages)

7. Items for Approval

15.00 - 15.05

7.1. Foundation Group Boards Calendar of Meetings

Russell Hardy

📄 Agenda Item 7.1 - Foundation Group Boards Calendar of Meetings for 2024-25.pdf (2 pages)

8. Items for Information

15.05 - 15.20

8.1. Gender Pay Gap Annual Report

Chief People Officers

📄 Agenda Item 8.1 - Gender Pay Gap Annual Report - Final.pdf (25 pages)

9. Any Other Business

15.20 - 15.25

10. Questions from Members of the Public and SWFT Governors

15.25 - 15.30

11. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 7 February 2024 at 13:00 via Microsoft Teams.

12. Adjournment to Discuss Matters of a Confidential Nature

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

**GEH Minutes of the Public Foundation Group Boards Meeting
 Held on Wednesday 2 August 2023 at 1.30pm via Microsoft Teams
 In Parallel with SWFT, WAHT and WVT**

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	NED GEH
Simone Jordan	(SJ)	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
James Turner	(JT)	Head of Communications and Engagement GEH
Umar Zamman	(UZ)	NED GEH

In attendance:

GEH:

Sarah Collett	(SC)	Trust Secretary GEH/SWFT
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Sara MacLeod	(SM)	Operational Director of People and Workforce GEH (deputising for the Chief People Officer GEH/SWFT)
Robin Snead	(RS)	Chief Operating Officer GEH

SWFT

Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT (deputising for the Chief Medical Officer SWFT)
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Head of Strategic Communications SWFT
Paramjit Gill	(PG)	Chief Strategy Officer SWFT
Harkamal Heran	(HH)	Nominated NED SWFT
Kim Li	(KL)	Chief Operating Officer SWFT
Simon Page	(SP)	Chief Finance Officer SWFT
Mary Powell	(MP)	NED SWFT
Sue Whelan Tracy	(SWT)	NED SWFT

WVT:

Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBu)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

Sharon Hill	(SH)	ANED WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
David Mowbray	(DM)	Chief Medical Officer WVT
Frank Myers	(FMy)	ANED WVT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NGi)	NED WVT

WAHT:

Rebecca Bourne	(RB)	Head of Communications WAHT
Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Colin Horwath	(CH)	NED WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Karen Martin	(CM)	NED WAHT
Simon Murphy	(SM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT

Foundation Group:

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

There were five SWFT Governors and three members of the public also in attendance.

MINUTE

23.051

APOLOGIES FOR ABSENCE

Apologies for absence were received from Charles Ashton, Chief Medical Officer (SWFT), Andrew Cottom, Non-Executive Director (WVT), 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), Gertie Nic Philib, Chief People Officer (SWFT/GEH), Sarah Raistrick, Non-Executive Director (GEH) and David Spraggett, Non-Executive Director (SWFT).

Resolved – that the position be noted.

23.052

DECLARATIONS OF INTEREST

There were no declarations of interest.

Resolved – that the position be noted.

23.053

GEH PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023

ACTION

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Resolved – that the GEH public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.054

SWFT PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023

Resolved – that the SWFT public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.055

WVT PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023

Resolved – that the WVT public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.056

MATTERS ARISING AND ACTIONS UPDATE REPORT

23.056.01

Chairman's Remarks

The Group Chairman started the Foundation Group Boards meeting by welcoming WAHT to the Foundation Group. WAHT joined the Foundation Group as full members on Tuesday 1 August 2023. The Group Chairman expressed that he was looking forward to sharing their journey as part of the Foundation Group.

The Group Chairman took the time to thank all of his Executive colleagues across the Foundation Group during the disruption to services caused by the ongoing strikes. He expressed how impressed he was to see their response and leadership during a time of uncertainty. On the back of this he also thanked all front-line teams for their continued commitment to come to work despite the pressure faced, which had helped minimise the disruption to services.

Resolved – that the position be noted.

23.056.02

Group Analytics Update (Minute 23.007 refers)

The Chief Operating Officer at GEH informed the Foundation Group Boards that services data would be covered in the Group Analytics Board Update under the main agenda item (Minute 23.059 refers).

Resolved – that the position be noted.

23.057

OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP

The Group Chief Executive provided an overview of the Foundation Group Boards Workshop and explained that the format started with a guest speaker, followed by performance comparative data across the Foundation Group. The

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Group Chief Executive informed the Foundation Group Boards that the presentation provided by Guest Speaker Sarah Jane Marsh, National Director of Urgent and Emergency Care, was particularly interesting with some of the wider issues around the winter plan and urgent care performance. He continued that organisations within Integrated Care Systems (ICSs) received the winter planning letter in July 2023, which set out the roles of each organisation as well as the ICSs. The Group Chief Executive confirmed that winter plans were now being pulled together on the back of the letter, and being founded on the plans that were already in place for emergency care in ICSs.

The Group Chief Executive highlighted the prevention session from the Foundation Group Boards Workshop. The presentation reminded colleagues of the importance of ensuring suitable investments and resources being given to prevention, but that also there were some shorter-term impacts on prevention that could be done such as patient education to prevent readmission. The Group Chief Executive informed the Foundation Group Boards that there was also a responsibility as anchor institution to help change things such as housing and education. The Group Chairman added that the Foundation Group was very conscious of its Council colleagues and how they did an enormous amount of work on prevention, and the Foundation Group needed to be working with them to support the work and provide better outcomes and better starts in life for its communities.

Resolved – that the position be noted.

23.058

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She highlighted that all Trusts within the Foundation Group were facing difficulty with Industrial Action still taking place, in particular the Junior Doctors and Consultant strikes. However, she took the time to praise the incredible effort from teams to minimise the impact of these and thanked the Group Chairman for his acknowledgement of that.

The Managing Director at WVT informed the Foundation Group Boards that WVT had struggled with their Emergency Department (ED) performance, however offered assurance that best practice and shared learning was being sought from SWFT and GEH to continue to improve this area. The Managing Director at WVT expressed her concern for ED due to the Trust facing extreme highs in their ED attendance that mimicked winter pressures and scenarios. There was a range of reasons for this however, the main one was that the Trust had seen a significant increase in demand for emergency care. She explained that there was an improvement project across the Herefordshire and Worcestershire (H&W) system on how to transform Urgent Care over the next three years. This project had three areas of focus, pre-hospital, in hospital and discharge. The Managing Director at WVT explained that pre-hospital focused on the Urgent Community Response service and Packages of Care, in hospital included the finalisation of the Trust's plans to expand their Same Day Emergency Care (SDEC) area, as well as being clear on professional

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

standards, and post discharge included the redesign of the Discharge to Assess (D2A) process.

The Managing Director at WVT explained that WVT had seen an improvement in their 28 Day Faster Diagnosis Standard, and the teams believed that by October 2023 they would be in a sustainable place. This was an important improvement for both patients but also clinical outcomes. The Managing Director at WVT continued by informing the Foundation Group Boards that she was most proud of WVT's sickness levels dropping and remaining low after a lot of work had been done to improve staff health and wellbeing. She highlighted that the Trust's current sickness levels were the lowest she had seen.

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

The Group Chief Executive highlighted WVT's SDEC performance, and they already received positive regional attention for this. However, he queried how much SDEC should Trusts be aiming to do and if WVT was improving SDEC space, then how was the Trust ensuring it was protected during times of increased activity. The Managing Director at WVT responded that the Trust should be doing around 40% if not 50% of SDEC. Protecting the beds would be difficult, however the Trust's intention would be to never bed in SDEC and ensuring robust plans were in place operationally to support that not happening.

The Managing Director at SWFT highlighted ED performance at SWFT, and that 2022/23 was a difficult year. Due to this SWFT started 2023/24 focusing on establishing SDEC and flow, which paid off with April, May and June 2023 all nearly at or above the national target. The Managing Director at SWFT expressed that this was a significant achievement and thanked the teams considering that May 2023 was one of SWFT busiest months on record, which was then surpassed by June 2023 being the Trust's busiest day with 378 attendances. The Managing Director at SWFT expressed that the inconsistency was a challenge as it made managing the pressures difficult. He added that SWFT was seeing an increase in Mental Health patients that end up stranded in ED which was an ongoing concern and was affecting staff wellbeing. However Integrated Care Board (ICB) colleagues were supporting SWFT with this.

The Managing Director at SWFT addressed the increase in Medically Fit for Discharge (MFFD) and explained that it was an area of focus with a targeted approach to ensure tracking coding and responding to challenges appropriately, this would then be rolled out to other wards. The Managing Director at SWFT took the time to address the impact of the Warwickshire Community Recovery Service, which SWFT had worked with Social Care and system colleagues on. The service had seen a significant decrease in pathway one exit delays for Warwick Hospital since being launched and, though still in its early running days, was showing real benefit. The Managing Director at SWFT briefly provided an update on Cancer services, which remained a concern for the SWFT and there had been a significant increase in referrals for

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

two week waits (2WW) in June and July 2023, however, was also one of the areas he was most proud of with the 28 Day Faster Diagnosis Standard. The Managing Director at SWFT celebrated the Trust's reduction in staff absence and vacancy rates.

The Managing Director at SWFT informed the Foundation Group Boards that SWFT had been chosen as the first acute site to be given Elective Hub accreditation and were part of the Going Further Going Faster work, which aimed to eliminate wait times over 52 weeks by the end of the 2023/24 year. The Chief Operating Officer at SWFT and her team had done a fantastic job at improving this area so far where we were 111% above our elective activity.

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

The Group Chief Executive added that the Foundation Group met with the Getting it Right First Time (GiRFT) team about Going Faster Going Further and it was reassuring to see how SWFT was performing. However he added interestingly the Patient Initiated Follow Up (PiFU) pathway was not resulting in many patients coming back to the Trust, and therefore indicated that the Trust was getting in a better place when it came to informing patients of what to expect post discharge.

The Managing Director at GEH explained that the pressure being faced by WVT was very similar to the pressures faced by GEH. She explained that despite meeting the national 4 hour standard, it was lower than what the Trust would have liked to be seeing during the summer months. The Managing Director at GEH added that GEH's biggest challenge was around bed occupancy of 100% and the highest sickness rate in the Foundation Group which was causing additional challenges for staff. However, despite that, GEH was still doing great work on the 1 hour ambulance delays and the ED team were recently rated Good following their Care Quality Commission (CQC) inspection which was a brilliant achievement given the challenges faced.

The Managing Director at GEH expressed that the 28 Day Faster Diagnosis Standard was a challenge for GEH and the teams were doing a lot of work about that, and by the end of Summer 2023 an improvement should be seen. She highlighted that Elective Recovery for patients waiting over 52 weeks had improved with very low numbers. GEH continued to work with colleagues across the Foundation Group and across the country on the GiRFT work to try and improve and learn about what more could be done.

The Managing Director at GEH highlighted GEH's MFFD numbers being lowest in the Foundation Group, which had been supported by the Community Recovery Service. She echoed the Managing Director at SWFT's comments about Community Recovery Service and added that it was a brilliant piece of collaborative working across the system.

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

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chief Executive highlighted that GEH hotel services staff were included in GEH's absence rates, whereas for SWFT and WVT they were not so it was something to be aware of and take into account. However, the Allied Health Professionals (AHPs) absence was a little high and was an area to focus on. The Group Chief Executive commented on the 2WW referral data comparative across the Trusts, and he recommended further analysis. He wondered whether there was a higher proportion of cancer detected in ED in WVT given the different levels of 2WW referrals per capita.

MDs

Mrs Houlder (NED GEH) thanked the Managing Directors for their update around performance in each Trust. She requested assurance around how the Trusts were ensuring patient experience was being maintained through the increase in demand on services. The Managing Director at WVT assured the Foundation Group Boards that there was a lot of effort that went into making sure staff continued to focus on their patient experience, and that staff were increased appropriately to care for patients as expected. However, the Trusts should be under no illusion that there would not be an impact on patient experience as it would be difficult to maintain. However, the Trust would do all it could to mitigate that. The Managing Director at SWFT echoed the Managing Director at WVT's points and expressed that the Trusts learnt a lot over winter 2022 and know what to focus on to ensure a better position. The Managing Director at GEH agreed with the other Managing Directors in the Foundation Group and added that when patients were in areas, they should not be they were risk assessed and ensured they were being cared for in a dignified way. She also noted that the patient feedback for GEH had recently been very positive despite the pressures faced by the department. All of the Managing Directors assured the Foundation Group Boards that the Senior Nursing teams were focused on patient experience and ensuring standards were being met despite challenges.

Resolved – that

- A) the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust, and**
- B) the Foundation Group Performance Update be received and noted.**

MDs

23.059

GROUP ANALYTICS UPDATE

The Chief Finance Officer at GEH introduced the Group Analytics Update and took the time to thank the Managing Director at WVT for her support and leadership with launching chairing the Group Analytics Board (GAB) to date. The GAB would now be chaired by the Managing Director at SWFT.

The Chief Finance Officer at GEH provided an overview of work to date which focused on infrastructure, standards, and standardisation. An overview of the GAB work included the roll out of Power BI, implementing data quality kite marks, the creation of the Foundation Group Performance report, standardising the monthly Information Performance Reports across the Foundation Group and starting work to standardise the monthly Trust performance packs.

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Finance Officer at GEH informed the Foundation Group Boards of the GAB work plan for the next twelve months, which would focus on the more strategic elements of the Foundation Group's Strategy around culture and creating an information led culture. This included running workshops across the Foundation Group on what an information led culture would look like, and what was needed to get there. The Chief Finance Officer at GEH added that the workshops would also include consideration of inclusion of services data and how to create the headroom to do those things to enable the focus to shift.

The Chief Finance Officer at GEH highlighted the challenges faced to be able to continue with the Group Analytics work which was resourcing. He explained that the GAB had done well to get to where they were with limited investments which was due to the extremely hard work by the three Heads of Information and their teams. However, there was the impending Electronic Patient Record (EPR) implementation which would increase the workload of their teams. There was a need for additional investment to continue with the work and a process was in place to recruit to a Group Analytics role, which would also look at how to share data across the Foundation Group in a much more efficient way. The Chief Finance Officer at GEH added that the GAB was also looking at local universities supporting with recruitment, short term capacity and how they could support with some of the more advanced analytics with artificial intelligence. WAHT joining the Foundation Group would also provide additional capacity, and another team to learn from.

The Managing Director at SWFT expressed how the GAB was a good example of collaborative working across the Foundation Group. He explained that there were a variety of excellent skills that had been able to come together and progress work. He added that the next step would be the interesting part which would take a lot of effort across the Foundation Group, as they started to discuss culture change and getting people to start using data and information in a different way.

The Group Chairman invited questions and perspectives and of particular note was the following point.

Mrs Whelan Tracy (NED SWFT) congratulated the entire GAB team on moving the work of the GAB forward. She queried whether there had been any external benchmarking regarding the capability and capacity, and would the GAB be working with ICSs to support them with similar work. The Chief Finance Officer at GEH explained that the GAB was working on capability and capacity at the moment and were using a recent document that had been released from NHS England on this and 'what good looked like'. He added that in regard to ICS support it would be around data sharing in a more efficient way, but there was a need to create the capacity to do this first.

Resolved – that the Group Analytics Update be received and noted.

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE
23.060

ACTION

DEEP DIVE INTO ADDITIONAL PERFORMANCE MEASURES – THEATRE PRODUCTIVITY

The Chief Operating Officer at WVT opened the presentation regarding theatres productivity. He explained that the Chief Operating Officers across the Foundation Group had been working together and with clinical teams to look at where the opportunities were, as well as using the GiRFT programme to help theatre productivity. The Chief Operating Officer at WVT explained that all three Trusts were focused on protecting elective surgery and ensuring beds would be available for patients on the day of surgery, he added that all three Trusts had a theatre recruitment plan, and there was shared learning with the aims to reduce waiting lists as well as the reliance on outsourcing. The Chief Operating Officer at WVT presented an overview of each Trust's activity in quarter one of 2023/24 in comparison to quarter one of 2019/20. There were various reasons why productivity in 2023/24 was less than in 2019/20 which included case mix, additional bank holidays, industrial action and theatre maintenance. The Chief Operating Officer at WVT touched on the importance of reporting being aligned across the Foundation Group and therefore a joint definition of Theatre Utilisation (Capped) and Theatre Utilisation (Uncapped) had been agreed. Capped Theatre Utilisation equalled the sum of each patient's touchtime over available theatre time, cut off at session scheduled end. Uncapped Theatre Utilisation equalled the sum of each patient's touchtime over available theatre time.

The Chief Operating Officer at SWFT provided the Foundation Group Boards a detailed presentation on Capped Touchtime Theatre Utilisation. She explained that GEH ended June 2023 at 65%, SWFT was just above 85% and WVT was at just above 78%. She added that it was important to try and ensure each Trust was using the same definition and that all Integrated Performance Reports (IPRs) reflected the definition moving forward. The Chief Operating Officer at SWFT explained that, following a review of the metrics and deep dive of the data quality in addition to a validation exercise undertaken by the Operational Teams, there had been an increase in capped touchtime utilisation by just over 12% for GEH from January to April 2023. She assured the Foundation Group Boards that an action plan on how as a Foundation Group this could be improved was in place. She informed the Foundation Group Boards that SWFT used to report uncapped touchtime therefore figures were higher. However, SWFT was aware that certain specialities were not hitting target and had opportunities for improvement, for example Ophthalmology and Ear, Nose and Throat (ENT). The Chief Operating Officer at SWFT continued by providing detail on the WVT data, and that it identified issues when reporting real-time data entry and functionality. She explained that there was a need to ensure across the Foundation Group theatre scheduling at speciality level was being scheduled in the same structured way around 6-4-2. The Chief Operating Officer at SWFT assured the Foundation Group Boards that as a Foundation Group the Chief Operating Officers had been working to ensure that the work reconciled with Model Hospital and GiRFT.

The Chief Operating Officer at SWFT explained that, as part of the Theatre productivity work, the Chief Operating Officers looked at themes across the

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Foundation Group. She explained that part of improving utilisation was about accountability and robust governance arrangements and it was important that teams were empowered, and services geared up to solve problems on the day. The Chief Operating Officers looked at a few key themes, but it was important to ensure data driven change was happening which led them onto late starts and early finishes to ensure theatre utilisation was where it needed to be. The Chief Operating Officer at SWFT explained that there had been steady and consistent improvement at GEH around theatre lists starting on time, which had been a collective effort across directorates with the right cultural change. SWFT had seen a small improvement in main theatre lists starting on time and there had been a 6% reduction in lists finishing early. WVT had identified issues with real-time data entry and getting that data right was key to making improvements that were needed to be made. However, WVT had identified that patients in some specialties took longer to anaesthetise and therefore was key to schedule accordingly for those specialties. In addition to late starts and early finishes, on the day cancellations were identified as a key theme that needed improvement. On the day cancellations were patients cancelled on the day of surgery for clinical, non-clinical or patient related reasons. As a Foundation Group the Chief Operating Officers had agreed to adopt 'Operation Ring-Fence' to reduce on the day cancellations. This included protecting elective beds for surgeries, implement learnings from SWFT's escalation process for no on the day cancellations, review pre-operative guidance and instructions to the patients to reduce clinical and patient cancellations, and increase the use of digital technology for patient reminders, two way texting and digital pre-operative assessments with patients questionnaires to be completed remotely to ensure patients were fully informed without the need for face to face appointments.

The Chief Operating Officer at GEH rounded up the presentation on theatre productivity and highlighted the depth of work that had taken place to improve theatre productivity across the Foundation Group. He added that the work had been a Foundation Group effort from all the operational teams working together at different levels to capture the learnings. The Chief Operating Officer at GEH provided an overview of the solution themes including an explanation of the 6-4-2 theatre scheduling process, which was used widely across the country. 6-4-2 stood for, six weeks, four weeks and two weeks and the process was that at six weeks theatre schedules were locked down, at four weeks patients were confirmed and booked into the theatre lists, and at two weeks a final check that the booked patients were fit for surgery, and confirmation that the list could proceed as planned.

The Chief Operating Officer at GEH continued by providing the Foundation Group Boards with the planned next steps for theatre utilisation which included reconciliation to Model Hospital and GiRFT alignment of data, the appointment of the Group Data Analyst and implementation of learnings from SWFT on scheduling approach and orthopaedic length of stay and GEH on rollout.

The Group Chairman invited questions and perspectives and of particular note was the following point.

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chief Executive thanked the Chief Operating Officers for a useful presentation, and he reinforced the fact there were big opportunities for improvement, as well as ensuring figures were absolutely accurate. The Group Chief Executive emphasised that with reliable data, the level of clinical engagement was important, and therefore wondered whether percentages were the right way to record the data. He recommended potentially looking at an indicative cost per minute indicator, and how much financial waste there was by individual list which could encourage improvement.

COOs

Resolved – that

- A) the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage, and**
- B) the Deep Dive into Additional Performance Measures on Theatre Productivity presentation be received and noted.**

COOs

23.061

SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)

The Chief Nursing Officer at WVT presented the Safe Staffing presentation to the Foundation Group Boards on behalf of the Chief Nursing Officers from across the Foundation Group. She explained that the presentation focused on safer Nurse staffing in particular which came into focus after the Mid-Staffordshire NHS Foundation Trust inquiry after wards were shown as having inadequate ward cover. She added that there had since been several guides published to support making decisions around safer staffing, including how to determine what was safe for different specialties. The Chief Nursing Officer at WVT explained that each guide referred to evidence-based tools to guide decision making, which had to be used in conjunction with professional judgement of Senior Nurses and in the context of clinical quality indicators and outcomes for patients. She continued that one of the criticisms of guidance that existed during the Mid-Staffordshire NHS Foundation Trust inquiry and prior to it was that staffing was assessed based on staff to bed ratios, which would not have taken into account differing patient needs, therefore evidence-based tools enable Trusts to measure the need of patients, case mix, equity and dependency. The Chief Nursing Officer at WVT explained that Trusts were required to complete audits twice a year at a minimum, where the evidence-based tools then guided the recommended staffing requirements alongside professional judgement based on ward layout, medical cover for the wards and other factors.

The Chief Nursing Officer at WVT informed the Foundation Group Boards that the national guidance referred to comparing data to peers which was what as a Foundation Group, the Chief Nursing Officers had done. She explained that after comparing data of the same specialties and assuming a similar case mix, staffing was broadly comparable across the Foundation Group. The Chief Nursing Officer at WVT provided an overview of the different graphs within the presentation and the different figures they reported, including vacancy rates and national data at Trust level.

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chairman invited questions and perspectives and of particular note was the following point.

The Group Chairman queried whether in terms of nursing ratios that the Trusts were safe. The Chief Nursing Officer at SWFT assured the Foundation Group Boards that SWFT's budgeted numbers were safe, but the actual numbers were sometimes challenged. The Chief Nursing Officers at GEH and WVT agreed with the Chief Nursing Officer at SWFT's comments.

Resolved – that Safer Staffing Overview presentation be received and noted.

23.062

ANY OTHER BUSINESS

There was no further business discussed.

Resolved – that the position be noted.

23.063

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

23.063.01

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

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

'In the light of the increasing number of A & E attendances, what insight has the analysis of the causes of attendances shown across the Group?'

The Chief Operating Officer at SWFT explained that SWFT did a monthly analysis to understand the cause and monitor whether this had identified more than one reason. It was partly due to seasonal changes and partly due to growth across all services. However, SWFT was working with ICB colleagues to signpost patients for support elsewhere.

The Chief Operating Officer at GEH informed the Foundation Group Boards that the level of critically sick patients attending A&E had increased and was putting pressure on the Trust's intensive care service, which showed that patients were not being over admitted it was down to a general increase in A&E attendances.

The Chief Operating Officer at WVT echoed the other Chief Operating Officers comments and that Trusts were still facing some of the backlash from Covid-19 where patients were presenting with more complex conditions.

Resolved – that the position be noted.

23.063.02

Question from a Member of the Public – Mr Chris Lewandowski

'What is the average waiting time for children who need dental surgery in each of the three hospitals?'

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Operating Officer at SWFT informed the Foundation Group Boards that SWFT had one paediatric patient waiting for dental surgery and therefore the Trust did not have a wait as such, however there was a wait for Orthodontics but not for anyone waiting a dental procedure. The Chief Operating Officer at GEH explained that GEH's paediatric work was very limited, and was predominantly for children with special needs, and their longest wait was for 50 weeks with additional lists being put on to bring that wait down. The Chief Operating Officer at WVT informed the Foundation Group Boards that WVT's paediatric waiting list for a dental procedure as an outpatient was 18 weeks and as an inpatient was 30 weeks. There were a couple of patients over 52 weeks but there was a plan in place for them over the coming weeks. The Chief Operating Officer at WVT added that WVT were having trouble with their orthodontics pathway which they were working with ICB colleagues to resolve.

Resolved – that the position be noted.

23.063.03 Question from a Member of the Public

'The figures in the report show that all three hospitals had increased pressures in their emergency departments. Why are the WVT 4-hour standards significantly lower than the other two hospitals? When will the UEC Plan start showing improvements in the 4-hour standard for WVT?'

The Group Chairman took these questions as previously covered in the Foundation Group Performance report (Minute 23.058 refers).

Resolved – that the position be noted.

23.063.04 Question from a Member of the Public

'What is being done to enhance Endoscopy capacity at WVT? Have you been able to solve your work force problems in this area?'

The Chief Operating Officer at WVT assured the Foundation Group Boards that the issues surrounding Endoscopy were slowly improving following significant workforce issues during 2023/24. He continued that this would see further improvement over the coming months with new consultants starting and extra funding for additional capacity.

Resolved – that the position be noted.

23.063.05 Question from a Member of the Public

'The situation of the number of patients occupying beds when fit for discharge is a considerable concern. The comments regarding non-Herefordshire patients is noted and adds to the concerns. What assurances can the Board/CEO give that there will be significant improvements in this area before the "Winter Pressures" start?'

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

GEH Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chairman assured the Foundation Group Boards that there was a phenomenal amount of work underway with Place partners and in 'One Hereford' to ensure new ways of working together. The Group Chief Executive added that he was more comfortable with the robustness of data across the Foundation Group and being clear where patients were in their pathways. He explained that Trusts with a tighter grip on their data were actually reporting higher delays in their discharges due to understanding more where their patients were in their pathways. The Foundation Group as a whole had a strategy to support domiciliary care which in turn would support discharges and capacity and he offered assurance that winter plans would be based around keeping figures to a minimum.

Resolved – that the position be noted.

23.064 **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**

23.065 **APOLOGIES FOR ABSENCE**

23.066 **DECLARATIONS OF INTEREST**

23.067 **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.068 **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.069 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.070 **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**

23.071 **ANY OTHER BUSINESS**

23.072 **ELECTRONIC PATIENT RECORDS CONTRACT (GEH/SWFT ONLY)**

23.073 **DATE AND TIME OF NEXT MEETING**

The next Foundation Group Boards meeting would be held on 1 November 2023 at 1.30pm via Microsoft Teams.

Signed _____ (Group Chairman)
Russell Hardy

Date: 1 November 2023

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

**SWFT Minutes of the Public Foundation Group Boards Meeting
 Held on Wednesday 2 August 2023 at 1.30pm via Microsoft Teams
 In Parallel with GEH, WAHT and WVT**

Present:

Russell Hardy	(RH)	Group Chairman
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Glen Burley	(GB)	Group Chief Executive
Adam Carson	(AC)	Managing Director SWFT
Richard Colley	(RC)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PG)	Nominated NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Simon Page	(SP)	NED SWFT
Sue Whelan Tracy	(SWT)	NED SWFT

In attendance:

SWFT:

Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT (deputising for the Chief Medical Officer SWFT)
Sara MacLeod	(SM)	Operational Director of People and Workforce GEH (deputising for Chief People Officer GEH/SWFT)
Sarah Collett	(SC)	Trust Secretary GEH/SWFT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT

GEH:

Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	NED GEH
Simone Jordan	(SJ)	NED GEH
Anil Majithia	(AM)	NED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Robin Snead	(RS)	Chief Operating Officer GEH
Umar Zamman	(UZ)	NED GEH

WVT:

Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBu)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Sharon Hill	(SH)	ANED WVT
Jane Ives	(JI)	Managing Director WVT

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
David Mowbray	(DM)	Chief Medical Officer WVT
Frank Myers	(FMy)	ANED WVT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	ANED WVT
Nicola Twigg	(NT)	NED WVT

WAHT:

Rebecca Bourne	(RB)	Head of Communications WAHT
Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Colin Horwath	(CH)	NED WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Karen Martin	(CM)	NED WAHT
Simon Murphy	(SM)	NED WAHT
Richard Oosterom	(RO)	NED WHAT
Tina Ricketts	(TR)	Director of People and Culture WAHT

Foundation Group:

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

There were five SWFT Governors and three members of the public also in attendance.

MINUTE
23.051

APOLOGIES FOR ABSENCE

Apologies for absence were received from Charles Ashton, Chief Medical Officer (SWFT), Andrew Cottom, Non-Executive Director (WVT), 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), Gertie Nic Philib, Chief People Officer (SWFT/GEH), Sarah Raistrick, Non-Executive Director (GEH) and David Spraggett, Non-Executive Director (SWFT).

Resolved – that the position be noted.

23.052

DECLARATIONS OF INTEREST

There were no declarations of interest.

Resolved – that the position be noted.

23.053

GEH PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023

Resolved – that the GEH public Minutes of the meeting held on 3 May 2023

ACTION

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

<u>MINUTE</u>		<u>ACTION</u>
	be confirmed as an accurate record of the meeting and signed by the Group Chairman.	
23.054	<p><u>SWFT PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023</u></p> <p><u>Resolved</u> – that the SWFT public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>	
23.055	<p><u>WVT PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023</u></p> <p><u>Resolved</u> – that the WVT public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>	
23.056	<p><u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u></p>	
23.056.01	<p><u>Chairman's Remarks</u></p> <p>The Group Chairman started the Foundation Group Boards meeting by welcoming WAHT to the Foundation Group. WAHT joined the Foundation Group as full members on Tuesday 1 August 2023. The Group Chairman expressed that he was looking forward to sharing their journey as part of the Foundation Group.</p> <p>The Group Chairman took the time to thank all of his Executive colleagues across the Foundation Group during the disruption to services caused by the ongoing strikes. He expressed how impressed he was to see their response and leadership during a time of uncertainty. On the back of this he also thanked all front-line teams for their continued commitment to come to work despite the pressure faced, which had helped minimise the disruption to services.</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.056.02	<p><u>Group Analytics Update (Minute 23.007 refers)</u></p> <p>The Chief Operating Officer at GEH informed the Foundation Group Boards that services data would be covered in the Group Analytics Board Update under the main agenda item (Minute 23.059 refers).</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.057	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p> <p>The Group Chief Executive provided an overview of the Foundation Group Boards Workshop and explained that the format started with a guest speaker, followed by performance comparative data across the Foundation Group. The Group Chief Executive informed the Foundation Group Boards that the presentation provided by Guest Speaker Sarah Jane Marsh, National Director</p>	

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

of Urgent and Emergency Care, was particularly interesting with some of the wider issues around the winter plan and urgent care performance. He continued that organisations within Integrated Care Systems (ICSs) received the winter planning letter in July 2023, which set out the roles of each organisation as well as the ICSs. The Group Chief Executive confirmed that winter plans were now being pulled together on the back of the letter, and being founded on the plans that were already in place for emergency care in ICSs.

The Group Chief Executive highlighted the prevention session from the Foundation Group Boards Workshop. The presentation reminded colleagues of the importance of ensuring suitable investments and resources being given to prevention, but that also there were some shorter-term impacts on prevention that could be done such as patient education to prevent readmission. The Group Chief Executive informed the Foundation Group Boards that there was also a responsibility as anchor institution to help change things such as housing and education. The Group Chairman added that the Foundation Group was very conscious of its Council colleagues and how they did an enormous amount of work on prevention, and the Foundation Group needed to be working with them to support the work and provide better outcomes and better starts in life for its communities.

Resolved – that the position be noted.

23.058

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She highlighted that all Trusts within the Foundation Group were facing difficulty with Industrial Action still taking place, in particular the Junior Doctors and Consultant strikes. However, she took the time to praise the incredible effort from teams to minimise the impact of these and thanked the Group Chairman for his acknowledgement of that.

The Managing Director at WVT informed the Foundation Group Boards that WVT had struggled with their Emergency Department (ED) performance, however offered assurance that best practice and shared learning was being sought from SWFT and GEH to continue to improve this area. The Managing Director at WVT expressed her concern for ED due to the Trust facing extreme highs in their ED attendance that mimicked winter pressures and scenarios. There was a range of reasons for this however, the main one was that the Trust had seen a significant increase in demand for emergency care. She explained that there was an improvement project across the Herefordshire and Worcestershire (H&W) system on how to transform Urgent Care over the next three years. This project had three areas of focus, pre-hospital, in hospital and discharge. The Managing Director at WVT explained that pre-hospital focused on the Urgent Community Response service and Packages of Care, in hospital included the finalisation of the Trust's plans to expand their Same Day Emergency Care (SDEC) area, as well as being clear on professional standards, and post discharge included the redesign of the Discharge to Assess (D2A) process.

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Managing Director at WVT explained that WVT had seen an improvement in their 28 Day Faster Diagnosis Standard, and the teams believed that by October 2023 they would be in a sustainable place. This was an important improvement for both patients but also clinical outcomes. The Managing Director at WVT continued by informing the Foundation Group Boards that she was most proud of WVT's sickness levels dropping and remaining low after a lot of work had been done to improve staff health and wellbeing. She highlighted that the Trust's current sickness levels were the lowest she had seen.

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

The Group Chief Executive highlighted WVT's SDEC performance, and they already received positive regional attention for this. However, he queried how much SDEC should Trusts be aiming to do and if WVT was improving SDEC space, then how was the Trust ensuring it was protected during times of increased activity. The Managing Director at WVT responded that the Trust should be doing around 40% if not 50% of SDEC. Protecting the beds would be difficult, however the Trust's intention would be to never bed in SDEC and ensuring robust plans were in place operationally to support that not happening.

The Managing Director at SWFT highlighted ED performance at SWFT, and that 2022/23 was a difficult year. Due to this SWFT started 2023/24 focusing on establishing SDEC and flow, which paid off with April, May and June 2023 all nearly at or above the national target. The Managing Director at SWFT expressed that this was a significant achievement and thanked the teams considering that May 2023 was one of SWFT busiest months on record, which was then surpassed by June 2023 being the Trust's busiest day with 378 attendances. The Managing Director at SWFT expressed that the inconsistency was a challenge as it made managing the pressures difficult. He added that SWFT was seeing an increase in Mental Health patients that end up stranded in ED which was an ongoing concern and was affecting staff wellbeing. However Integrated Care Board (ICB) colleagues were supporting SWFT with this.

The Managing Director at SWFT addressed the increase in Medically Fit for Discharge (MFFD) and explained that it was an area of focus with a targeted approach to ensure tracking coding and responding to challenges appropriately, this would then be rolled out to other wards. The Managing Director at SWFT took the time to address the impact of the Warwickshire Community Recovery Service, which SWFT had worked with Social Care and system colleagues on. The service had seen a significant decrease in pathway one exit delays for Warwick Hospital since being launched and, though still in its early running days, was showing real benefit. The Managing Director at SWFT briefly provided an update on Cancer services, which remained a concern for the SWFT and there had been a significant increase in referrals for two week waits (2WW) in June and July 2023, however, was also one of the areas he was most proud of with the 28 Day Faster Diagnosis Standard. The

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Managing Director at SWFT celebrated the Trust's reduction in staff absence and vacancy rates.

The Managing Director at SWFT informed the Foundation Group Boards that SWFT had been chosen as the first acute site to be given Elective Hub accreditation and were part of the Going Further Going Faster work, which aimed to eliminate wait times over 52 weeks by the end of the 2023/24 year. The Chief Operating Officer at SWFT and her team had done a fantastic job at improving this area so far where we were 111% above our elective activity.

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

The Group Chief Executive added that the Foundation Group met with the Getting it Right First Time (GiRFT) team about Going Faster Going Further and it was reassuring to see how SWFT was performing. However he added interestingly the Patient Initiated Follow Up (PiFU) pathway was not resulting in many patients coming back to the Trust, and therefore indicated that the Trust was getting in a better place when it came to informing patients of what to expect post discharge.

The Managing Director at GEH explained that the pressure being faced by WVT was very similar to the pressures faced by GEH. She explained that despite meeting the national 4 hour standard, it was lower than what the Trust would have liked to be seeing during the summer months. The Managing Director at GEH added that GEH's biggest challenge was around bed occupancy of 100% and the highest sickness rate in the Foundation Group which was causing additional challenges for staff. However, despite that, GEH was still doing great work on the 1 hour ambulance delays and the ED team were recently rated Good following their Care Quality Commission (CQC) inspection which was a brilliant achievement given the challenges faced.

The Managing Director at GEH expressed that the 28 Day Faster Diagnosis Standard was a challenge for GEH and the teams were doing a lot of work about that, and by the end of Summer 2023 an improvement should be seen. She highlighted that Elective Recovery for patients waiting over 52 weeks had improved with very low numbers. GEH continued to work with colleagues across the Foundation Group and across the country on the GiRFT work to try and improve and learn about what more could be done.

The Managing Director at GEH highlighted GEH's MFFD numbers being lowest in the Foundation Group, which had been supported by the Community Recovery Service. She echoed the Managing Director at SWFT's comments about Community Recovery Service and added that it was a brilliant piece of collaborative working across the system.

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

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chief Executive highlighted that GEH hotel services staff were included in GEH's absence rates, whereas for SWFT and WVT they were not so it was something to be aware of and take into account. However, the Allied Health Professionals (AHPs) absence was a little high and was an area to focus on. The Group Chief Executive commented on the 2WW referral data comparative across the Trusts, and he recommended further analysis. He wondered whether there was a higher proportion of cancer detected in ED in WVT given the different levels of 2WW referrals per capita.

MDs

Mrs Houlder (NED GEH) thanked the Managing Directors for their update around performance in each Trust. She requested assurance around how the Trusts were ensuring patient experience was being maintained through the increase in demand on services. The Managing Director at WVT assured the Foundation Group Boards that there was a lot of effort that went into making sure staff continued to focus on their patient experience, and that staff were increased appropriately to care for patients as expected. However, the Trusts should be under no illusion that there would not be an impact on patient experience as it would be difficult to maintain. However, the Trust would do all it could to mitigate that. The Managing Director at SWFT echoed the Managing Director at WVT's points and expressed that the Trusts learnt a lot over winter 2022 and know what to focus on to ensure a better position. The Managing Director at GEH agreed with the other Managing Directors in the Foundation Group and added that when patients were in areas, they should not be they were risk assessed and ensured they were being cared for in a dignified way. She also noted that the patient feedback for GEH had recently been very positive despite the pressures faced by the department. All of the Managing Directors assured the Foundation Group Boards that the Senior Nursing teams were focused on patient experience and ensuring standards were being met despite challenges.

Resolved – that

- A) the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust, and**
- B) the Foundation Group Performance Update be received and noted.**

MDs

23.059

GROUP ANALYTICS UPDATE

The Chief Finance Officer at GEH introduced the Group Analytics Update and took the time to thank the Managing Director at WVT for her support and leadership with launching chairing the Group Analytics Board (GAB) to date. The GAB would now be chaired by the Managing Director at SWFT.

The Chief Finance Officer at GEH provided an overview of work to date which focused on infrastructure, standards, and standardisation. An overview of the GAB work included the roll out of Power BI, implementing data quality kite marks, the creation of the Foundation Group Performance report, standardising the monthly Information Performance Reports across the Foundation Group and starting work to standardise the monthly Trust performance packs.

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Finance Officer at GEH informed the Foundation Group Boards of the GAB work plan for the next twelve months, which would focus on the more strategic elements of the Foundation Group's Strategy around culture and creating an information led culture. This included running workshops across the Foundation Group on what an information led culture would look like, and what was needed to get there. The Chief Finance Officer at GEH added that the workshops would also include consideration of inclusion of services data and how to create the headroom to do those things to enable the focus to shift.

The Chief Finance Officer at GEH highlighted the challenges faced to be able to continue with the Group Analytics work which was resourcing. He explained that the GAB had done well to get to where they were with limited investments which was due to the extremely hard work by the three Heads of Information and their teams. However, there was the impending Electronic Patient Record (EPR) implementation which would increase the workload of their teams. There was a need for additional investment to continue with the work and a process was in place to recruit to a Group Analytics role, which would also look at how to share data across the Foundation Group in a much more efficient way. The Chief Finance Officer at GEH added that the GAB was also looking at local universities supporting with recruitment, short term capacity and how they could support with some of the more advanced analytics with artificial intelligence. WAHT joining the Foundation Group would also provide additional capacity, and another team to learn from.

The Managing Director at SWFT expressed how the GAB was a good example of collaborative working across the Foundation Group. He explained that there were a variety of excellent skills that had been able to come together and progress work. He added that the next step would be the interesting part which would take a lot of effort across the Foundation Group, as they started to discuss culture change and getting people to start using data and information in a different way.

The Group Chairman invited questions and perspectives and of particular note was the following point.

Mrs Whelan Tracy (NED SWFT) congratulated the entire GAB team on moving the work of the GAB forward. She queried whether there had been any external benchmarking regarding the capability and capacity, and would the GAB be working with ICSs to support them with similar work. The Chief Finance Officer at GEH explained that the GAB was working on capability and capacity at the moment and were using a recent document that had been released from NHS England on this and 'what good looked like'. He added that in regard to ICS support it would be around data sharing in a more efficient way, but there was a need to create the capacity to do this first.

Resolved – that the Group Analytics Update be received and noted.

23.060

DEEP DIVE INTO ADDITIONAL PERFORMANCE MEASURES – THEATRE PRODUCTIVITY

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Operating Officer at WVT opened the presentation regarding theatres productivity. He explained that the Chief Operating Officers across the Foundation Group had been working together and with clinical teams to look at where the opportunities were, as well as using the GiRFT programme to help theatre productivity. The Chief Operating Officer at WVT explained that all three Trusts were focused on protecting elective surgery and ensuring beds would be available for patients on the day of surgery, he added that all three Trusts had a theatre recruitment plan, and there was shared learning with the aims to reduce waiting lists as well as the reliance on outsourcing. The Chief Operating Officer at WVT presented an overview of each Trust's activity in quarter one of 2023/24 in comparison to quarter one of 2019/20. There were various reasons why productivity in 2023/24 was less than in 2019/20 which included case mix, additional bank holidays, industrial action and theatre maintenance. The Chief Operating Officer at WVT touched on the importance of reporting being aligned across the Foundation Group and therefore a joint definition of Theatre Utilisation (Capped) and Theatre Utilisation (Uncapped) had been agreed. Capped Theatre Utilisation equalled the sum of each patient's touchtime over available theatre time, cut off at session scheduled end. Uncapped Theatre Utilisation equalled the sum of each patient's touchtime over available theatre time.

The Chief Operating Officer at SWFT provided the Foundation Group Boards a detailed presentation on Capped Touchtime Theatre Utilisation. She explained that GEH ended June 2023 at 65%, SWFT was just above 85% and WVT was at just above 78%. She added that it was important to try and ensure each Trust was using the same definition and that all Integrated Performance Reports (IPRs) reflected the definition moving forward. The Chief Operating Officer at SWFT explained that, following a review of the metrics and deep dive of the data quality in addition to a validation exercise undertaken by the Operational Teams, there had been an increase in capped touchtime utilisation by just over 12% for GEH from January to April 2023. She assured the Foundation Group Boards that an action plan on how as a Foundation Group this could be improved was in place. She informed the Foundation Group Boards that SWFT used to report uncapped touchtime therefore figures were higher. However, SWFT was aware that certain specialities were not hitting target and had opportunities for improvement, for example Ophthalmology and Ear, Nose and Throat (ENT). The Chief Operating Officer at SWFT continued by providing detail on the WVT data, and that it identified issues when reporting real-time data entry and functionality. She explained that there was a need to ensure across the Foundation Group theatre scheduling at speciality level was being scheduled in the same structured way around 6-4-2. The Chief Operating Officer at SWFT assured the Foundation Group Boards that as a Foundation Group the Chief Operating Officers had been working to ensure that the work reconciled with Model Hospital and GiRFT.

The Chief Operating Officer at SWFT explained that, as part of the Theatre productivity work, the Chief Operating Officers looked at themes across the Foundation Group. She explained that part of improving utilisation was about accountability and robust governance arrangements and it was important that teams were empowered, and services geared up to solve problems on the day.

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Operating Officers looked at a few key themes, but it was important to ensure data driven change was happening which led them onto late starts and early finishes to ensure theatre utilisation was where it needed to be. The Chief Operating Officer at SWFT explained that there had been steady and consistent improvement at GEH around theatre lists starting on time, which had been a collective effort across directorates with the right cultural change. SWFT had seen a small improvement in main theatre lists starting on time and there had been a 6% reduction in lists finishing early. WVT had identified issues with real-time data entry and getting that data right was key to making improvements that were needed to be made. However, WVT had identified that patients in some specialties took longer to anaesthetise and therefore was key to schedule accordingly for those specialties. In addition to late starts and early finishes, on the day cancellations were identified as a key theme that needed improvement. On the day cancellations were patients cancelled on the day of surgery for clinical, non-clinical or patient related reasons. As a Foundation Group the Chief Operating Officers had agreed to adopt 'Operation Ring-Fence' to reduce on the day cancellations. This included protecting elective beds for surgeries, implement learnings from SWFT's escalation process for no on the day cancellations, review pre-operative guidance and instructions to the patients to reduce clinical and patient cancellations, and increase the use of digital technology for patient reminders, two way texting and digital pre-operative assessments with patients questionnaires to be completed remotely to ensure patients were fully informed without the need for face to face appointments.

The Chief Operating Officer at GEH rounded up the presentation on theatre productivity and highlighted the depth of work that had taken place to improve theatre productivity across the Foundation Group. He added that the work had been a Foundation Group effort from all the operational teams working together at different levels to capture the learnings. The Chief Operating Officer at GEH provided an overview of the solution themes including an explanation of the 6-4-2 theatre scheduling process, which was used widely across the country. 6-4-2 stood for, six weeks, four weeks and two weeks and the process was that at six weeks theatre schedules were locked down, at four weeks patients were confirmed and booked into the theatre lists, and at two weeks a final check that the booked patients were fit for surgery, and confirmation that the list could proceed as planned.

The Chief Operating Officer at GEH continued by providing the Foundation Group Boards with the planned next steps for theatre utilisation which included reconciliation to Model Hospital and GiRFT alignment of data, the appointment of the Group Data Analyst and implementation of learnings from SWFT on scheduling approach and orthopaedic length of stay and GEH on rollout.

The Group Chairman invited questions and perspectives and of particular note was the following point.

The Group Chief Executive thanked the Chief Operating Officers for a useful presentation, and he reinforced the fact there were big opportunities for improvement, as well as ensuring figures were absolutely accurate. The Group

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Chief Executive emphasised that with reliable data, the level of clinical engagement was important, and therefore wondered whether percentages were the right way to record the data. He recommended potentially looking at an indicative cost per minute indicator, and how much financial waste there was by individual list which could encourage improvement.

COOs

Resolved – that

- A) the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage, and**
- B) the Deep Dive into Additional Performance Measures on Theatre Productivity presentation be received and noted.**

COOs

23.061

SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)

The Chief Nursing Officer at WVT presented the Safe Staffing presentation to the Foundation Group Boards on behalf of the Chief Nursing Officers from across the Foundation Group. She explained that the presentation focused on safer Nurse staffing in particular which came into focus after the Mid-Staffordshire NHS Foundation Trust inquiry after wards were shown as having inadequate ward cover. She added that there had since been several guides published to support making decisions around safer staffing, including how to determine what was safe for different specialties. The Chief Nursing Officer at WVT explained that each guide referred to evidence-based tools to guide decision making, which had to be used in conjunction with professional judgement of Senior Nurses and in the context of clinical quality indicators and outcomes for patients. She continued that one of the criticisms of guidance that existed during the Mid-Staffordshire NHS Foundation Trust inquiry and prior to it was that staffing was assessed based on staff to bed ratios, which would not have taken into account differing patient needs, therefore evidence-based tools enable Trusts to measure the need of patients, case mix, equity and dependency. The Chief Nursing Officer at WVT explained that Trusts were required to complete audits twice a year at a minimum, where the evidence-based tools then guided the recommended staffing requirements alongside professional judgement based on ward layout, medical cover for the wards and other factors.

The Chief Nursing Officer at WVT informed the Foundation Group Boards that the national guidance referred to comparing data to peers which was what as a Foundation Group, the Chief Nursing Officers had done. She explained that after comparing data of the same specialties and assuming a similar case mix, staffing was broadly comparable across the Foundation Group. The Chief Nursing Officer at WVT provided an overview of the different graphs within the presentation and the different figures they reported, including vacancy rates and national data at Trust level.

The Group Chairman invited questions and perspectives and of particular note was the following point.

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chairman queried whether in terms of nursing ratios that the Trusts were safe. The Chief Nursing Officer at SWFT assured the Foundation Group Boards that SWFT's budgeted numbers were safe, but the actual numbers were sometimes challenged. The Chief Nursing Officers at GEH and WVT agreed with the Chief Nursing Officer at SWFT's comments.

Resolved – that Safer Staffing Overview presentation be received and noted.

23.062

ANY OTHER BUSINESS

There was no further business discussed.

Resolved – that the position be noted.

23.063

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

23.063.01

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

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

'In the light of the increasing number of A & E attendances, what insight has the analysis of the causes of attendances shown across the Group?'

The Chief Operating Officer at SWFT explained that SWFT did a monthly analysis to understand the cause and monitor whether this had identified more than one reason. It was partly due to seasonal changes and partly due to growth across all services. However, SWFT was working with ICB colleagues to signpost patients for support elsewhere.

The Chief Operating Officer at GEH informed the Foundation Group Boards that the level of critically sick patients attending A&E had increased and was putting pressure on the Trust's intensive care service, which showed that patients were not being over admitted it was down to a general increase in A&E attendances.

The Chief Operating Officer at WVT echoed the other Chief Operating Officers comments and that Trusts were still facing some of the backlash from Covid-19 where patients were presenting with more complex conditions.

Resolved – that the position be noted.

23.063.02

Question from a Member of the Public – Mr Chris Lewandowski

'What is the average waiting time for children who need dental surgery in each of the three hospitals?'

The Chief Operating Officer at SWFT informed the Foundation Group Boards that SWFT had one paediatric patient waiting for dental surgery and therefore

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

the Trust did not have a wait as such, however there was a wait for Orthodontics but not for anyone waiting a dental procedure. The Chief Operating Officer at GEH explained that GEH's paediatric work was very limited, and was predominantly for children with special needs, and their longest wait was for 50 weeks with additional lists being put on to bring that wait down. The Chief Operating Officer at WVT informed the Foundation Group Boards that WVT's paediatric waiting list for a dental procedure as an outpatient was 18 weeks and as an inpatient was 30 weeks. There were a couple of patients over 52 weeks but there was a plan in place for them over the coming weeks. The Chief Operating Officer at WVT added that WVT were having trouble with their orthodontics pathway which they were working with ICB colleagues to resolve.

Resolved – that the position be noted.

23.063.03 Question from a Member of the Public

'The figures in the report show that all three hospitals had increased pressures in their emergency departments. Why are the WVT 4-hour standards significantly lower than the other two hospitals? When will the UEC Plan start showing improvements in the 4-hour standard for WVT?'

The Group Chairman took these questions as previously covered in the Foundation Group Performance report (Minute 23.058 refers).

Resolved – that the position be noted.

23.063.04 Question from a Member of the Public

'What is being done to enhance Endoscopy capacity at WVT? Have you been able to solve your work force problems in this area?'

The Chief Operating Officer at WVT assured the Foundation Group Boards that the issues surrounding Endoscopy were slowly improving following significant workforce issues during 2023/24. He continued that this would see further improvement over the coming months with new consultants starting and extra funding for additional capacity.

Resolved – that the position be noted.

23.063.05 Question from a Member of the Public

'The situation of the number of patients occupying beds when fit for discharge is a considerable concern. The comments regarding non-Herefordshire patients is noted and adds to the concerns. What assurances can the Board/CEO give that there will be significant improvements in this area before the "Winter Pressures" start?'

The Group Chairman assured the Foundation Group Boards that there was a phenomenal amount of work underway with Place partners and in 'One Hereford' to ensure new ways of working together. The Group Chief Executive

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

SWFT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

added that he was more comfortable with the robustness of data across the Foundation Group and being clear where patients were in their pathways. He explained that Trusts with a tighter grip on their data were actually reporting higher delays in their discharges due to understanding more where their patients were in their pathways. The Foundation Group as a whole had a strategy to support domiciliary care which in turn would support discharges and capacity and he offered assurance that winter plans would be based around keeping figures to a minimum.

Resolved – that the position be noted.

23.064 **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**

23.065 **APOLOGIES FOR ABSENCE**

23.066 **DECLARATIONS OF INTEREST**

23.067 **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.068 **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.069 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.070 **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**

23.071 **ANY OTHER BUSINESS**

23.072 **ELECTRONIC PATIENT RECORDS CONTRACT (GEH/SWFT ONLY)**

23.073 **DATE AND TIME OF NEXT MEETING**

The next Foundation Group Boards meeting would be held on 1 November 2023 at 1.30pm via Microsoft Teams.

Signed _____ (Group Chairman)
Russell Hardy

Date: 1 November 2023

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

**WVT Minutes of the Public Foundation Group Boards Meeting
 Held on Wednesday 2 August 2023 at 1.30pm via Microsoft Teams
 In Parallel with GEH, SWFT and WAHT**

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
David Mowbray	(DM)	Chief Medical Officer WVT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Nicola Twigg	(NT)	NED WVT

In attendance:

WVT:

Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBU)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Sharon Hill	(SH)	ANED WVT
Kieran Lappin	(KL)	ANED WVT
Frank Myers	(FMY)	ANED WVT
Jo Rouse	(JR)	NED WVT

SWFT:

Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT (deputising for the Chief Medical Officer SWFT)
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Sarah Collett	(SC)	Trust Secretary GEH/SWFT
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PGI)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Head of Strategic Communications SWFT
Paramjit Gill	(PG)	Chief Strategy Officer SWFT
Harkamal Heran	(HH)	Nominated NED SWFT
Kim Li	(KL)	Chief Operating Officer SWFT
Sara MacLeod	(SM)	Operational Director of People and Workforce GEH (deputising for the Chief People Officer GEH/SWFT)
Simon Page	(SP)	Chief Finance Officer SWFT
Mary Powell	(MP)	NED SWFT
Sue Whelan Tracy	(SWT)	NED SWFT

GEH:

Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	NED GEH
Simone Jordan	(SJ)	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
Umar Zamman	(UZ)	NED GEH

WAHT:

Rebecca Bourne	(RB)	Head of Communications WAHT
Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Colin Horwath	(CH)	NED WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Karen Martin	(CM)	NED WAHT
Simon Murphy	(SM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT

Foundation Group:

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

There were five SWFT Governors and three members of the public also in attendance.

MINUTE

23.051

APOLOGIES FOR ABSENCE

Apologies for absence were received from Charles Ashton, Chief Medical Officer (SWFT), Andrew Cottom, Non-Executive Director (WVT), 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), Gertie Nic Philib, Chief People Officer (SWFT/GEH), Sarah Raistrick, Non-Executive Director (GEH) and David Spraggett, Non-Executive Director (SWFT).

Resolved – that the position be noted.

23.052

DECLARATIONS OF INTEREST

There were no declarations of interest.

Resolved – that the position be noted.

23.053

GEH PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023

Resolved – that the GEH public Minutes of the meeting held on 3 May 2023

ACTION

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

<u>MINUTE</u>		<u>ACTION</u>
	be confirmed as an accurate record of the meeting and signed by the Group Chairman.	
23.054	<p><u>SWFT PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023</u></p> <p><u>Resolved</u> – that the SWFT public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>	
23.055	<p><u>WVT PUBLIC MINUTES OF THE MEETING HELD ON 3 MAY 2023</u></p> <p><u>Resolved</u> – that the WVT public Minutes of the meeting held on 3 May 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>	
23.056	<p><u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u></p>	
23.056.01	<p><u>Chairman’s Remarks</u></p> <p>The Group Chairman started the Foundation Group Boards meeting by welcoming WAHT to the Foundation Group. WAHT joined the Foundation Group as full members on Tuesday 1 August 2023. The Group Chairman expressed that he was looking forward to sharing their journey as part of the Foundation Group.</p> <p>The Group Chairman took the time to thank all of his Executive colleagues across the Foundation Group during the disruption to services caused by the ongoing strikes. He expressed how impressed he was to see their response and leadership during a time of uncertainty. On the back of this he also thanked all front-line teams for their continued commitment to come to work despite the pressure faced, which had helped minimise the disruption to services.</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.056.02	<p><u>Group Analytics Update (Minute 23.007 refers)</u></p> <p>The Chief Operating Officer at GEH informed the Foundation Group Boards that services data would be covered in the Group Analytics Board Update under the main agenda item (Minute 23.059 refers).</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.057	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p> <p>The Group Chief Executive provided an overview of the Foundation Group Boards Workshop and explained that the format started with a guest speaker, followed by performance comparative data across the Foundation Group. The Group Chief Executive informed the Foundation Group Boards that the presentation provided by Guest Speaker Sarah Jane Marsh, National Director</p>	

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

of Urgent and Emergency Care, was particularly interesting with some of the wider issues around the winter plan and urgent care performance. He continued that organisations within Integrated Care Systems (ICSs) received the winter planning letter in July 2023, which set out the roles of each organisation as well as the ICSs. The Group Chief Executive confirmed that winter plans were now being pulled together on the back of the letter, and being founded on the plans that were already in place for emergency care in ICSs.

The Group Chief Executive highlighted the prevention session from the Foundation Group Boards Workshop. The presentation reminded colleagues of the importance of ensuring suitable investments and resources being given to prevention, but that also there were some shorter-term impacts on prevention that could be done such as patient education to prevent readmission. The Group Chief Executive informed the Foundation Group Boards that there was also a responsibility as anchor institution to help change things such as housing and education. The Group Chairman added that the Foundation Group was very conscious of its Council colleagues and how they did an enormous amount of work on prevention, and the Foundation Group needed to be working with them to support the work and provide better outcomes and better starts in life for its communities.

Resolved – that the position be noted.

23.058

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She highlighted that all Trusts within the Foundation Group were facing difficulty with Industrial Action still taking place, in particular the Junior Doctors and Consultant strikes. However, she took the time to praise the incredible effort from teams to minimise the impact of these and thanked the Group Chairman for his acknowledgement of that.

The Managing Director at WVT informed the Foundation Group Boards that WVT had struggled with their Emergency Department (ED) performance, however offered assurance that best practice and shared learning was being sought from SWFT and GEH to continue to improve this area. The Managing Director at WVT expressed her concern for ED due to the Trust facing extreme highs in their ED attendance that mimicked winter pressures and scenarios. There was a range of reasons for this however, the main one was that the Trust had seen a significant increase in demand for emergency care. She explained that there was an improvement project across the Herefordshire and Worcestershire (H&W) system on how to transform Urgent Care over the next three years. This project had three areas of focus, pre-hospital, in hospital and discharge. The Managing Director at WVT explained that pre-hospital focused on the Urgent Community Response service and Packages of Care, in hospital included the finalisation of the Trust's plans to expand their Same Day Emergency Care (SDEC) area, as well as being clear on professional standards, and post discharge included the redesign of the Discharge to Assess (D2A) process.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Managing Director at WVT explained that WVT had seen an improvement in their 28 Day Faster Diagnosis Standard, and the teams believed that by October 2023 they would be in a sustainable place. This was an important improvement for both patients but also clinical outcomes. The Managing Director at WVT continued by informing the Foundation Group Boards that she was most proud of WVT's sickness levels dropping and remaining low after a lot of work had been done to improve staff health and wellbeing. She highlighted that the Trust's current sickness levels were the lowest she had seen.

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

The Group Chief Executive highlighted WVT's SDEC performance, and they already received positive regional attention for this. However, he queried how much SDEC should Trusts be aiming to do and if WVT was improving SDEC space, then how was the Trust ensuring it was protected during times of increased activity. The Managing Director at WVT responded that the Trust should be doing around 40% if not 50% of SDEC. Protecting the beds would be difficult, however the Trust's intention would be to never bed in SDEC and ensuring robust plans were in place operationally to support that not happening.

The Managing Director at SWFT highlighted ED performance at SWFT, and that 2022/23 was a difficult year. Due to this SWFT started 2023/24 focusing on establishing SDEC and flow, which paid off with April, May and June 2023 all nearly at or above the national target. The Managing Director at SWFT expressed that this was a significant achievement and thanked the teams considering that May 2023 was one of SWFT busiest months on record, which was then surpassed by June 2023 being the Trust's busiest day with 378 attendances. The Managing Director at SWFT expressed that the inconsistency was a challenge as it made managing the pressures difficult. He added that SWFT was seeing an increase in Mental Health patients that end up stranded in ED which was an ongoing concern and was affecting staff wellbeing. However Integrated Care Board (ICB) colleagues were supporting SWFT with this.

The Managing Director at SWFT addressed the increase in Medically Fit for Discharge (MFFD) and explained that it was an area of focus with a targeted approach to ensure tracking coding and responding to challenges appropriately, this would then be rolled out to other wards. The Managing Director at SWFT took the time to address the impact of the Warwickshire Community Recovery Service, which SWFT had worked with Social Care and system colleagues on. The service had seen a significant decrease in pathway one exit delays for Warwick Hospital since being launched and, though still in its early running days, was showing real benefit. The Managing Director at SWFT briefly provided an update on Cancer services, which remained a concern for the SWFT and there had been a significant increase in referrals for two week waits (2WW) in June and July 2023, however, was also one of the areas he was most proud of with the 28 Day Faster Diagnosis Standard. The

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Managing Director at SWFT celebrated the Trust's reduction in staff absence and vacancy rates.

The Managing Director at SWFT informed the Foundation Group Boards that SWFT had been chosen as the first acute site to be given Elective Hub accreditation and were part of the Going Further Going Faster work, which aimed to eliminate wait times over 52 weeks by the end of the 2023/24 year. The Chief Operating Officer at SWFT and her team had done a fantastic job at improving this area so far where we were 111% above our elective activity.

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

The Group Chief Executive added that the Foundation Group met with the Getting it Right First Time (GiRFT) team about Going Faster Going Further and it was reassuring to see how SWFT was performing. However he added interestingly the Patient Initiated Follow Up (PiFU) pathway was not resulting in many patients coming back to the Trust, and therefore indicated that the Trust was getting in a better place when it came to informing patients of what to expect post discharge.

The Managing Director at GEH explained that the pressure being faced by WVT was very similar to the pressures faced by GEH. She explained that despite meeting the national 4 hour standard, it was lower than what the Trust would have liked to be seeing during the summer months. The Managing Director at GEH added that GEH's biggest challenge was around bed occupancy of 100% and the highest sickness rate in the Foundation Group which was causing additional challenges for staff. However, despite that, GEH was still doing great work on the 1 hour ambulance delays and the ED team were recently rated Good following their Care Quality Commission (CQC) inspection which was a brilliant achievement given the challenges faced.

The Managing Director at GEH expressed that the 28 Day Faster Diagnosis Standard was a challenge for GEH and the teams were doing a lot of work about that, and by the end of Summer 2023 an improvement should be seen. She highlighted that Elective Recovery for patients waiting over 52 weeks had improved with very low numbers. GEH continued to work with colleagues across the Foundation Group and across the country on the GiRFT work to try and improve and learn about what more could be done.

The Managing Director at GEH highlighted GEH's MFFD numbers being lowest in the Foundation Group, which had been supported by the Community Recovery Service. She echoed the Managing Director at SWFT's comments about Community Recovery Service and added that it was a brilliant piece of collaborative working across the system.

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

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chief Executive highlighted that GEH hotel services staff were included in GEH's absence rates, whereas for SWFT and WVT they were not so it was something to be aware of and take into account. However, the Allied Health Professionals (AHPs) absence was a little high and was an area to focus on. The Group Chief Executive commented on the 2WW referral data comparative across the Trusts, and he recommended further analysis. He wondered whether there was a higher proportion of cancer detected in ED in WVT given the different levels of 2WW referrals per capita.

MDs

Mrs Houlder (NED GEH) thanked the Managing Directors for their update around performance in each Trust. She requested assurance around how the Trusts were ensuring patient experience was being maintained through the increase in demand on services. The Managing Director at WVT assured the Foundation Group Boards that there was a lot of effort that went into making sure staff continued to focus on their patient experience, and that staff were increased appropriately to care for patients as expected. However, the Trusts should be under no illusion that there would not be an impact on patient experience as it would be difficult to maintain. However, the Trust would do all it could to mitigate that. The Managing Director at SWFT echoed the Managing Director at WVT's points and expressed that the Trusts learnt a lot over winter 2022 and know what to focus on to ensure a better position. The Managing Director at GEH agreed with the other Managing Directors in the Foundation Group and added that when patients were in areas, they should not be they were risk assessed and ensured they were being cared for in a dignified way. She also noted that the patient feedback for GEH had recently been very positive despite the pressures faced by the department. All of the Managing Directors assured the Foundation Group Boards that the Senior Nursing teams were focused on patient experience and ensuring standards were being met despite challenges.

Resolved – that

- A) the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust, and**
- B) the Foundation Group Performance Update be received and noted.**

MDs

23.059

GROUP ANALYTICS UPDATE

The Chief Finance Officer at GEH introduced the Group Analytics Update and took the time to thank the Managing Director at WVT for her support and leadership with launching chairing the Group Analytics Board (GAB) to date. The GAB would now be chaired by the Managing Director at SWFT.

The Chief Finance Officer at GEH provided an overview of work to date which focused on infrastructure, standards, and standardisation. An overview of the GAB work included the roll out of Power BI, implementing data quality kite marks, the creation of the Foundation Group Performance report, standardising the monthly Information Performance Reports across the Foundation Group and starting work to standardise the monthly Trust performance packs.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Finance Officer at GEH informed the Foundation Group Boards of the GAB work plan for the next twelve months, which would focus on the more strategic elements of the Foundation Group's Strategy around culture and creating an information led culture. This included running workshops across the Foundation Group on what an information led culture would look like, and what was needed to get there. The Chief Finance Officer at GEH added that the workshops would also include consideration of inclusion of services data and how to create the headroom to do those things to enable the focus to shift.

The Chief Finance Officer at GEH highlighted the challenges faced to be able to continue with the Group Analytics work which was resourcing. He explained that the GAB had done well to get to where they were with limited investments which was due to the extremely hard work by the three Heads of Information and their teams. However, there was the impending Electronic Patient Record (EPR) implementation which would increase the workload of their teams. There was a need for additional investment to continue with the work and a process was in place to recruit to a Group Analytics role, which would also look at how to share data across the Foundation Group in a much more efficient way. The Chief Finance Officer at GEH added that the GAB was also looking at local universities supporting with recruitment, short term capacity and how they could support with some of the more advanced analytics with artificial intelligence. WAHT joining the Foundation Group would also provide additional capacity, and another team to learn from.

The Managing Director at SWFT expressed how the GAB was a good example of collaborative working across the Foundation Group. He explained that there were a variety of excellent skills that had been able to come together and progress work. He added that the next step would be the interesting part which would take a lot of effort across the Foundation Group, as they started to discuss culture change and getting people to start using data and information in a different way.

The Group Chairman invited questions and perspectives and of particular note was the following point.

Mrs Whelan Tracy (NED SWFT) congratulated the entire GAB team on moving the work of the GAB forward. She queried whether there had been any external benchmarking regarding the capability and capacity, and would the GAB be working with ICSs to support them with similar work. The Chief Finance Officer at GEH explained that the GAB was working on capability and capacity at the moment and were using a recent document that had been released from NHS England on this and 'what good looked like'. He added that in regard to ICS support it would be around data sharing in a more efficient way, but there was a need to create the capacity to do this first.

Resolved – that the Group Analytics Update be received and noted.

23.060

DEEP DIVE INTO ADDITIONAL PERFORMANCE MEASURES – THEATRE PRODUCTIVITY

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Operating Officer at WVT opened the presentation regarding theatres productivity. He explained that the Chief Operating Officers across the Foundation Group had been working together and with clinical teams to look at where the opportunities were, as well as using the GiRFT programme to help theatre productivity. The Chief Operating Officer at WVT explained that all three Trusts were focused on protecting elective surgery and ensuring beds would be available for patients on the day of surgery, he added that all three Trusts had a theatre recruitment plan, and there was shared learning with the aims to reduce waiting lists as well as the reliance on outsourcing. The Chief Operating Officer at WVT presented an overview of each Trust's activity in quarter one of 2023/24 in comparison to quarter one of 2019/20. There were various reasons why productivity in 2023/24 was less than in 2019/20 which included case mix, additional bank holidays, industrial action and theatre maintenance. The Chief Operating Officer at WVT touched on the importance of reporting being aligned across the Foundation Group and therefore a joint definition of Theatre Utilisation (Capped) and Theatre Utilisation (Uncapped) had been agreed. Capped Theatre Utilisation equalled the sum of each patient's touchtime over available theatre time, cut off at session scheduled end. Uncapped Theatre Utilisation equalled the sum of each patient's touchtime over available theatre time.

The Chief Operating Officer at SWFT provided the Foundation Group Boards a detailed presentation on Capped Touchtime Theatre Utilisation. She explained that GEH ended June 2023 at 65%, SWFT was just above 85% and WVT was at just above 78%. She added that it was important to try and ensure each Trust was using the same definition and that all Integrated Performance Reports (IPRs) reflected the definition moving forward. The Chief Operating Officer at SWFT explained that, following a review of the metrics and deep dive of the data quality in addition to a validation exercise undertaken by the Operational Teams, there had been an increase in capped touchtime utilisation by just over 12% for GEH from January to April 2023. She assured the Foundation Group Boards that an action plan on how as a Foundation Group this could be improved was in place. She informed the Foundation Group Boards that SWFT used to report uncapped touchtime therefore figures were higher. However, SWFT was aware that certain specialities were not hitting target and had opportunities for improvement, for example Ophthalmology and Ear, Nose and Throat (ENT). The Chief Operating Officer at SWFT continued by providing detail on the WVT data, and that it identified issues when reporting real-time data entry and functionality. She explained that there was a need to ensure across the Foundation Group theatre scheduling at speciality level was being scheduled in the same structured way around 6-4-2. The Chief Operating Officer at SWFT assured the Foundation Group Boards that as a Foundation Group the Chief Operating Officers had been working to ensure that the work reconciled with Model Hospital and GiRFT.

The Chief Operating Officer at SWFT explained that, as part of the Theatre productivity work, the Chief Operating Officers looked at themes across the Foundation Group. She explained that part of improving utilisation was about accountability and robust governance arrangements and it was important that teams were empowered, and services geared up to solve problems on the day.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Chief Operating Officers looked at a few key themes, but it was important to ensure data driven change was happening which led them onto late starts and early finishes to ensure theatre utilisation was where it needed to be. The Chief Operating Officer at SWFT explained that there had been steady and consistent improvement at GEH around theatre lists starting on time, which had been a collective effort across directorates with the right cultural change. SWFT had seen a small improvement in main theatre lists starting on time and there had been a 6% reduction in lists finishing early. WVT had identified issues with real-time data entry and getting that data right was key to making improvements that were needed to be made. However, WVT had identified that patients in some specialties took longer to anaesthetise and therefore was key to schedule accordingly for those specialties. In addition to late starts and early finishes, on the day cancellations were identified as a key theme that needed improvement. On the day cancellations were patients cancelled on the day of surgery for clinical, non-clinical or patient related reasons. As a Foundation Group the Chief Operating Officers had agreed to adopt 'Operation Ring-Fence' to reduce on the day cancellations. This included protecting elective beds for surgeries, implement learnings from SWFT's escalation process for no on the day cancellations, review pre-operative guidance and instructions to the patients to reduce clinical and patient cancellations, and increase the use of digital technology for patient reminders, two way texting and digital pre-operative assessments with patients questionnaires to be completed remotely to ensure patients were fully informed without the need for face to face appointments.

The Chief Operating Officer at GEH rounded up the presentation on theatre productivity and highlighted the depth of work that had taken place to improve theatre productivity across the Foundation Group. He added that the work had been a Foundation Group effort from all the operational teams working together at different levels to capture the learnings. The Chief Operating Officer at GEH provided an overview of the solution themes including an explanation of the 6-4-2 theatre scheduling process, which was used widely across the country. 6-4-2 stood for, six weeks, four weeks and two weeks and the process was that at six weeks theatre schedules were locked down, at four weeks patients were confirmed and booked into the theatre lists, and at two weeks a final check that the booked patients were fit for surgery, and confirmation that the list could proceed as planned.

The Chief Operating Officer at GEH continued by providing the Foundation Group Boards with the planned next steps for theatre utilisation which included reconciliation to Model Hospital and GiRFT alignment of data, the appointment of the Group Data Analyst and implementation of learnings from SWFT on scheduling approach and orthopaedic length of stay and GEH on rollout.

The Group Chairman invited questions and perspectives and of particular note was the following point.

The Group Chief Executive thanked the Chief Operating Officers for a useful presentation, and he reinforced the fact there were big opportunities for improvement, as well as ensuring figures were absolutely accurate. The Group

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

Chief Executive emphasised that with reliable data, the level of clinical engagement was important, and therefore wondered whether percentages were the right way to record the data. He recommended potentially looking at an indicative cost per minute indicator, and how much financial waste there was by individual list which could encourage improvement.

COOs

Resolved – that

- A) the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage, and**
- B) the Deep Dive into Additional Performance Measures on Theatre Productivity presentation be received and noted.**

COOs

23.061

SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)

The Chief Nursing Officer at WVT presented the Safe Staffing presentation to the Foundation Group Boards on behalf of the Chief Nursing Officers from across the Foundation Group. She explained that the presentation focused on safer Nurse staffing in particular which came into focus after the Mid-Staffordshire NHS Foundation Trust inquiry after wards were shown as having inadequate ward cover. She added that there had since been several guides published to support making decisions around safer staffing, including how to determine what was safe for different specialties. The Chief Nursing Officer at WVT explained that each guide referred to evidence-based tools to guide decision making, which had to be used in conjunction with professional judgement of Senior Nurses and in the context of clinical quality indicators and outcomes for patients. She continued that one of the criticisms of guidance that existed during the Mid-Staffordshire NHS Foundation Trust inquiry and prior to it was that staffing was assessed based on staff to bed ratios, which would not have taken into account differing patient needs, therefore evidence-based tools enable Trusts to measure the need of patients, case mix, equity and dependency. The Chief Nursing Officer at WVT explained that Trusts were required to complete audits twice a year at a minimum, where the evidence-based tools then guided the recommended staffing requirements alongside professional judgement based on ward layout, medical cover for the wards and other factors.

The Chief Nursing Officer at WVT informed the Foundation Group Boards that the national guidance referred to comparing data to peers which was what as a Foundation Group, the Chief Nursing Officers had done. She explained that after comparing data of the same specialties and assuming a similar case mix, staffing was broadly comparable across the Foundation Group. The Chief Nursing Officer at WVT provided an overview of the different graphs within the presentation and the different figures they reported, including vacancy rates and national data at Trust level.

The Group Chairman invited questions and perspectives and of particular note was the following point.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

The Group Chairman queried whether in terms of nursing ratios that the Trusts were safe. The Chief Nursing Officer at SWFT assured the Foundation Group Boards that SWFT's budgeted numbers were safe, but the actual numbers were sometimes challenged. The Chief Nursing Officers at GEH and WVT agreed with the Chief Nursing Officer at SWFT's comments.

Resolved – that Safer Staffing Overview presentation be received and noted.

23.062

ANY OTHER BUSINESS

There was no further business discussed.

Resolved – that the position be noted.

23.063

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

23.063.01

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

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

'In the light of the increasing number of A & E attendances, what insight has the analysis of the causes of attendances shown across the Group?'

The Chief Operating Officer at SWFT explained that SWFT did a monthly analysis to understand the cause and monitor whether this had identified more than one reason. It was partly due to seasonal changes and partly due to growth across all services. However, SWFT was working with ICB colleagues to signpost patients for support elsewhere.

The Chief Operating Officer at GEH informed the Foundation Group Boards that the level of critically sick patients attending A&E had increased and was putting pressure on the Trust's intensive care service, which showed that patients were not being over admitted it was down to a general increase in A&E attendances.

The Chief Operating Officer at WVT echoed the other Chief Operating Officers comments and that Trusts were still facing some of the backlash from Covid-19 where patients were presenting with more complex conditions.

Resolved – that the position be noted.

23.063.02

Question from a Member of the Public – Mr Chris Lewandowski

'What is the average waiting time for children who need dental surgery in each of the three hospitals?'

The Chief Operating Officer at SWFT informed the Foundation Group Boards that SWFT had one paediatric patient waiting for dental surgery and therefore

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

the Trust did not have a wait as such, however there was a wait for Orthodontics but not for anyone waiting a dental procedure. The Chief Operating Officer at GEH explained that GEH's paediatric work was very limited, and was predominantly for children with special needs, and their longest wait was for 50 weeks with additional lists being put on to bring that wait down. The Chief Operating Officer at WVT informed the Foundation Group Boards that WVT's paediatric waiting list for a dental procedure as an outpatient was 18 weeks and as an inpatient was 30 weeks. There were a couple of patients over 52 weeks but there was a plan in place for them over the coming weeks. The Chief Operating Officer at WVT added that WVT were having trouble with their orthodontics pathway which they were working with ICB colleagues to resolve.

Resolved – that the position be noted.

23.063.03 Question from a Member of the Public

'The figures in the report show that all three hospitals had increased pressures in their emergency departments. Why are the WVT 4-hour standards significantly lower than the other two hospitals? When will the UEC Plan start showing improvements in the 4-hour standard for WVT?'

The Group Chairman took these questions as previously covered in the Foundation Group Performance report (Minute 23.058 refers).

Resolved – that the position be noted.

23.063.04 Question from a Member of the Public

'What is being done to enhance Endoscopy capacity at WVT? Have you been able to solve your work force problems in this area?'

The Chief Operating Officer at WVT assured the Foundation Group Boards that the issues surrounding Endoscopy were slowly improving following significant workforce issues during 2023/24. He continued that this would see further improvement over the coming months with new consultants starting and extra funding for additional capacity.

Resolved – that the position be noted.

23.063.05 Question from a Member of the Public

'The situation of the number of patients occupying beds when fit for discharge is a considerable concern. The comments regarding non-Herefordshire patients is noted and adds to the concerns. What assurances can the Board/CEO give that there will be significant improvements in this area before the "Winter Pressures" start?'

The Group Chairman assured the Foundation Group Boards that there was a phenomenal amount of work underway with Place partners and in 'One Hereford' to ensure new ways of working together. The Group Chief Executive

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

WVT Minutes of the Foundation Group Boards Meeting Held on 2 August 2023

MINUTE

ACTION

added that he was more comfortable with the robustness of data across the Foundation Group and being clear where patients were in their pathways. He explained that Trusts with a tighter grip on their data were actually reporting higher delays in their discharges due to understanding more where their patients were in their pathways. The Foundation Group as a whole had a strategy to support domiciliary care which in turn would support discharges and capacity and he offered assurance that winter plans would be based around keeping figures to a minimum.

Resolved – that the position be noted.

23.064 **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**

23.065 **APOLOGIES FOR ABSENCE**

23.066 **DECLARATIONS OF INTEREST**

23.067 **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.068 **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.069 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 3 MAY 2023**

23.070 **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**

23.071 **ANY OTHER BUSINESS**

23.072 **ELECTRONIC PATIENT RECORDS CONTRACT (GEH/SWFT ONLY)**

23.073 **DATE AND TIME OF NEXT MEETING**

The next Foundation Group Boards meeting would be held on 1 November 2023 at 1.30pm via Microsoft Teams.

Signed _____ (Group Chairman)
Russell Hardy

Date: 1 November 2023

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

PUBLIC ACTIONS UPDATE: FOUNDATION GROUP BOARDS MEETING – 1 NOVEMBER 2023

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
23.058 (02.08.2023) Foundation Group Performance Report	The Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.	J Ives / A Carson / C Free	Catherine Free (Managing Director of GEH) on 23.08.2023 - GEH operational teams continuously monitor the 2 week wait referral numbers. The referral data in the performance report is indicative of the increase in referral numbers over the last 12 months particularly in colorectal, urology and breast services. Referral patterns are regularly discussed with Primary Care partners and monitored through Cancer Board.
23.060 (02.08.2023) Deep Dive into Additional Performance Measures – Theatre Productivity	The Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.	H Heran / R Snead / A Parker	Catherine Free (Managing Director of GEH) on 23.08.2023 - Chief Officers are currently in the process of recalculating theatre productivity to include an indication of the resource cost per unit.
REPORTS SCHEDULED FOR FUTURE MEETINGS			

Report to	Foundation Group Boards	Agenda Item	6.1
Date of Meeting	1 November 2023		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Damian Rogers, Head of Information, Wye Valley NHS Trust (WVT)		
Lead Executive Director:	Jane Ives, Managing Director of WVT, Adam Carson, Managing Director of South Warwickshire University NHS Foundation Trust (SWFT), Dr Catherine Free, Managing Director of George Eliot Hospital NHS Trust (GEH) Helen Lancaster, Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT)		
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

Worcestershire Acute Hospitals NHS Trust

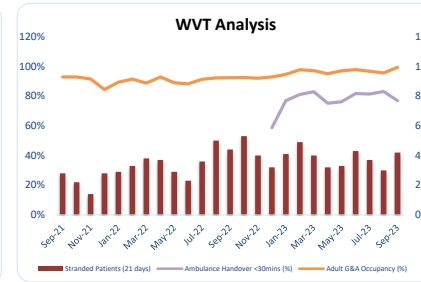
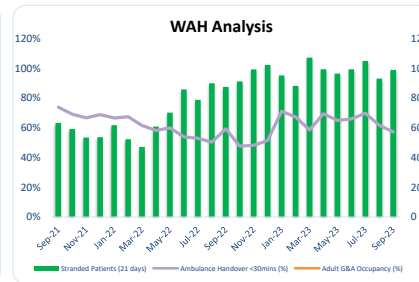
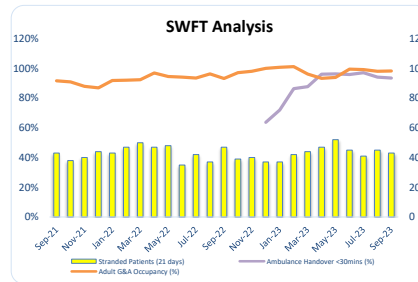
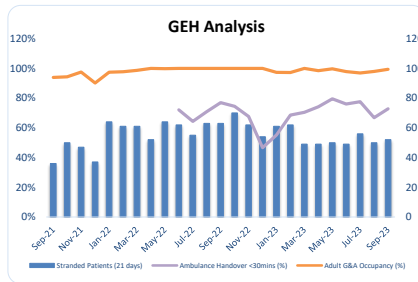
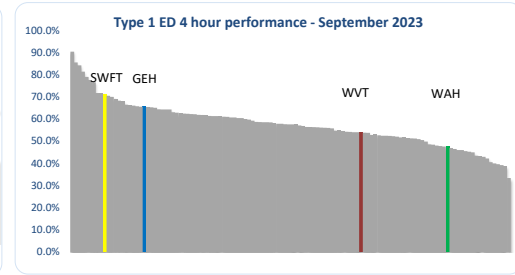
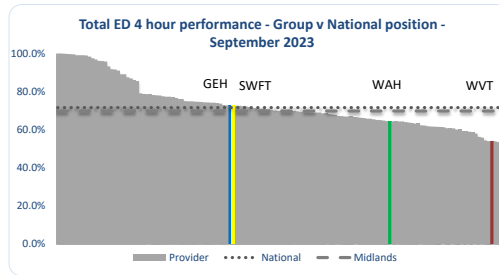
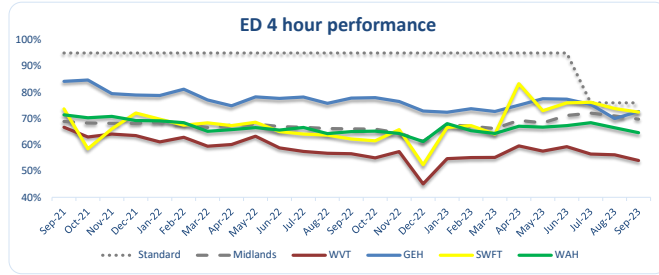
	Indicator	Standard	Latest Data		Benchmark	Latest Data	Wye Valley NHS Trust				South Warwickshire University NHS Foundation Trust				George Eliot Hospital NHS Trust				Worcestershire Acute Hospitals NHS Trust			
			Current Month	Year to Date			Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark		
Urgent and emergency care	ED 4 hour standard	76%	Sep-23	National	71.6%	Sep-23	54.0%	57.2%			72.5%	75.9%			72.7%	74.8%			64.6%	66.8%		
		Midlands		69.8%																		
	Ambulance Handovers < 30 mins (%)	98%				Sep-23	76.9%	77.7%			93.5%	96.1%			72.8%	74.4%			57.3%	66.8%		
	Ambulance Handovers < 60 mins (%)	100%				Sep-23	90.1%	92.9%			97.8%	99.5%			97.3%	97.8%			71.3%	79.5%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%				Sep-23	44.4%	41.1%			44.4%	42.0%			41.2%	38.4%			37.8%	37.6%		
General and Acute (G&A) Occupancy	< 90%		Sep-23	National	94.6%	Sep-23	99.3%	96.9%			98.3%	97.1%			99.4%	98.7%			To be reported next report			
				Midlands	94.6%																	
MFFD	% of occupied beds considered fit for discharge					Sep-23	44%				27%				28%				To be reported next report			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<100	May 2022 to April 2023	National	100.6	May 2022 to April 2023	Within expected range	102			Within expected range	102			Within expected range	108			Within expected range	104		
Work force	Staff Sickness	<5%	May-23	National	4.5%	WVT / GEH / WAH Sep & SWFT Aug	5.1%				3.7%			N/A	5.5%				5.7%			
Cancer	Cancer 62 day waits	0				WVT / SWFT / WAH Sep & GEH Aug	109				138				55				328			
	28 day referral to diagnosis confirmation to patients	75%	Aug-23	National	72%	Aug-23	70%				73%				70%				71%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				WVT / SWFT / GEH Sep & WAH Jul	1641				902				216				5321			
	RTT 78 week waiters (English Only)	0					29				1				0				41			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Aug-23	National	57.2%		58%				63%				63%				49%			
Theatres	Theatre Utilisation (Capped)	85%	Aug-23	National	77%	WVT / SWFT / GEH Sep & WAH Aug	76%	76%			73%	80%			71%	72%			80%	83%		
	Theatre Utilisation (Uncapped)	85%	Aug-23	National	82%		81%	82%			76%	84%			80%	81%			87%	87%		
	% Starting on time (early or within 5 minutes)						11%	9%			27%	17%			4%	3%			7%	8%		

Foundation Group Key Metrics



ED 4 hour Performance

Trust	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	Jul-23	Aug-23	Sep-23	YTD
GEH	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%	75.4%	70.0%	72.7%	74.8%
SWFT	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%	76.2%	73.8%	72.5%	75.9%
WAH	71.4%	70.3%	70.8%	69.3%	69.1%	68.4%	65.2%	65.8%	66.6%	65.6%	66.6%	64.3%	65.0%	65.2%	64.3%	61.2%	68.1%	65.4%	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	66.8%
WVT	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%	56.5%	56.2%	54.0%	57.2%



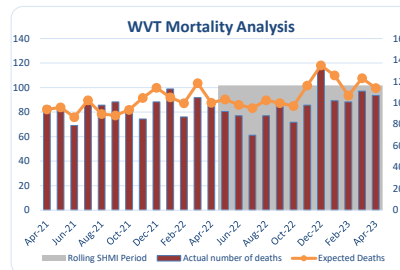
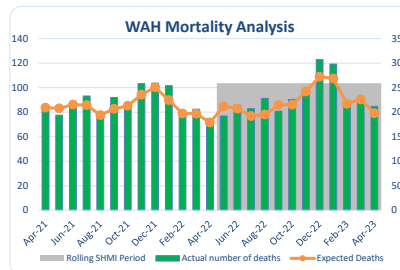
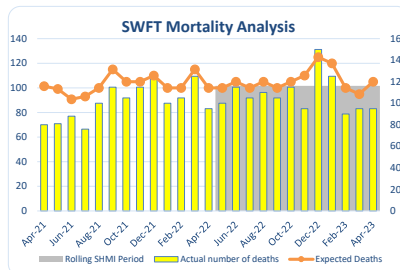
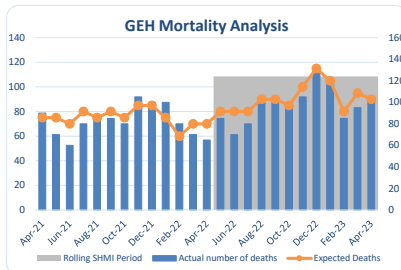
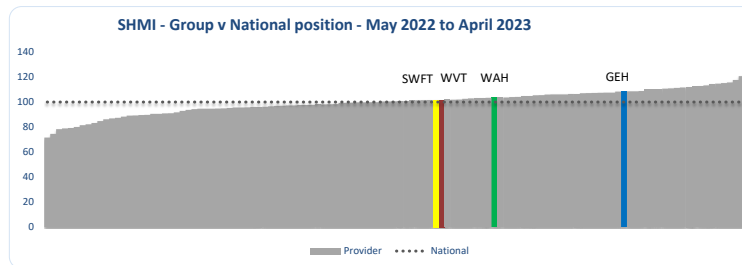
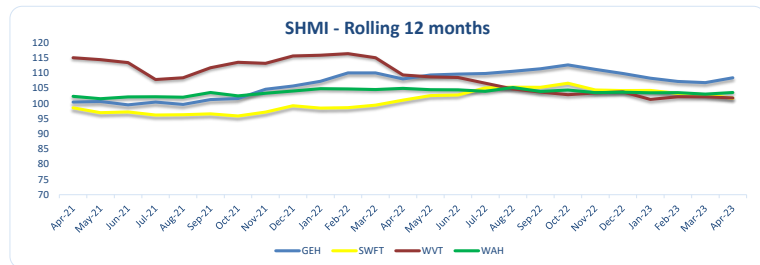
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>We continue with our Urgent Emergency Care (UEC) Quality Improvement Plans ahead of the winter. At the start of September 2023 we started our reconfiguration of the acute floor by dedicating part of our current escalation area into a Frailty Same Day Emergency Care [FSDEC] facility which is staffed by our consultants has the elderly consultants, Frailty Advanced Care Practitioners [ACPs] and dedicated frailty nursing team. This facility will care for our older patients 24/7 and ensure those patients that require input from this speciality team are moved out our Emergency Department (ED) as quickly as possible to start treatment. Patients need to fulfil certain criteria to be accepted into FSDEC to ensure clinical safety. FSDEC works closely with our ED, the ambulance service, our Virtual Ward, our Integrated Discharge Team and the inpatient frailty wards.</p> <p>Following a positive visit of the Emergency Care Intensive Support Team [ESICT] in September, to review our plans across the acute floor and support the team with our challenges with patient flow, the ECSIT team are supporting a review of the demand and capacity requirements for our workforce and with tools for the evaluation of some of our pathways across Same Day Emergency Care [SDEC]</p> <p>Ambulance conveyances for Quarter 2 were 5% higher than Quarter 1 and 4% higher than Quarter 2 22/23, with September seeing 4.5% of conveyances [74] from Ambulance Strategic Conveyancing. Ambulance handovers performance for Quarter 2 saw 81% of Ambulance handovers within 30mins and 6.5% over 1hour. September did see some Ambulance handover challenges with 9% over 1 hour as the Acute Floor reconfigured their estates for the implementation of a revised FSDEC.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust has seen performance reduce but consistent with the midlands position. General & Acute bed occupancy remains high across all sites along with 21-day stranded patients, both of which impact flow and ultimately performance.</p> <p>4-hour performance GEH has seen Emergency Department (ED) attendance remain high. High attendance and very high bed occupancy have underpinned a dip in 4-hour performance. GEH continue to perform well when compared nationally.</p> <p>Ambulance performance The total number of ambulances being conveyed has remained relatively static for the past 12 months. High attendance and limited flow from ED have led to a more challenged ambulance position. ED continue to have success with managing variation in demand to support timely ambulance turnaround.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>4 Hour Performance - The trust has seen a slight reduction in its 4 hour performance over the last few months and were at 71.3% for September. This still places SWFT within the top 10 Trusts nationally, despite continued high demand with over 8,000 attendances occurring in June, July and September. It is 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 numbers are increasing. 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 reopened in June. Same Day Emergency Care (SDEC) continues to be a priority for the division with a key focus on not bedding into Frailty Assessment Area (FAA) overnight.</p> <p>Ambulance performance - Ambulance turnaround times continue to be amongst the best in the region, despite continued high levels of inappropriate intelligent conveyance from West Midlands Ambulance Service (WMAS). SWFT has continued to see an increase in 'Out of area' conveyancing, which have been accounting for around 20% of the monthly activity.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>4 hour performance - Statistical process charting indicates that performance is significant cause for concern and unless significant change will not meet the target. 12,367 patients attended the Trust's Emergency Departments in September 2023. 47.7% of those were treated and either admitted or discharged within four hours of arrival. The performance is expected to achieve 76% by the end of March 2024. The winter plan aimed at supporting increased patient flow includes the implementation of virtual wards, revised patient discharge unit with additional therapy support, extended hours for SDEC and relaunch of internal professional standards. On 16th October the new Emergency Department will be open, this will immediately follow a week of MADE events focused on timely ward discharges.</p> <p>Ambulance performance - Statistical process charting indicates that performance is significant cause for concern and unless significant change will not meet the target. Of the 3,733 patients who arrived by ambulance, 24% were 'handed over' within 15 minutes and 1,046 waited longer than 60 minutes to be handed over. 1,982 patients (16%) spent 12 or more hours in our emergency departments.</p>

Foundation Group Key Metrics



SHMI - rolling 12 month positions

Trust	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	Feb-23	Mar-23	Apr-23
GEH	100.5	100.7	99.6	100.5	99.7	101.3	101.6	104.7	105.8	107.3	110.1	110.0	108.1	109.4	109.7	109.9	110.6	111.4	112.7	111.2	109.9	108.3	107.2	106.9	108.5
SWFT	98.6	97.0	97.2	96.2	96.3	96.6	95.9	97.2	99.3	98.5	98.6	99.4	101.1	102.6	102.8	105.1	105.4	105.3	106.7	104.5	104.3	104.3	103.3	102.9	101.7
WAH	102.4	101.6	102.1	102.2	102.1	103.6	102.5	103.4	104.1	104.9	104.8	104.6	105.0	104.5	104.5	104.0	105.3	103.9	104.4	103.6	103.7	103.5	103.6	103.1	103.6
WVT	115.1	114.4	113.5	107.9	108.5	111.8	113.6	113.2	115.6	115.9	116.4	115.1	109.4	108.8	108.6	106.7	104.8	103.8	102.9	103.5	103.8	101.3	102.2	102.2	101.8



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

- The latest SHMI (NHS Digital) from June 2022 to May 2023 shows Wye Valley NHS Trust at 100.6, with a further reduction of 1.2 this month, which means we have now reached the national average for our standardised mortality rates.
- Latest crude mortality rate for September 2023 remains low at 1.2% for all admissions.
- A further improvement in the Co-morbidity scores within our Clinical Coding KPI's, which means we are now above national average for this specific measure, and will have a positive impact on our local mortality rates. There is some initial analysis on-going to understand the impact of the EPR clinical noting, and the continued improvement in some of our key indicators.
- A relatively stable month in our mortality outlier groups, with a couple of small encouraging reductions in the larger groups of Pneumonia and Heart Failure.
- In response to the recent high mortality rates reported in Heart Failure, a full audit has been undertaken by the senior clinical team including a clinical coding review. The findings suggested that the majority of cases were not directly attributed to heart failure, and that there many other compounding factors that ultimately lead to their death.
- The business case, for the additional Mortality and Medical Examiners modules in In-Phase, has been approved. This system will aim to bring many benefits to the teams involved, including a clear Divisional oversight of all deaths. Initial target of 3 months has been set to get the system implemented.
- There is on-going work with our Medical Division to ensure a robust Learning from Deaths process is put into place at WVT. We are working with the clinical teams and leads to understand what cases they will be reviewing, the format with which they will be conducting the reviews, and how this will potentially link with the new In-Phase system.

George Eliot Hospital NHS Trust (GEH)

SHMI is within the expected range when compared to England. 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. This information was presented to the MDPG and QAC in September 2023. SHMI for the latest period (May22-Apr22) published in September 2023 was 108.

In total, there were 1175 SHMI deaths compared to 1085 expected. 69% (810) of deaths occurred in hospital (England 71%) and 31% (275) occurred out of hospital (England 29%).

The crude mortality rate was 4.4% for non-elective admissions compared to 3.5% for England's average; and 1% for elective admission which is at England's average.

Diagnosis groups highlighted as an outlier when analysing SHMI include Septicaemia (except in labour) and shock. A sepsis improvement plan continues to be driven across the Trust.

HSMR for the period June 2022-May 23 was 112.6 and an outlier when compared to England. HSMR 2 standard deviations below the mean (118.5) and special cause variation was detected.

There were 931 deaths in total of which 80% (745) were within the HSMR basket of 56 diagnosis groups.

HSMR crude mortality is 4.6% which is 2 standard deviations below the mean of 4.9% and special cause variation has been detected.

Diagnosis groups identified as outliers (Liver disease, COPD, Pneumonia and Septicaemia) have been shared with the directorates and coding team.

The coding team are conducting a separate piece of work to review the quality of coding following an external review. It is envisaged that this will have a positive impact on HSMR and SHMI.

South Warwickshire University NHS Foundation Trust (SWFT)

National SHMI position up to April 22 - March 23 has continued to drop and continues the downwards trend, which is what the Trust has been working to achieve over the past few months. SWFT now has a SHMI of 1.02, down from a high point of 1.05 from 6 months ago. However, there has been an increase in the RAMI, although the most recent refresh has shown this to flat-line, and there is also an increase in the HSMR.

In terms of actions to further improve performance, changes in coding were brought in earlier in the year and we should start to see some improvements from the next update of the mortality indicators. There is a focus at SWFT to continue to audit AKI group and looking at Sepsis. The coders have had access to the Integrated Care Record for the past few months which will help in increasing the depth of coding, which therefore should improve the mortality position even further.

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.

Work also continues on looking for a replacement Mortality Surveillance System, with some promising work being carried out to further develop an internal system, whilst a programme of work continues to look an incident management system which also includes a mortality module.

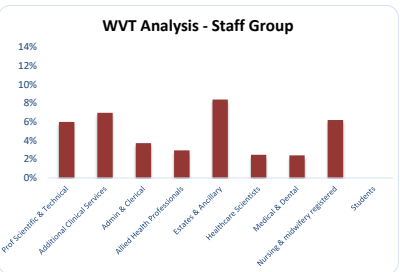
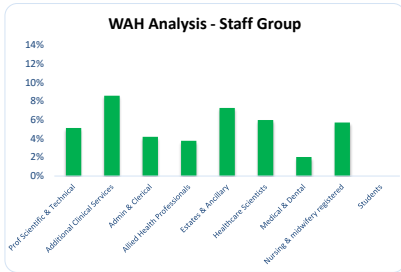
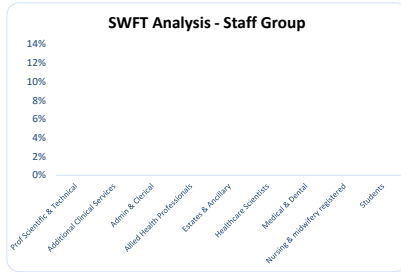
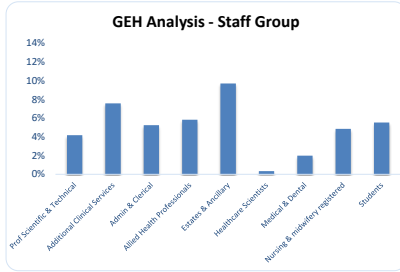
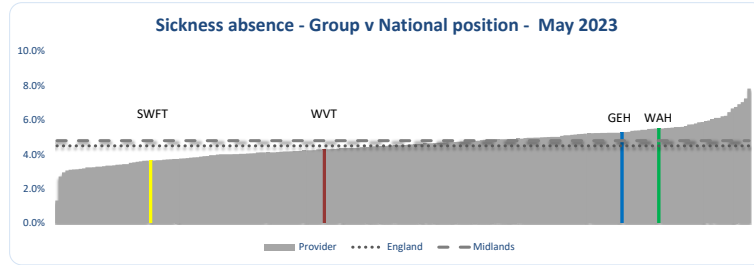
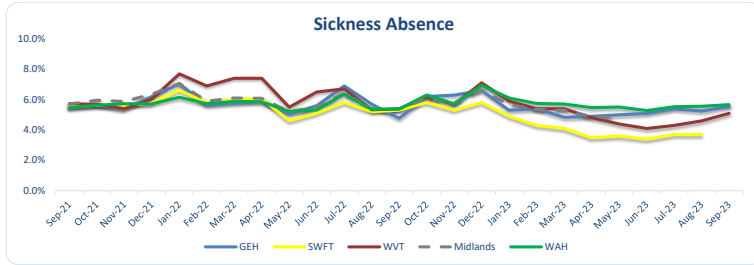
Worcestershire Acute Hospitals NHS Trust (WAH)

Foundation Group Key Metrics

Group Analytics

Sickness Absence All Staff Groups

Trust	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	Jul-23	Aug-23	Sep-23
GEH	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%	5.4%	5.2%	5.5%
SWFT	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%	3.4%	3.7%	3.7%	
WAH	5.5%	5.6%	5.7%	5.7%	6.1%	5.7%	5.9%	5.9%	5.2%	5.3%	6.4%	5.4%	5.4%	6.3%	5.7%	6.9%	6.1%	5.7%	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%
WVT	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%	4.3%	4.6%	5.1%



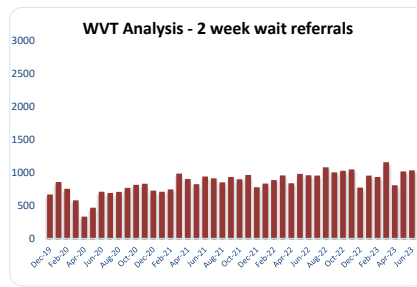
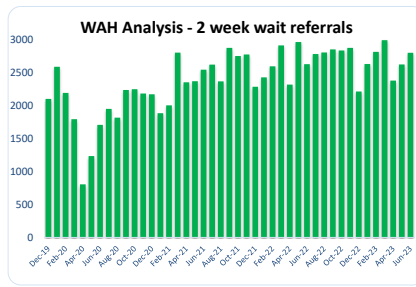
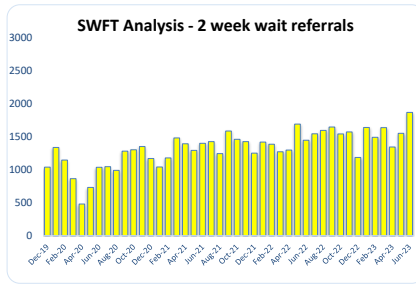
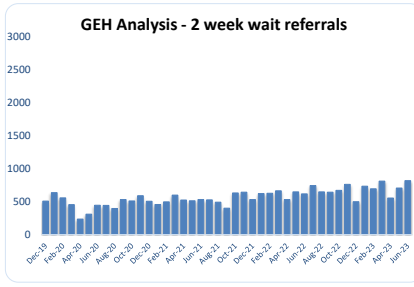
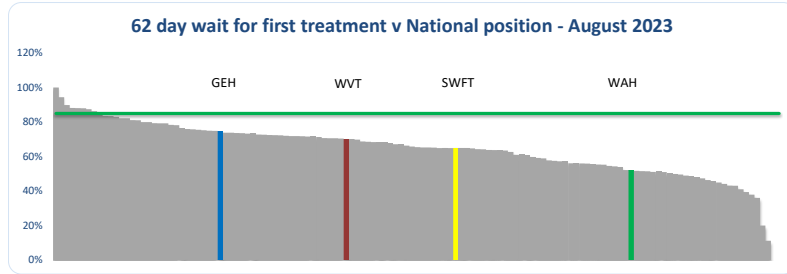
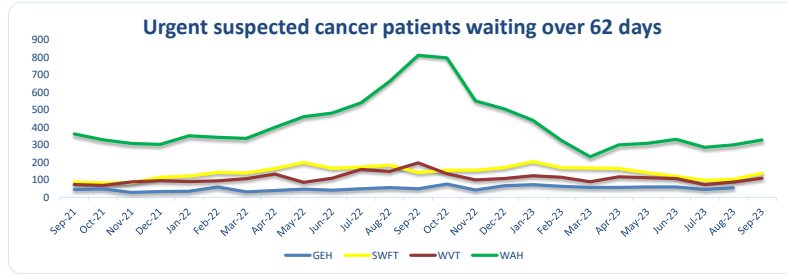
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>The Trust has seen an increase in sickness absence largely due to winter ailments and short term absence. Comprehensive absence reports are being re-introduced at monthly Finance & Performance Executive (F&PE) meetings to ensure appropriate actions are being taken to manage absence effectively across all divisions.</p> <p>HR teams 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 winter months. Our enhanced wellbeing provisions for staff with a dedicated staff physiotherapist and a mental health & wellbeing nurse located within the occupational health team continue to provide support to staff and teams. The annual WVT health & wellbeing week for staff was held in October 2023 to raise awareness of actions to support wellbeing and programmes available.</p> <p>The close monitoring and management of sickness absence at the monthly Finance and Performance Executive (F&P) meetings will continue over the coming months and regular cases conferences are held to review difficult cases.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Sickness absence has continued to rise this month and is now at 5.5%, with the highest rates of absence among Estates & Ancillary staff.</p> <p>Additional resource is being added to the Hotel Services team, focusing on staff recruitment and retention thereby reducing vacancies and easing pressure on colleagues.</p> <p>Health and wellbeing continue to be an area of priority for the Trust, with Wellbeing offers shared through the monthly Wellbeing Newsletter and Loo News.</p> <p>For the first time, musculoskeletal problems are now the highest reason for sickness absence surpassing anxiety/stress/depression. The wellbeing team are working alongside the manual handling team to identify and address any themes for MSK injuries.</p> <p>The People & Workforce team continue to work closely with the Directorates, supporting colleagues to remain in work or expediting their return to work. Communications have supported sharing staff stories of ways in which adjustments have been made to their work environment or hours of work to support them during difficult times.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Sickness levels during the summer months have continued to remain low, and remain around 3.7%, so well below the high levels seen over the last winter period, when the Trust was subject to a very bad flu season together with another increase in COVID cases.</p> <p>Since December there has been a 2.1% reduction in the Trust sickness rate, which follows a similar trend from the previous year, however, with the onset of the next flu season and with the number of COVID cases increasing, we are expecting the position to deteriorate again over the next few months.</p> <p>In August the top reason for sickness continues to be Stress/Anxiety/Depression followed by back problems and other musculoskeletal problems, which has displaced cold/coughs/flu.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Sickness rates have reduced slightly by 0.16% to 5.30% which is 0.20% worse than the same period last year. However, the spike in Urgent Care has continued with 6.08% this month and Estates and Facilities are still reporting very high sickness at 7.26% sickness with 5.39% of this being Long-term sickness. Covid absence is no longer of concern. Covid absence is managed in the same way as all other absence. Absence due to stress remains higher than pre-pandemic with Women and Childrens standing out as an outlier with 42.48% of their absence being due to S10.</p>

Foundation Group Key Metrics



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

Trust	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	Jul-23	Aug-23	Sep-23
GEH	44	48	28	33	35	59	31	39	47	41	49	56	49	76	42	66	72	63	57	57	59	59	45	55	
SWFT	87	82	84	115	122	143	139	165	199	166	173	184	142	155	155	170	204	169	167	165	141	120	97	103	138
WAH	362	329	308	303	352	343	337	400	461	482	540	663	812	797	551	506	441	325	232	300	309	332	286	300	328
WVT	73	68	88	95	90	94	107	133	86	109	159	148	197	135	100	108	123	115	89	117	112	108	72	87	109



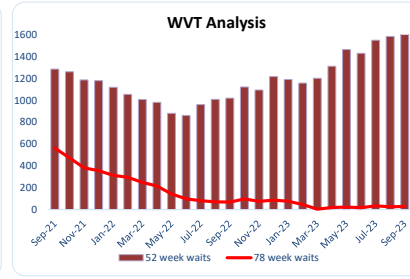
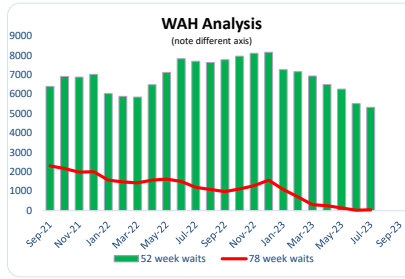
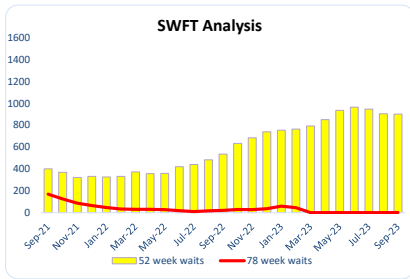
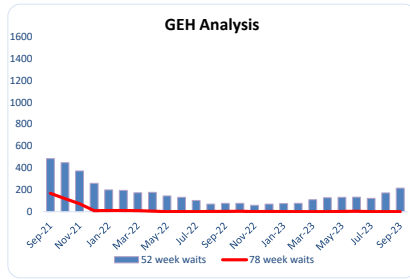
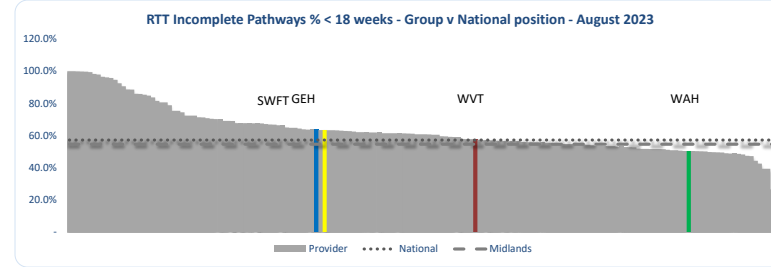
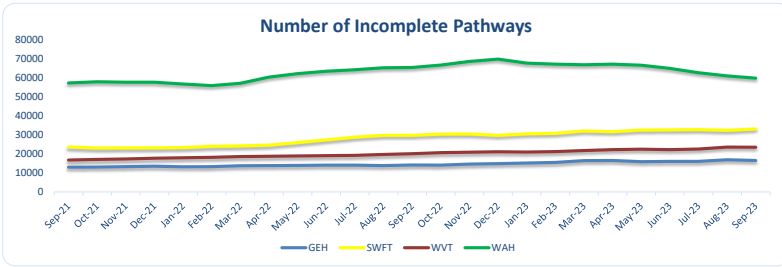
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Cancer referrals remains higher than last year and 2019/20. We have had a 10% increase on last year, almost 700 referrals year to date, with a 23% increase on 2019/20.</p> <p>Augusts 62 day performance was 70% against a target of 85%, which put WVT 53/130 English providers for the month. During August the number of patients over 62 day position increased to just over 100 patients due to the challenges in FDS and 62 days, but the end of month position was 87. September remained a challenge with the ongoing impact of Industrial Action and reduced Theatre capacity as a result the end of month position end with 109 patients over 62 days. Lower and Upper Gastrointestinal, Gynaecology and Urology are where a major of our long waiting patients are delayed. Shadow reporting for the new cancer reporting standards would have the Trust at 72% for August.</p> <p>There has been some challenges in Breast due to staffing shortfalls to support one stop clinics and during September we have seen an increase in referrals in Dermatology as the Trust's been supporting Worcester Acute with cancer referrals from the Malvern area.</p> <p>Our Non specific symptom pathway go live date is the 1st November 2023 due to a change in clinical leadership and we are looking at text messaging for patients to receive non cancerous results to improve communication to patients and support Faster Diagnostic Standard.</p>	<p>George Eliot Hospital NHS Trust GEH -</p> <p>The Trust had made good progress in terms of reducing the over 62 days position and this was steadily on the decline until August when we saw a sudden increase from 45 to 55 patients breaching. This is largely owing to the impact of Summer annual leave and also Industrial Action, as MDTs were cancelled and clinics were rescheduled which had a knock-on effect on patient waiting times for treatment and diagnosis. Over 50% of the long waiting patients were under Urology and the Trust has been reliant upon locum staffing to deliver this service. We plan to hold a MADE-style long waiter cancer PTL in November as this has been beneficial in the past in reducing long waiters. In terms of the 62 RTT target, GEH treatments were at 79.4% in August against the 85% target, however, our shared position with University Hospitals Coventry and Warwickshire NHS Trust (UHCW) was at 33.3% which decreased an otherwise strong GEH position to 74% which is still the highest this year to date that we have attained, September unvalidated position has sustained this level of performance. GEH urgent cancer referrals (formerly 2ww) are reporting a 24% increase on the monthly average which is around 800 a month which is a significant increase upon 19/20.</p> <p><i>Note:- Cancer data runs one month in arrears.</i></p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>SWFT continues to see a sustained increase in the number of 2 week wait referrals, with a second month seeing in excess of 1,800 in August, and July and September 2023 being higher than 1,700. This continues to be a significant increase over pre-COVID levels. The total number of patients on the waiting list remains higher than in 2019 with most of the long waits continue to sit within urology and colorectal.</p> <p>We are still seeing great variation in performance between months for the Cancer 62 day measure - as SWFT achieved 56% in June, a high point of 71% in July and then back down to 65% in August...although the trend is now upwards compared to 12 months ago. 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.</p> <p>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.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>2WW referrals have been rebased and June 2023 (at 2,798) is within the expected range. However, skin did see an increase in referrals (albeit normal seasonal trend) from 610 in May-23 to 734 in June 2023.</p> <p>2WW maintained special cause improvement and Trust performance was at the waiting times standard. 5 specialties achieved the operational standard and those below the waiting times target were Lung, Head and Neck and Gynaecology.</p> <p>2WW Breast Symptomatic although still showing as special cause improvement this month, performance has decreased below the waiting times standard.</p> <p>Subject to validation it seems the Trust achieved the overall 2ww standard for the first time this financial year in June 2023, driven by the recovery of the 2ww Skin performance at the same time as a number of large specialties maintaining their performance. Unfortunately the inability to secure enough WL's to cover leave in 2ww Breast has led to 2ww performance of 88.05% month-to-date in July 2023 (as at 10/07/23) with 2ww Breast performance of 67.69%.</p>

Foundation Group Key Metrics



Referral to Treatment List Size - English

Trust	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	Jul-23	Aug-23	Sep-23	% change v Sep 22
GEH	13001	13042	13310	13508	13188	13296	13753	13870	13891	14107	14101	13826	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16%
SWFT	23650	23097	23159	23184	23376	23958	24207	24583	25987	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	11%
WAH	57252	57930	57664	57660	56728	55890	57151	60345	62196	63485	64284	65264	65420	66703	68628	69832	67744	67208	66840	67191	66623	64956	62700	61006	59842	-9%
WVT	16764	17069	17351	17697	17969	18211	18606	18765	18897	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	22269	22439	22265	22552	23571	23522	17%



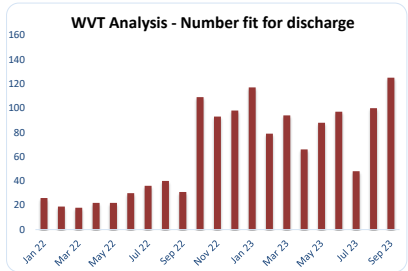
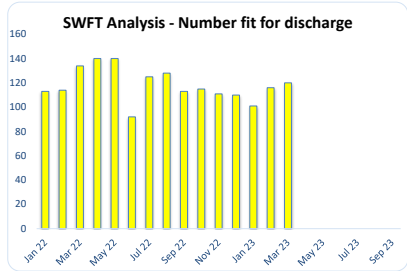
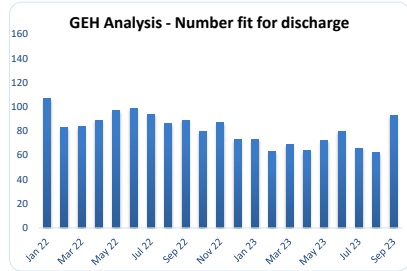
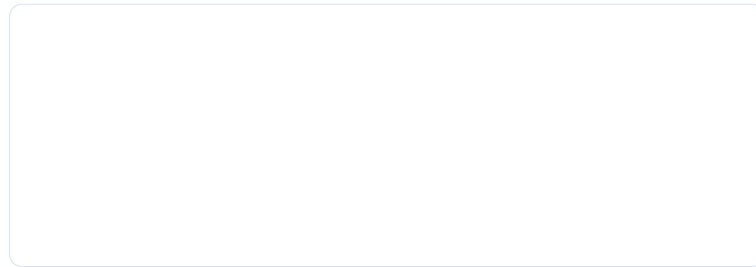
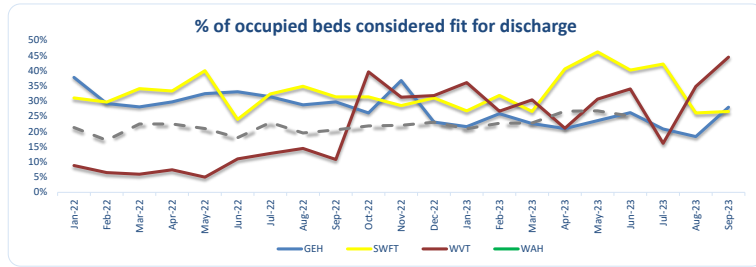
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Despite significant challenges of ongoing Industrial Action over Quarter 2 and into July and a 8% increase in referral, almost 3,000 additional, above planning assumptions.</p> <p>Diagnostics activity, overall, for Quarter 2 is 36% ahead of plan, an additional 6,500 patients.</p> <p>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. Over July, August and early September we have been the highest, or one of the highest, performers of VWA with our average VWA being 117% of 19/20 activity.</p> <p>Our 78 week wait patients for elective treatment has been a challenge over this quarter. At the end of September we had 35 breaches over 78 weeks, including 1 over 104 weeks, this equates to 30 English and 5 Welsh patients. These high level of breaches are 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 and our Foundation Group partners at Worcester Acute. This is a high degree of confident that these long waiting orthodontics patients will be resolved in November.</p> <p>The Trust is activity involved in 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.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust has seen a continual rise in the number of referrals received from December 2022 which equated to approximately 24% to the Start of October 2023. We have maintained no 104 or 78 weeks of breaches and are working towards eliminating 65 weeks of breaches.</p> <p>The Trust has commenced text message validation of our RTT PTL, concentrating on long waiters in the first instance. After texting all patients waiting over 26 weeks, we have a 78% response rate, leading to a 5.96% removal rate (168 patients) The Trust continues to validate the 20-26 week cohort and will have validated down to 10 weeks by the end October 2023.</p> <p>Areas of concern are the increase in 52 weeks position, due to the impact of industrial action, and sickness absence within the Oral surgery speciality and plans are being devised to ensure that our patients who are at risk of breaching 65 weeks are adequately managed. Other areas of concern are general surgery capacity for hernias and cholecystectomies and urology procedures, plans are in place to treat the patients and mitigate the risk of 65-week breaches.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The Trust's RTT performance continues to decline and was just over 63% in September 2023, however, much of NHS England's focus is now on reducing the number of patients waiting over 65 weeks.</p> <p>As at the end of September 2023 SWFT had just one patient waiting over 78 weeks waits. The number of patients waiting more than 65 weeks is starting to reduce, but we have seen an increase in the non-admitted pathways and reduction in admitted pathways, so that there is now almost an identical number for both. 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 over the summer. Focus now changes to getting down to having no patients waiting over 52 weeks by March 2023.</p> <p>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.</p> <p>In terms of the diagnostic Diagnostics Waiting Times and Activity (DMO1) performance, we have now seen a reverse in the reduction in performance, where we were at 62% in August, and have now finished at being just under 70% for September 2023, and this has moved us out of the lowest quartile benchmarked position. The Trusts performance is being influenced primarily by the number of breaches seen in Non-obstetric ultrasound, however, we are now seeing a marked reduction in the number of breaches being reported for them.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Referrals (validated) The referrals data has been rebased to reflect that the volumes we have seen since Apr-21 are the new normal. The number received in Jun-23 was 1,724 more than Jun-22. The RAS element of referrals demonstrates a similar pattern and outcomes within 2 working days (Cancer) are at target but those within 14 days (non-cancer) are not. Looking back at Mar-23, Advice & Guidance (A&G) requests resulted in no referral for the same patient (within 90 days) in 73% of requests. This is the normal variation seen in the success of A&G in mitigating unnecessary referrals.</p> <p>Referral To Treatment Time (validated) The RTT Incomplete waiting list at the end of Jun-23 is 64,956. This is not a significant change from previous months. RTT performance for Jun-23 is 49.6%. This is still a special cause change from previous months due to the trend of improvement and although significantly short of the operational standard target of 92%. Eight specialities are at the operational standard. The number of patients waiting over 52 weeks for their first definitive treatment at the end of Jun-23 was 5,515, a 741 patient decrease from the previous month and is also showing special cause improvement. Of that cohort, 1,419 patients were waiting over 65 weeks, 22 patients have been waiting over 78 weeks, maintaining the month on month decrease and there</p>

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	Jul-23	Aug-23	Sep-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%	20.8%	18.3%	28.0%				
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%	40.2%	42.2%	26.1%	26.6%				
WAH																									
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%	34.0%	16.2%	34.8%	44.5%				



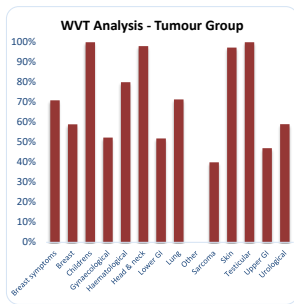
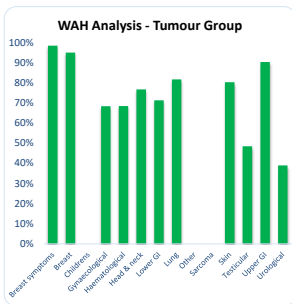
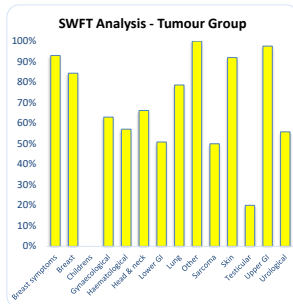
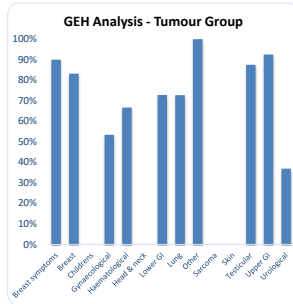
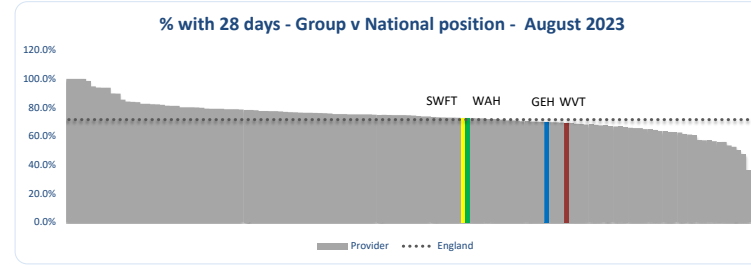
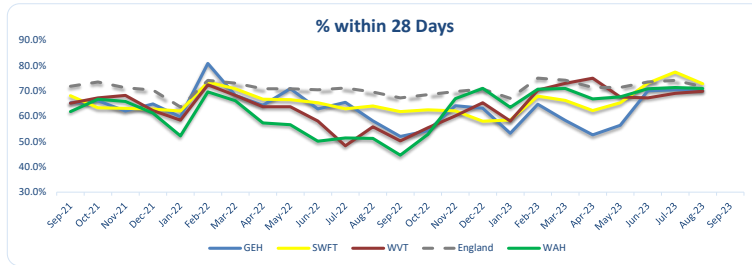
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>September saw an increase in our MFFD volume driven by an increase Discharge Pathway 1-3 delays which peaked at over 60 per day in mid September from a normal run rate of c.40 per day. This was a combination of workforce challenges which our Transfer of Care hub team and workforce challenges across Adult Social Care.</p> <p>This resulted in an increase on our Super Stranded 21 Length of Stay patients. However, as a result of these issues a number of opportunities and changes have been identified to improve ward based processes and improved discharge to assess processes and ward based discharge co-ordinators responsibilities</p> <p>There are various actions ahead of winter to reduce these delays including:</p> <ul style="list-style-type: none"> * Continuing with Health led 'Bridging team' created to support Home First with around 12-15 patients at any one time. This has been successful and there is learning to be had across the system how this team operates that can help improve capacity in other HomeFirst provision. * Discharge to Assess Board launched and has drafted a new D2A process, commissioning model and data dashboard to support the design and delivery of Herefordshire's D2A plan. * Additional commissioning of HomeFirst providers launched recently which has reduced the numbers of people at home awaiting care and those in HomeFirst over-staying from circa 30 to 15. * Education and support to all Acute and Community wards across the Trust on discharge pathway management and standardisation of setting estimated Discharge Dates. 	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>There has been an increase in medically fit patients in the organisation over the last three months, actions to reduce the number are as follows:</p> <ul style="list-style-type: none"> * MADE's held monthly with representatives from Health and Social Care, Specialty Consultants, Ward Managers and operational leads * Focus on 21-day LOS due to increases over the last 4 weeks including intense reviews led by Deputy Chief Medical Officer * Senior led review on 11/10. * Ongoing daily calls with Health and Social care reviewing individual patients. * Escalation to the system of patients with behavioural issues being declined by multiple care homes with no discharge destination agreed to increase LOS. * Breaking the cycle T&F group established focusing on ward/board rounds, discharge metrics, 10 by 10, and all discharges by 8 pm * Additional TTO doctor in medicine.
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Medically Fit For Discharge (MFFD) rates have increased to now being over 40% during the Summer period, and above the same period the previous year. On average 40% are delayed waiting for Pathways 1, 2 and 3.</p> <p>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.</p> <p>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.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p>

Foundation Group Key Metrics



28 Day Faster Diagnosis Standard

Trust	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	Jul-23	Aug-23	Sep-23
GEH	65.3%	66.1%	62.0%	64.8%	59.7%	80.8%	68.2%	64.3%	70.9%	62.8%	65.4%	58.2%	52.0%	54.2%	64.1%	63.2%	53.3%	64.7%	58.3%	52.6%	56.4%	70.0%	70.4%	70.1%	
SWFT	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%	73.0%	77.4%	72.8%	
WAH	61.8%	66.7%	65.8%	61.2%	52.2%	69.6%	66.1%	57.3%	56.6%	50.1%	51.4%	51.2%	44.6%	52.8%	66.9%	71.0%	63.5%	70.6%	70.9%	66.8%	67.6%	70.8%	71.3%	70.9%	
WVT	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%	67.2%	69.0%	69.8%	



Tumour Group	WVT	GEH	WAH	SWFT	England
Breast symptoms	71%	90%	98%	93%	87%
Breast	59%	83%	95%	84%	88%
Childrens	100%				87%
Gynaecological	52%	53%	68%	63%	59%
Haematological	80%	67%	68%	57%	53%
Head & neck	98%		77%	66%	73%
Lower GI	52%	73%	71%	51%	56%
Lung	71%	73%	82%	79%	78%
Other	0%	100%		100%	64%
Sarcoma	40%			50%	66%
Skin	97%		80%	92%	78%
Testicular	100%	88%	48%	20%	78%
Upper GI	47%	93%	90%	98%	72%
Urological	59%	37%	39%	56%	57%

Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Challenges within Endoscopy, Radiology reporting and Histopathology reporting are the main issues behind the Trust not delivering the 28 FDS.</p> <p>Histology delays continue both locally and with our arrangements with SWFT. We have appointed a histology cancer navigator, through cancer alliance funds, to review the processes across service including laboratory related processes, specimen turnaround times, processes related to outsourcing arrangements with SWFT.</p> <p>Radiology reporting remained a concern during the summer, but for October this has improved with increased outsourcing arrangements, appointment of Allocation Officers to manage the radiology workload and management waiting lists, as a forerunner to the Community Diagnostic Hub workforce, and a review of Computerised Tomography Colonography referrals review.</p> <p>Endoscopy capacity remains a concern, although has improved over recent months, due to shortfalls in workforce that improves with additional medical staff joining in the autumn, Faecal Immunochemical Test in Primary Care is due to go live in October which should have a reduction in cancer referrals to Endoscopy and Clinical validation of waiting list over 6 weeks underway and has seen a reduction in the number of patients waiting 13+ weeks. Trajectory to clear 13+ weeks by mid-October</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust has seen an improved position in terms of this target and we have met our ICB Fair Share Target since June onwards. It has largely been achieved due to additional resourcing of the Cancer Care Navigation Team and by micromanaging the patients via the bi-weekly PTLs.</p> <p>All breaches are validated and the specialties are made aware weekly of the missing diagnoses for patients. We have also seen improvements in the electronic reporting of CT scans via our internal results portal and this has been automated since July which enables a quicker turnaround of discharge letters being sent to the patient. The trust is also embarking upon a project within the Colorectal speciality, (which is our highest referral site) to start texting the patient when we can provide clinical non-diagnoses of cancer. This will also assist in achieving this target as the text will count as the faster diagnosis clock stop allowing for a clinical letter to be sent in due course.</p> <p>Concerns currently surround our breast pathway and the capacity for the one-stop clinic first appointment being delayed to 32 days, which is a risk to this target for September and October, further work is required to increase the activity within Breast service to reduce the wait for the first appointment.</p>
<p>South Warwickshire University NHS Foundation Trust</p> <p>There have been some real improvements in the 28 Faster Diagnosis performance over the Summer months. The last three months has seen the position remain at or above 73%, and for July the performance was 77.4%, which was the highest level the Trust has been at. This is despite the Trust continuing to see a sustained increase in the number of two week wait referrals coming into the organisation, which has been impacting on the responsiveness in some areas.</p> <p>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. There have also been improvements seen in Gynae, Lower GI, Lung Cancer Upper GI and Urological malignancies.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Performance is still showing special cause improvement with a run of 7 points above the mean and we did exceed the NHSE annual planning milestone of 67.5%. Only urology, had performance <50% in Jun-23. Further work required in Colorectal, Gynaecology and Urology (high volume non-performing specialties) in progress.</p>

Foundation Group Key Metrics

Group Analytics


George Eliot Hospital
NHS Trust

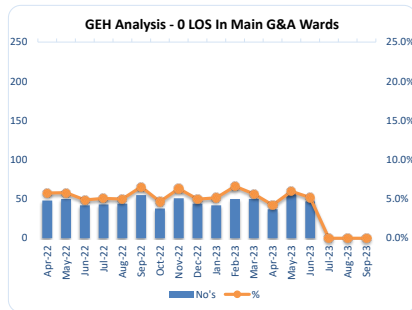
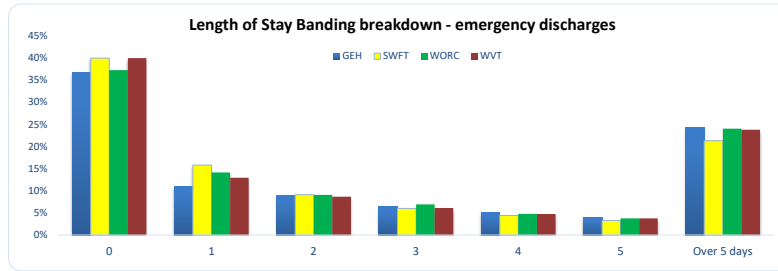
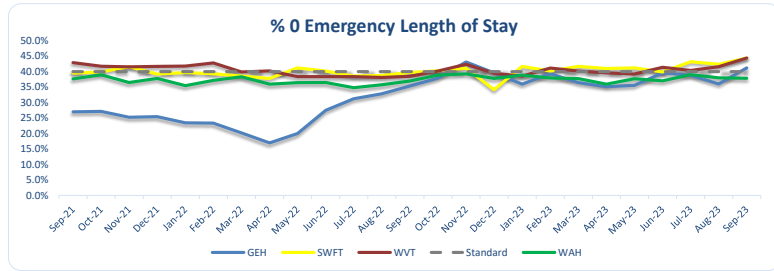

South Warwickshire University
NHS Foundation Trust


Wye Valley
NHS Trust


Worcestershire Acute Hospitals
NHS Trust

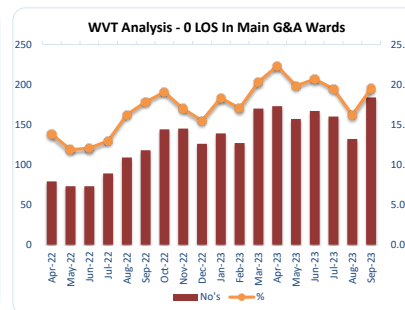
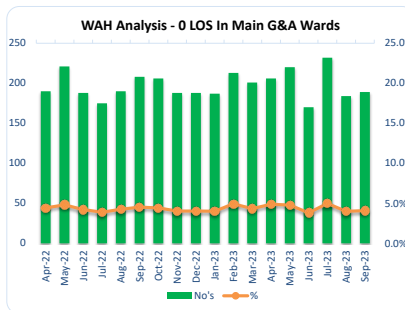
Same Day Emergency Care (0 LOS Emergency admissions)

Trust	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	Jul-23	Aug-23	Sep-23
GEH	27.0%	27.2%	25.3%	25.5%	23.5%	23.4%	20.2%	17.0%	20.0%	27.5%	31.3%	32.8%	35.4%	37.9%	43.1%	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	36.0%	41.2%
SWFT	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%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%
WAH	37.6%	39.0%	36.5%	37.8%	35.5%	37.2%	38.3%	35.9%	36.4%	36.5%	34.8%	35.8%	37.0%	38.9%	39.3%	37.8%	38.9%	38.0%	37.7%	36.0%	37.7%	37.0%	39.0%	38.0%	37.8%
WVT	42.9%	41.7%	41.6%	41.7%	41.8%	42.8%	39.9%	40.3%	38.4%	38.4%	38.4%	38.1%	38.5%	40.2%	42.4%	39.4%	38.5%	41.1%	40.2%	39.6%	39.2%	41.4%	40.4%	41.6%	44.4%



SWFT Analysis - 0 LOS in Main G&A Wards

In development, to be reported in next report



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Same Day Emergency Care (SDEC) treated 941 of all admissions [44% of all admissions] via a Same Day pathway within no overnight admissions.</p> <p>The next steps over October and November is to increase our ability to stream additional medical and surgical patients away from ED that require Same Day Emergency Care (SDEC), and although our percentage of patients treated via a SDEC pathway within our Trust is one of the most favourable, Nationally, we know we have "missed opportunities" due to physical capacity constraints that need to be addressed.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Ongoing work to improve 0 Length of stay continues, frailty at the front door commenced in October and the reconfiguration of the site over the next 6 months will enable the trust to have a fully functioning Frailty unit including assessment area and increased capacity in SAU to facilitate EPAU and GAU patients. Work is ongoing to increase the number of patients streamed to SDEC over the weekend by ensuring the opening times meet the demand from the emergency department.</p>
<p>South Warwickshire University NHS Foundation Trust</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Capacity within the Acute Front Door and compromised patient flow has impacted SDEC throughput.</p>

Foundation Group Key Metrics

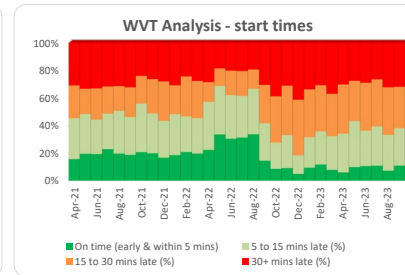
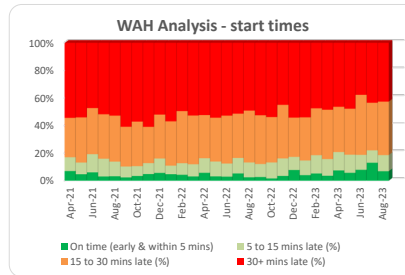
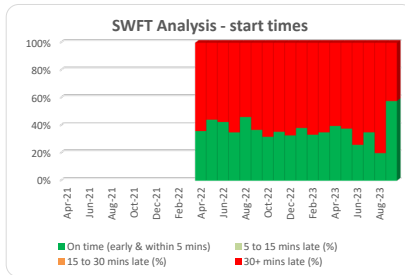
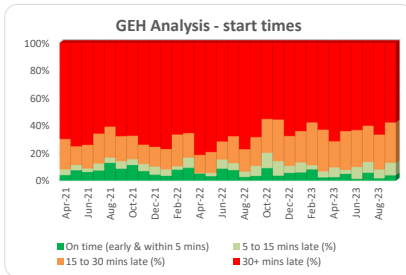
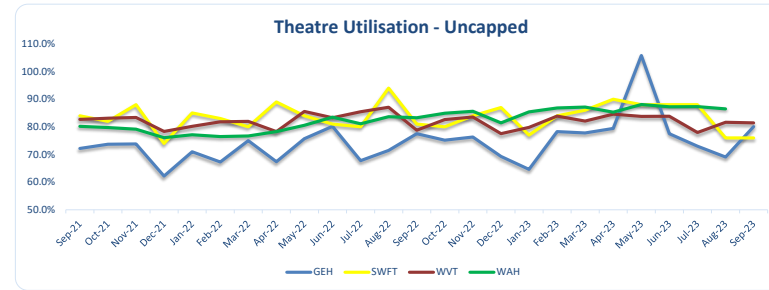
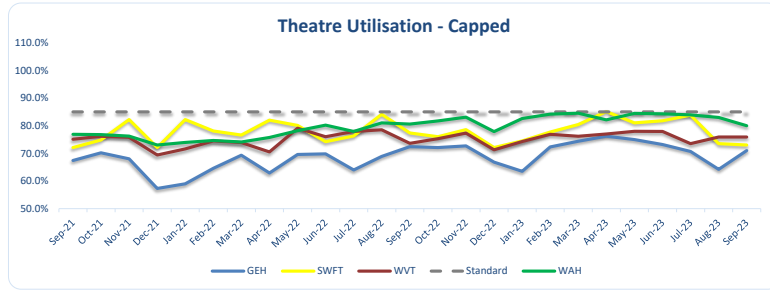
Group Analytics






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

Trust	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	Jul-23	Aug-23	Sep-23
GEH	67.4%	70.2%	68.0%	57.3%	59.0%	64.6%	69.3%	62.9%	69.6%	69.8%	64.0%	68.9%	72.4%	72.1%	72.7%	66.8%	63.5%	72.3%	74.4%	76.2%	75.0%	73.2%	70.7%	64.2%	71.0%
SWFT	72.1%	74.8%	82.2%	72.1%	82.2%	78.1%	76.6%	82.0%	80.1%	74.2%	76.3%	84.1%	77.4%	76.0%	78.6%	72.1%	74.5%	77.7%	80.4%	85.1%	81.0%	81.8%	83.8%	73.5%	73.0%
WAH	76.9%	76.8%	76.2%	73.0%	73.9%	74.7%	74.1%	75.8%	78.2%	80.2%	77.9%	81.0%	80.6%	81.7%	83.1%	77.9%	82.6%	84.2%	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	80.0%
WVT	75.1%	76.2%	75.8%	69.4%	71.6%	74.5%	73.9%	70.5%	79.1%	76.0%	77.9%	78.5%	73.6%	75.3%	77.3%	71.3%	74.3%	76.9%	76.2%	77.0%	78.0%	77.9%	73.5%	75.9%	75.9%



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Theatre Utilisation is now aligned with GIRFT Model Hospital reporting. In September we achieved 75.9% with an average of 3.3 patients per session on our elective lists. Although our utilisation remained the same as August the overall number of patients that went through our theatres increased both volume and average per session, which was 3.1 in August. This was despite the challenges in September where Industrial Action had a significant impact on our Theatres which saw a Theatre Utilisation of 65% and an average of 2.4 per week due to combined lists to treat cancer and urgent patients only.</p> <p>One of the key risk areas for activity and 65 week waiting patients in Orthopaedics. The Trust is planning a "Perfect Week" for orthopaedics in November which will see a total pathway improvement event, including trauma, and increased Theatre Sessions that will mirror the way our new Elective Surgery Hub could work when operational in June 2024.</p> <p>Our scheduling process will also ensure that all specialities use surgeon based mean procedure times across all specialities over the next Quarter rather than generic procedure times so theatre time can be optimised when planning lists.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Over the last few weeks the Trust has run 'perfect days' where all services came together and ran an optimal theatre session, this delivered session starting and finishing on time with limited lost time throughout the day and no cancellations, the next phase is to roll out the perfect day to other specialities, Urology and Gynaec, taking the learning to make more improvements. The days focused on pre-optimisation pathways, day zero/day one discharge and therapy provisions and theatre efficiencies.</p> <p>A perfect week is scheduled for arthroplasty for the week of 23rd October (avoiding half-term weeks for Leicestershire and Warwickshire). The current capacity is for 12 primary joint replacements per week – this week is aiming to deliver 40 through two daily orthopaedic theatres covering four joints per day, using a ward of 11 ring-fenced beds. From all of this work and rolling out to other specialities and the perfect day becoming business as usual, we expect our utilisation/productivity to improve within the next few months.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p>

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

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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark				
																	Numerator	Denominator			GEH Latest month vs benchmark	National or Regional							
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 75%	52.0%	54.2%	64.1%	63.2%	53.3%	64.7%	58.3%	52.6%	56.4%	70.0%	70.4%	70.1%			410	585	63.3%		70.1%	72.0%	Aug 2023					
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	59.2%	77.6%	71.2%	75.0%	86.2%	76.2%	72.6%	56.1%	79.3%	78.1%	75.4%	72.8%			765	1,051	73.3%		72.8%	74.8%	Aug 2023					
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	36.1%	37.1%	12.2%	49.0%	97.9%	40.9%	21.3%	18.9%	57.7%	47.4%	29.8%	34.4%			21	61	38.8%		34.4%	70.3%	Aug 2023					
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	100%	100%	100%	100%	100%	100%	97.1%	98.0%	98.5%	98.5%	98.7%	96.9%			63	65	98.1%		96.9%	91.0%	Aug 2023					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	7	9	9	12	14	8	18	5	6	6	6	6										Aug 2023				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85%	56.9%	64.9%	55.8%	52.7%	63.5%	44.2%	53.2%	40.9%	43.5%	47.3%	61.9%	76.6%			42.5	55.5	63.2%		76.6%	62.8%	Aug 2023					
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	37.5%	50.0%	58.3%	100%	57.1%	8.3%	40.0%	0.0%	100.0%	40.0%	66.7%	33.3%			1	3	42.9%		33.3%	65.1%	Aug 2023					
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	56.9%	100%	100%	100%	84.2%	75.0%	90.0%	89.5%	86.5%	90.2%	93.1%	92.9%			13	14	87.0%		92.9%	74.5%	Aug 2023					
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	49	76	42	66	72	63	57	57	59	59	45	55										Aug 2023				
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	90.8%	90.8%	91.0%	90.7%	90.7%	90.5%	89.0%	91.4%	93.4%	93.6%	91.5%	91.2%	87.6%		1,735	1,980	90.2%		87.6%	91.8%	Apr 2023					
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	7,294	8,318	8,398	9,263	7,707	7,486	8,155	7,740	8,229	8,384	8,161	7,994	7,942			48,450						Apr 2023				
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	20.9%	17.1%	16.3%	8.3%	11.2%	15.9%	14.6%	13.6%	18.1%	19.7%	18.3%	12.6%	15.0%		197	1,312	16.2%		15.0%	26.0%	Nov 2022					
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	1.4%	0.7%	2.8%	15.3%	11.3%	2.4%	2.1%	1.3%	1.2%	1.2%	2.1%	4.6%	2.7%		36	1,312	2.2%		2.7%	8.0%	May 2023					
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	875	866	855	926	853	789	926	921	991	934	984	975	905									Apr 2023				
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	35.4%	37.9%	43.1%	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	36.0%	41.2%		659	1,599	38.4%		41.2%	35.0%	Apr 2023					
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		0.0%	0.0%	5.5%	7.0%	6.7%	5.6%	7.3%	6.5%	7.0%	8.3%	6.6%	9.7%	8.3%		660	7,942	7.5%		8.3%	<6.0%	Apr 2023					
	A&E - Time to treatment (median) in mins	Chief Operating Officer		86	83	90	102	93	91	89	81	80	90	90	96	93					88			93	<111	Apr 2023			
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 95% (FY 2022-23) > 76% (FY 2023-24)	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%		5,776	7,942	74.8%		72.7%	71.6%	Sep 2023					

Quality of care, access and outcomes		Responsible Director	Standard	Latest Month												Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark							
				Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator				Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	26	27	25	34	30	23	22	21	18	17	18	21	18			19		18	25	Apr 2023				
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	0	0	0	10	16	1	0	1	0	0	0	10	8			19								
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	0.9%	1.4%	1.2%	1.3%	1.2%	1.0%	0.8%	1.2%	1.7%	1.9%	1.9%	2.2%	1.7%	130	7,508	1.8%		1.7%	8.0%	Apr 2023				
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	70.4%	70.1%	70.8%	68.8%	69.8%	70.7%	67.7%	67.7%	68.0%	66.7%	65.7%	63.5%	62.6%	10,326	16,501	65.6%		62.6%	57.2%	Aug 2023				
Elective Care	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		14,199	14,101	14,628	14,857	15,216	15,504	16,426	16,556	15,901	16,025	16,075	16,917	16,501											
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	76	76	58	69	72	69	95	127	133	137	158	172	216											
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	2	2	1	1	0	0	0	0	0	0	0	0	0			0								
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	1	0	0	0	0	0	0	0	0	0	0	0			0								
	GP Referrals (% v 2019/20 baseline)	Chief Operating Officer	2019/20	98.1%	89.9%	100%	95.3%	96.2%	103%	91.8%	91.5%	98.1%	105%	85.8%	98.5%	98.9%	9,511	9,612									
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	2019/20	81.2%	96.3%	89.9%	89.9%	102%	98.5%	85.8%	92.2%	95.1%	109%	97.2%	98.7%	95.5%	5,253	5,502									
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	71.3%	84.5%	78.9%	78.8%	89.0%	74.1%	75.2%	82.3%	84.9%	97.7%	86.9%	85.1%	85.2%	5,253	6,162									
	Total Outpatient Activity (% v 2019/20 baseline)	Chief Operating Officer	2019/20	87.0%	94.6%	91.6%	90.4%	98.1%	95.1%	85.7%	86.5%	89.5%	99.3%	90.9%	92.7%	91.4%	17,208	18,836									
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	92.2%	100%	96.8%	95.7%	104%	101%	91.1%	92.4%	95.7%	106%	97.0%	98.2%	95.7%	17,208	17,979									
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	120%	121%	109%	131%	102%	132%	101%	113%	107%	151%	154%	97.1%	142%	196	138									
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	107%	107%	97%	117%	90.5%	118%	89.7%	90.4%	85.1%	119%	119%	77.8%	113%	196	173									
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	102%	119%	111%	102%	120%	108%	98.7%	83.2%	96.1%	120%	103%	110%	105%	1,561	1,486									
	Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	91.0%	106%	99.2%	90.7%	108%	96.4%	88.1%	66.5%	76.9%	96.1%	81.6%	86.8%	84.1%	1,561	1,857									
	BADS Daycase rates	Chief Operating Officer	≥90%	93.5%	93.3%	96.1%	95.5%	90.1%	96.2%	96.4%	92.3%	94.4%	90.3%	91.2%	98.9%	97.5%	77	79	94.1%		97.5%	82.0%	Mar 2023				
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	48	27	21	44	22	24	23	11	22	29	17	30	33			23.7								
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	114%	114%	125%	114%	121%	98.0%	136%	116%	119%	125%	122%	130%	127%	2,021	1,588	123%								
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	86.1%	80.4%	86.6%	77.8%	83.6%	105%	139%	81.3%	97.6%	111%	78.3%	95.2%	95.8%	702	733	92.6%								

Quality of care, access and outcomes														Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark				
Responsible Director	Standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator			Denominator	GEH Latest month vs benchmark	National or Regional				Month			
Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	73.0%	57.3%	68.6%	67.4%	75.6%	72.9%	101%	77.1%	73.8%	79.1%	80.4%	72.6%	80.4%	1,010	1,257	77.1%									
	Chief Operating Officer	>95%	90.1%	94.0%	96.8%	94.3%	97.4%	99.4%	91.5%	87.4%	90.6%	93.8%	94.5%	92.1%	84.9%	3,809	4,484	90.7%	84.9%	74.1%	May 2023	F					
Woman and Child Care	Chief Nursing Officer	≥90%	87.2%	89.7%	90.3%	85.4%	81.3%	89.0%	86.0%	89.6%	92.2%	95.0%	96.2%	92.8%	93.8%	225	240	93.2%									
	Chief Medical Officer	<15%	10.5%	12.5%	20.8%	12.5%	21.1%	12.5%	22.2%	35.3%	15.4%	26.9%	12.9%	18.8%	9.5%	2	21	22.6%									
	Chief Medical Officer	<34%	40.4%	53.6%	61.5%	53.5%	66.7%	44.4%	43.6%	24.2%	34.3%	55.6%	44.9%	44.2%	52.2%	24	46	39.7%									
	Chief Medical Officer	<60%	86.4%	80.0%	92.6%	78.3%	81.8%	80.0%	88.2%	94.7%	70.0%	86.7%	88.0%	95.8%	77.3%	17	22	84.9%									
	Chief Nursing Officer	Actual	188	211	170	188	173	137	178	173	170	180	204	163	185			1075									
	Chief Nursing Officer	1:26	1:30	1:32	1:28	1:28	1:25	1:21	1:29	1:26	1:26	1:27	1:32	1:28	1:30			1:27									
Outpatient Transformation	Chief Operating Officer	<4%	7.6%	7.3%	7.1%	7.4%	6.5%	6.3%	6.7%	6.5%	6.5%	6.9%	7.1%	6.8%	7.2%	1,398	19,364	6.8%	7.2%	7.8%	Apr 2023	F					
	Chief Operating Officer	≥90%	77.7%	78.5%	79.9%	77.5%	81.6%	78.6%	77.3%	76.9%	79.5%	79.8%	79.4%	79.8%	81.4%	18,266	22,450	79.5%									
	Chief Operating Officer	< 85%	89.8%	93.8%	92.5%	90.6%	96.5%	93.5%	85.7%	84.1%	86.8%	96.8%	89.5%	90.1%	91.6%	10,561	11,527	89.6%									
	Chief Operating Officer	Plan	106%	110%	109%	107%	114%	110%	101%	98.7%	102%	113%	105%	105%	108%	10,561	9,798	105%									
Chief Operating Officer	≥ 25%	19.7%	19.7%	19.0%	19.5%	19.9%	18.6%	19.8%	18.0%	18.2%	17.2%	17.6%	16.8%	23.4%	4,236	18,132	17.7%	23.4%	20.0%	Apr 2023	F						
Prevention Long Term Conditions	Chief Nursing Officer		10.2%	10.0%	14.1%	8.4%	8.2%	11.1%	16.6%	12.3%	15.4%	12.4%	9.3%	11.7%	12.0%	22	183	11.0%									
Safe, High-Quality Care	Chief Operating Officer	< 90%	100%	100%	100%	100%	97%	97%	100%	98.5%	99.7%	97.9%	96.9%	98.0%	99.4%	332	334	99.5%	99.4%	94.6%	Sep 2023	P					
	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	3,473	May 2023	P					
	Chief Nursing Officer		2.1%	2.6%	2.9%	2.1%	3.0%	3.8%	2.5%	1.6%	2.6%	2.7%	1.9%	2.5%	2.4%	25	1,026	2.3%									
	Chief Operating Officer		30.1	34.8	24.5	26.3	20.3	22.7	22.7	15.1	17.5	29.5	20.0	26.1	23.4												
	Chief Operating Officer		34.1	30.9	20.7	26.7	25.4	27.1	20.0	20.3	17.7	26.3	20.3	27.5	16.0												
	Chief Operating Officer	< 4.5	9.5	9.6	8.2	9.6	9.3	9.2	6.6	5.6	5.4	5.0	4.9	5.5	5.1			5.2	5.1	4.5	Apr 2023	P					
	Chief Operating Officer	< 2.5	2.0	2.6	2.3	2.6	3.0	2.7	2.6	3.3	3.2	2.4	2.6	3.3	2.8			2.9	2.8	2.9	Apr 2023	P					
	Chief Operating Officer	≤5%	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	93	332	20.3%	28.0%	23.1%	Dec 2022	F					
	Chief Medical Officer	≤5%	7.7%	8.1%	6.9%	8.0%	7.3%	7.9%	8.5%	9.0%	9.5%	8.6%	9.0%	8.2%	7.8%	341	4,377	8.6%	7.8%	7.1%	Apr 2023	F					

Quality of care, access and outcomes		Responsible Director	Standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Latest Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark						
																	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month				GEH Latest month vs benchmark	National or Regional	Mar 2023	Apr 2023		
HSMR - Rolling 12 months	Chief Medical Officer	<100	114	116	116	118	120	122	124	124	124	117	117	113	113					118		113	100	Mar 2023	F	H			
	Chief Medical Officer	<100	109	110	109	109	110	111	112	111	109	108	107	106	108					108		108	101	Apr 2023	?	H			
	Chief Medical Officer	0	1	0	0	0	0	0	0	0	0	1	0	0	0					1					?				
	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0					P	T			
	Chief Nursing Officer	0	1	1	2	0	0	1	2	0	0	1	3	0	1					4					?				
	Chief Nursing Officer	2022/23 (13)	1	5	3	4	5	2	3	0	1	1	2	1	6					11					?				
	Chief Nursing Officer	2021/22 (18)	1	0	0	2	0	0	0	2	0	1	0	1	1					5					?				
	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0					F				
Safe, High-Quality Care	Chief Medical Officer	Actual	2	1	3	1	4	4	2	2	6	2	1	1	1					13					?				
	Chief Medical Officer	≥95%	98.0%	97.8%	96.9%	96.8%	97.0%	96.8%	96.8%	97.2%	96.9%	96.9%	96.2%	95.9%	96.1%					3,884	4,041	96.4%		96.1%	95.5%	Jan 2023	F		
	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%							
	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%							100%		≥80.0%	Feb 2023	?			
	Chief Nursing Officer	≥95%	95.9%	90.9%	95.9%	96.6%	96.4%	94.8%	95.6%	95.0%	98.7%	91.4%	96.3%	92.9%	96.0%							95.3%							
	Chief Nursing Officer	2021/22 (352)	10	14	13	4	9	8	8	10	13	9	8	10								50					?		
	Chief Nursing Officer	0	1	0	0	1	0	0	1	0	0	0	0	0								0					F		
	Chief Nursing Officer	0	0	0	0	0	1	1	0	0	0	2	0	0								2					?		
	Chief Nursing Officer	0	0	1	1	0	0	0	2	0	0	0	0	0								0					F		
	Chief Nursing Officer	≥90%	90.0%	93.0%	100%	100%	100%	88.0%	87.5%	90.0%	100%	100%	100%	80.0%						8	10	94.1%						F	
	Chief Nursing Officer	≥86%	81.0%	78.0%	78.0%	75.0%	80.0%	77.4%	78.0%	81.4%	82.7%	78.2%	81.1%	79.2%	79.1%							73.2%		79.1%	80.0%	Feb 2023			
	Chief Nursing Officer	≥86%	87.0%	86.0%	86.0%	83.0%	83.7%	89.7%	86.0%	82.6%	84.2%	86.2%	88.0%	84.4%	84.6%							75.7%		84.6%	94.0%				
	Chief Nursing Officer	≥96%	94.0%	95.0%	90.0%	91.0%	83.4%		94.0%	93.4%	93.8%	94.3%	93.9%	94.2%	95.2%							89.6%							
	Chief Nursing Officer	≥25%	30.0%	29.0%	29.0%	27.0%	23.0%	6.9%	15.0%	28.5%	27.7%	27.5%	26.8%	30.3%	30.3%							27.9%							
	Chief Nursing Officer	≥30%	25.4%	33.4%	32.7%	28.2%	34.1%	5.4%	26.6%	29.2%	29.4%	27.8%	28.0%	27.2%	28.9%							28.8%							
Chief Nursing Officer	≥30%	40.0%	36.0%	40.0%	31.0%	21.0%		44.0%	34.5%	21.5%	31.5%	33.3%	25.2%	27.1%							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.

Quality of care, access and outcomes		Responsible Director	Standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
--------------------------------------	--	----------------------	----------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

Latest Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month			
1,377	1,736	78.4%				
23,490	24,312	92.0%				
4,268	76,967	5.1%				
49,337	899,181	5.5%				
375	2,324	16.8%				
248	2,805	10.1%				

People		Responsible Director	Standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	79.9%	82.0%	82.0%	78.3%	79.4%	80.5%	78.5%	78.6%	78.3%	78.9%	77.7%	76.2%	79.3%
	Mandatory Training	Chief People Officer	≥ 85%	91.0%	91.0%	90.0%	90.0%	89.1%	87.8%	89.1%	88.9%	92.0%	93.0%	94.0%	93.4%	96.6%
	Sickness Absence (%) - Monthly	Chief People Officer	< 5%	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 5%	5.8%	5.8%	5.9%	5.9%	5.8%	5.7%	5.7%	5.6%	5.6%	5.6%	5.5%	5.4%	5.5%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	17.6%	17.3%	15.9%	15.9%	16.0%	17.1%	17.3%	16.7%	16.5%	16.8%	17.1%	16.1%	16.1%
	Vacancy Rate	Chief People Officer	< 10%	9.3%	14.0%	13.0%	12.8%	11.8%	11.1%	11.9%	10.7%	10.6%	10.2%	8.9%	9.1%	8.8%

Latest Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 12 Month			
-288	19,497	-4.1%				
-531	243	-163%				
		-4,060				
773	13,700	6.8%				
773	443	193%				
		4,413				
		-1,416				
9,994	10,071	88.0%				
3,626	3,715	97.4%				

Finance and Use of Resources		Responsible Director	Standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥ 0	-236	-36	-541	-710	1,480	694	693	-1,531	-1,202	-650	-1,089	70	-288
	I&E - Margin (%)	Chief Finance Officer	≥ 0%	-1.3%	-0.2%	-3.0%	-3.9%	7.3%	3.7%	2.3%	-8.4%	-6.2%	-3.6%	-5.6%	0.3%	-1.5%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥ 0	-151	-238	-699	-652	1,391	599	591	-719	-414	-42	-1,176	-26	-531
	I&E - Variance from Plan (%)	Chief Finance Officer	≥ 0%	-176%	-116%	-442%	-1,124%	1,563%	631%	579%	-89.0%	-53.0%	-6.9%	-1352%	-27%	-219%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥ 0	42	359	-157	-66	-32	-58	-633	-180	-258	-278	-1120	-576	-1649
	Agency - expenditure (£k)	Chief Finance Officer	N/A	1,008	849	1,316	1,203	907	1,182	1,145	926	1,101	822	1,022	1,016	773
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	7.6%	6.8%	10.3%	9.3%	6.8%	9.2%	4.9%	6.8%	7.7%	5.9%	7.2%	7.4%	5.6%
	Agency - expenditure as % of cap	Chief Finance Officer	≤ 100%	161%	136%	210%	192%	145%	189%	183%	159%	209%	172%	223%	227%	174%
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,292	4,291	4,288	4,566	3,984	4,225	4,497	4,702	4,389	4,263	5,017	4,516	4,351
	Capital - Variance to plan (£k)	Chief Finance Officer	≥ 0	121	1,185	1,119	442	888	-281	-5,594	83	347	625	-654	-811	-1,006
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	40.8	37.9	40.2	40.3	40.5	38.6	45.3	48.1	46.2	46.6	49.9	48.6	47.7
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥ 95%	79.7%	83.3%	94.0%	81.0%	89.1%	92.2%	92.6%	92.1%	75.7%	95.2%	92.5%	75.1%	99.2%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥ 95%	82.4%	83.0%	88.0%	87.3%	91.8%	92.1%	94.0%	97.6%	97.6%	96.4%	96.4%	98.7%	97.6%

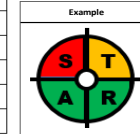
Performance Against Targets TB (Status)

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



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

Latest Period

Quality of care, access and outcomes		Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	65.3%	73.0%	77.4%	72.8%		1179	1620	70.4%						
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	64.5%	79.4%	77.7%	73.2%		1113	1520	72.4%						
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	98.8%	100.0%	91.5%	89.0%		89	100	95.2%						
	Cancer 31-Day Diag to treat, all new cancers	Chief Operating Officer	96%	95.6%	93.3%	89.6%	90.4%		113	125	92.0%						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	13	14	8	11		11								
	Cancer 62-Day 2WW Ref to treat, all cancers	Chief Operating Officer	85%	71.0%	54.1%	68.2%	64.9%		61	94	63.3%						
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	100.0%	37.5%	50.0%	38.9%		4	9	62.5%						
	Cancer 62 Days Wait: Consultant Upgrade	Chief Operating Officer	85%	100%	83%	93%	85%		11	13							
	Cancer 62-Day 2WW Ref to treat, all cancers patients waiting	Chief Operating Officer		77.5	61.0	77.0	94.0		94								
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	130.8%	138.8%	125.8%	137.1%	121.9%	78983	64781	129.2%						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.5%	99.3%	99.6%	99.2%	99.4%	1013	1018	99.5%						
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	84.0%	93.7%	88.2%	89.1%	87.5%	1042	1240	88.0%						
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		93.5%	93.7%	93.9%	93.3%	90.5%	2325	2568	93.1%						
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	115.6%	116.5%	104.7%	113.1%	113.8%	7972	7007	110.9%						
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	40.8%	44.9%	46.5%	39.3%	46.3%	770	1662	43.7%						
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	96.3%	95.9%	97.1%	94.1%	93.5%	926	990	95.7%						
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	0.1%	0.6%	0.0%	0.2%	2.2%	37	1662	0.6%						
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	116.9%	123.6%	123.9%	131.4%	148.8%	13451	13838	124.9%						
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	41.2%	39.9%	43.2%	42.4%	44.4%	878	1977	42.1%						
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	0.9%	0.6%	0.3%	0.4%	1.4%	109	8006	0.7%						
	A&E - Time to treatment (median)	Chief Operating Officer	-	67	65	55	51	60	60		59						
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	73.5%	76.4%	76.2%	74.2%	72.6%	5812	8006	75.9%						
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	87.6%	89.9%	89.6%	90.0%	84.8%	3715	4379	88.9%						
	A&E - Time to Initial Assessment	Chief Operating Officer	-	17	15	13	15	16	16		15						
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	0	0	0	0	17	17		17						

Quality of care, access and outcomes									Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark		
	A&E - Unplanned Re-attendance with 7 days rate									Chief Operating Officer	-	3.6%	3.5%	3.7%	4.1%	4.1%	318	7792	3.7%						
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)									Chief Operating Officer	92%	66.3%	64.9%	64.3%	63.4%	63.2%	20935	33100							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List									Chief Operating Officer	16234	32544	32604	32774	32385	33100	33100								
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List									Chief Operating Officer	0	936	965	948	905	902	902								
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List									Chief Operating Officer	0	234	282	280	269	262	262								
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List									Chief Operating Officer	0	0	0	0	0	1	1								
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List									Chief Operating Officer	0	0	0	0	0	0	0								
	Referrals (GP/GDP only)									Chief Operating Officer	0	7088	8173	7354	7394	6426	6426								
	Outpatient Activity - New (excl AHP & AEC)									Chief Operating Officer	106% 2019/20 Outturn	113.3%	120.7%	102.2%	118.6%	123.2%	9402	7633	112.4%						
	Outpatient Activity - Total									Chief Operating Officer	106% 2019/20 Outturn	105.9%	115.4%	93.3%	104.7%	101.5%	33773	33269	104.8%						
	Elective Activity									Chief Operating Officer	106% 2019/20 Outturn	108.3%	115.0%	98.1%	114.6%	110.7%	3329	3006	107.7%						
	Elective - Theatre Productivity (MH Touchtime)									Chief Operating Officer	75%	79.9%	79.5%	82.4%	78.7%	79.6%	75670	95100	80.2%						
	Elective - Theatre utilisation									Chief Operating Officer	85%	88.5%	87.9%	86.6%	84.4%	84.8%	86568	102120	86.5%						
	Cancelled Operations on day of Surgery									Chief Operating Officer	0.8%	TBC	TBC	TBC	TBC	TBC									
	Diagnostic Activity - Computerised Tomography									Chief Operating Officer	120% 2019/20 Outturn	97.8%	72.2%	93.5%	98.2%	113.6%	658	579	96.0%						
	Diagnostic Activity - Endoscopy									Chief Operating Officer	110% 2019/20 Outturn	165.8%	153.1%	163.1%	160.3%	152.9%	798	522	164.2%						
Diagnostic Activity - Magnetic Resonance Imaging									Chief Operating Officer	110% 2019/20 Outturn	217.0%	227.5%	285.5%	225.0%	236.6%	1533	648	231.5%							
Waiting Times - Diagnostic Waits <6 weeks									Chief Operating Officer	95%	68.9%	69.4%	68.7%	62.0%	69.4%	7939	11443								
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan									Chief Nursing Officer	70%	50.0%	80.8%	79.9%	77.7%	83.8%	197	235	73.5%						
	Maternity - Emergency Caesarean Section rate									Chief Nursing Officer	-	23.0%	20.1%	19.1%	22.4%	22.5%	68	302	20.3%						
	Increase the number of women birthing in a Midwifery Led Unit setting									Chief Nursing Officer	-	26	32	32	16	25	25			167					
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy									Chief Operating Officer	90%	91.3%	91.8%	91.8%	87.5%	87.1%	223	256	90.0%						
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)									Chief Nursing Officer	-	11.0%	11.2%	12.9%	14.8%	16.2%	47	291	12.8%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)									Chief Nursing Officer	-	28.6%	28.2%	26.0%	24.7%	24.6%	58	236	26.5%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)									Chief Nursing Officer	-	87.9%	87.6%	88.5%	87.7%	89.0%	194	218	88.0%						
	Maternity Activity (Deliveries)									Chief Operating Officer	PLAN	105.1%	105.8%	113.2%	85.8%	111.2%	298	268	102.7%						
	Midwife to birth ratio									Chief Nursing Officer	1:27	1:25	1:26	1:27	1:29	1:27	1:27			1:27					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q4)									Chief Nursing Officer	46%						423	1353	40.2%						
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q4)									Chief Nursing Officer	46%						490	971	54.8%						
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q4)									Chief Nursing Officer	46%						220	488	50.5%						
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)									Chief Nursing Officer	81%	88.5%	91.1%	90.4%	91.8%	91.0%	273	300	90.4%						
Outpatient transformation	Outpatient - DNA rate (consultant led)									Chief Operating Officer	3.35%	6.2%	6.3%	6.2%	6.2%	6.7%	1099	16396	6.4%						
	Outpatient - % OPD Slot Utilisation (All slot types)									Chief Operating Officer	95%	81.9%	81.2%	78.3%	77.5%	80.1%	14905	18612	79.5%						
	Outpatient Activity - Follow Up (excl AHP, incl AEC)									Chief Operating Officer	85% OP/106% OPP 2019/20 Outturn	111.0%	118.0%	94.8%	107.0%	100.2%	16567	16528	104.87%						
	Outpatients Activity - Virtual Total									Chief Operating Officer		20.8%	21.0%	21.0%	21.4%	20.1%	4217	20988	20.7%						
Prevention	Maternity - Smoking at Delivery									Chief Nursing Officer	8%	4.7%	5.1%	3.3%	3.8%	2.2%	7	323	3.8%						
	Occupancy Acute Wards Only									Chief Operating Officer	92%	100.0%	99.6%	99.2%	98.1%	98.3%	9412	9570	98.2%						

Quality of care, access and outcomes		Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Safe, high quality care	Bed occupancy - Community Wards	Chief Operating Officer	90%	108.0%	103.4%	101.7%	101.5%	112.9%	1321	1170	104.6%						
	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%	1.9%	1.8%	1.0%	1.2%	1.4%	38	2773	1.5%						
	ALoS - D2A Pathway 2	Chief Operating Officer	>28 days	35	33	27	33	39	29	1136	33						
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	7.1	7.8	6.9	6.4	6.9	6350	926	7.0						
	ALoS - Elective Inpatients	Chief Operating Officer	2.5	2.1	2.2	2.0	2.3	1.9	613	317	2.2						
	Medically fit for discharge - Acute																
	Medically fit for discharge - Community																
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	11.0%	10.4%	10.9%	9.7%	8.8%	201	2278	10.21%						
	HSMR - Rolling 12 months Jun 22 - May 23	Chief Medical Officer	100						111.3		111.3						
	Mortality SHMI - Rolling 12 months Apr 22 - Mar 23	Chief Medical Officer	89-112						101.7		101.7						
	Never Events	Chief Nursing Officer	-	0	0	0	1	0	0								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0		0						
	MSSA Bacteraemia	Chief Nursing Officer	0	0	3	0	0	1	1		6						
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	0	0	2	0	3	3		6						
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.60	1.51	1.25	1.02	1.37	63	12793	1.40						
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	0	0	0	0	0	0		0						
	Serious Incidents	Chief Nursing Officer	-	2	4	1	5	2	2								
	VTE Risk Assessments	Chief Nursing Officer	95%	97.6%	92.2%	94.1%	96.1%	90.6%	1228	1355	93.8%						
	WHO Checklist	Chief Nursing Officer	100%	98.0%	98.3%	98.6%	98.5%	98.4%	5127	5211	98.2%						
	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%	98.2%	98.2%	98.4%	98.4%	98.3%	68	69	98.3%						
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	97.8%	97.8%	97.8%	97.7%	97.7%	15	15	97.7%						
	No. of Complaints received	Chief Nursing Officer	0%	14	14	16	13	7	7	0	76						
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	0	1	0	1	0	0	0	2						
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	62.5%	66.7%	87.5%	25.0%	90.0%			64.4%						
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	89.2%	82.7%	86.8%	86.4%	82.9%	1660	2002	84.8%						
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	96.6%	98.3%	96.6%	96.8%	88.9%	13410	15090	95.0%						
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	95.8%	99.3%	100.0%	100.0%	99.6%	238	239	98.3%						
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	100.0%	0.0%	0.0%	100.0%	2	2	100.0%						
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	5.1%	0.1%	0.1%	0.0%	0.0%	0		3.7%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	15.7%	15.1%	14.9%	11.1%	16.8%	433	2570	16.2%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	0.7%	0.7%	0.6%	0.8%	0.6%	2	316	1.9%						
Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	0.0%	0.0%	0.0%	0.0%	0.0%	0	7182	0.0%							

Quality of care, access and outcomes									Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
People									Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator 2	Denominator or 2	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Loop	kin	□	Agency - expenditure as % of total pay						Chief Finance Officer	-	6%	5%	4%	5%		5%								
Finance and Use of Resources									Responsible Director	Standard	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator 2	Denominator or 2	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Finance	I&E - Surplus/(Deficit) (£k)		Chief Finance Officer						-	-601	-756	-190	-1036	-1302	-1036									
	I&E - Margin (%)		Chief Finance Officer						-	-2%	-2%	-2%	-2%	-2%	-2%									
	I&E variance from plan (£)		Chief Finance Officer						-	-601	-756	-190	-1036	-1302	-1036									
	I&E - Variance from Plan (%)		Chief Finance Officer						-	0.0	0.0	0.0	0.0	0.0	0.0									
	CPIP - Variance from plan (£k)		Chief Finance Officer						-	-808	-673	219	485	-486	485									
	Agency - expenditure (£k)		Chief Finance Officer						-	1151	1192	1051	896	1005	896									
	Agency - expenditure as % of cap		Chief Finance Officer						-	139%	144%	127%	108%	122%	108%									
	Productivity - Cost per WAU (£k)		Chief Finance Officer						-	4228	4178	4261	4380		4380									
	Capital - Variance to plan (£k)		Chief Finance Officer						-	-1937	637	94	-1319	55	-1319									
	Cash - Balance at end of month (£m)		Chief Finance Officer						-	8055	10738	15641	10212	9649	10212									
	BPPC - Invoices paid <30 days (% value £k)		Chief Finance Officer						-	87%	85%	88%	90%	91%	90%									
	BPPC - Invoices paid <30 days (% volume)		Chief Finance Officer						-	96%	96%	96%	96%	96%	96%									
	Agency - expenditure as % of cap		Chief Finance Officer						-	139%	144%	127%	108%		108%									

Wye Valley NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24

Performance Against Target (Status)

Meeting Target
 Not Meeting Target

Activity Performance Only

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

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

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

Quality of care, access and outcomes										Latest Month		Year to Date v Standard		Trend - Apr 2019 to date		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark	
			Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Numerator	Denominator	Year to Date v Standard	Trend - Apr 2019 to date	WWT 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%	71.3%	68.8%	67.9%	67.8%	69.0%	69.8%	693	993	68.7%			71.6%				
	2 Week Wait all cancers			Chief Operating Officer	93%	88.0%	81.9%	84.5%	86.2%	83.5%	86.3%	941	1091	84.6%			74.9%				
	Urgent referrals for breast symptoms			Chief Operating Officer	93%	63.6%	50.0%	14.8%	18.2%	47.8%	71.1%	27	38	43.3%			70.3%				
	Cancer 31 day diagnosis to treatment			Chief Operating Officer	96%	91.1%	88.5%	74.5%	83.3%	86.7%	92.4%	97	105	85.1%			91.0%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days			Chief Operating Officer		12	9	13	11	11	6			50							
	Cancer 62 days urgent referral to treatment			Chief Operating Officer	85%	54.5%	48.1%	50.4%	61.4%	69.1%	69.8%	57	81	60.4%			62.8%				
	Cancer 62-Day National Screening Programme			Chief Operating Officer	90%	0.0%	0.0%	100.0%				0	0	50.0%			65.1%				
	Cancer consultant upgrade (62 days decision to upgrade)			Chief Operating Officer	85%	71.0%	70.4%	57.1%	75.0%	81.5%	80.8%	11	13	72.6%			74.5%				
Cancer: number of urgent suspected cancer patients waiting over 62 days			Chief Operating Officer	Plan	89	117	112	108	72	87	109										
Primary care and community services	Community Service Contacts - Total			Chief Operating Officer	v 2022/23	100%	94%	104%	103%	106%	114%	101%	27847	27542	113%						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)			Chief Operating Officer	80%	98.2%	96.7%	100%	96%	Data being verified			61	134	97.7%						
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)			Chief Operating Officer	70%	83.3%	91.5%	76.5%	85.5%	Data being verified			22	43	84.5%		87%	Aug			
	% emergency admissions discharged to usual place of residence			Chief Operating Officer	90%	89.2%	90.2%	89.7%	90.8%	89.9%	90.1%	91.0%	2253	2475	90.3%		91.9%	Jul to Jun			
Urgent and emergency care	A&E Activity			Chief Operating Officer	Plan	108%	99%	101%	98%	98%	102%	102%	5886	5780	100%						
	Ambulance handover within 30 minutes			Chief Operating Officer	98%	82.9%	75.1%	76.2%	81.7%	81.4%	83.1%	76.9%	1182	1537			73%	July			
	Ambulance handover over 60 minutes			Chief Operating Officer	0%	5.2%	9.0%	9.0%	4.6%	6.4%	3.7%	9.9%	152	1537	7.6%		12%	July			
	Non Elective Activity - General & Acute (Adult & Paediatrics)			Chief Operating Officer	Plan	117%	118%	110%	108%	111%	113%	119%	2289	1922	113%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)			Chief Operating Officer	>40%	40%	44%	42%	40%	41%	39%	40%	942	2120	40.4%		36%	Aug to Jul			
	A&E - % of patients seen within 4 hours			Chief Operating Officer	76%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	3176	5886	57.3%		57.6%	Sep			
	A&E - Percentage of patients spending more than 12 hours in A&E			Chief Operating Officer		16.2%	9.7%	14.8%	13.8%	14.0%	17.3%	15.9%	935	5886	17.5%		6%	Sept to March			
	A&E - Time to treatment			Chief Operating Officer		01:38	01:47	01:51	01:46	02:10	02:09	02:15					01:51	April to March			
	A&E max wait time 4hrs from arrival to departure			Chief Operating Officer		In development															
	Time to be seen (average from arrival to time seen - clinician)			Chief Operating Officer	<15 minutes	00:44	00:41	00:36	00:32	00:33	00:24	00:28					00:25	April to Mar			
	A&E Quality Indicator - 12 Hour Trolley Waits			Chief Operating Officer	0	263	107	225	259	178	213	181			1163						
	A&E - Unplanned Re-attendance with 7 days rate			Chief Operating Officer	3%	8.3%	7.1%						107	5309	7.1%		8%	April to Mar			

Metric	Responsible Officer	Target	Performance Data								Actual	Variance	Trend	Status	Reporting Period	Notes	Other Metrics		
			Q1	Q2	Q3	Q4	YTD	YTD	YTD	YTD									
Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	58.3%	56.7%	59.3%	59.4%	57.2%	57.7%	57.7%	13568	23522			Aug		F	L	
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	67.3%	64.7%	65.1%	67.1%	68.0%	65.5%	64.9%	2815	4335					F	L	
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		25957	26503	26797	26710	26882	27963	27857							F	H	
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1453	1552	1718	1688	1804	1853	1959						396643	F	H	
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	365	417	413	439	447	526	568						109523	F	H	
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	6	27	23	18	36	30	34						8998	F	L	
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	1	1	1	2	1	1						265	F	L	
	GP Referrals	Chief Operating Officer	2019/20	168%	94%	101%	120%	99%	116%	116%	3360	2886	107%					?	L
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	116%	97%	103%	118%	106%	118%	114%	5670	4995	109%					?	H
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	95%	101%	108%	86%	117%	122%	82%	5670	6923	100%					?	H
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	114%	98%	105%	121%	102%	117%	109%	17600	16092	109%					?	H
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	100%	109%	118%	91%	116%	138%	85%	17600	20631	106%					?	H
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	104%	79%	97%	105%	88%	107%	98%	2804	2850	96%					?	L
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	88%	84%	97%	80%	111%	128%	79%	2804	3565	94%					F	L
	BADS Daycase rates	Chief Operating Officer	Actual	82.7%	76.7%						462	602	76.7%			80%	Jul to Jun	?	L
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	New measure calculation from April 2023 inline	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%			76.6%			78%	August		
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%		84.6%	84.9%	84.6%	78.0%	81.7%	81.5%			82.6%			83%	August		
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	16	9	22	24	30	36	30			151			17024	Apr to Jun	?	L
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	108%	138%	120%	140%	145%	144%	143%	2993	2096	138%					?	H
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	123%	50%	126%	79%	77%	93%	83%	876	1053	82%					?	L
Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	117%	166%	158%	171%	162%	204%	185%	1726	931	174%					?	H	
Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	22.0%	27.6%	28.9%	29.8%	28.4%	27.7%	27.6%	1354	4910				27.5%	Aug	F	L	
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	98.6%	96.7%	94.6%	94.0%	93.1%	93.6%	95.4%	125	131	94.5%				?	L	
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	16.2%	14.0%	19.3%	21.3%	20.9%	17.1%	23.9%	26	109	23.9%				?	H	
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	60.0%	58.8%	58.2%	57.0%	55.5%	60.0%	61.7%	113	183	61.7%				F	H	
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	86.6%	87.3%	87.5%	89.6%	91.5%	91.8%	93.4%	128	137	93.4%				F	H	
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2022/23	117%	111%	109%	98%	91%	107%	98%	131	133	102%				?	L	
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:31	1:25	1:34	1:29	1:31	1:35	1:35									
	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%	5.8%	5.8%	6.2%	6.1%	5.9%	6.0%	6.5%	1789	25554	6.1%			7.6%	Aug to Jul	F	L
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	78.4%	80.6%	82.7%	86.7%	85.5%	84.1%	85.1%	14861	17469	84.1%					F	L
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	114%	99%	106%	123%	100%	117%	108%	11930	11097	109%					?	L
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	102%	113%	123%	93%	115%	147%	87%	11930	13708	109%					?	H
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	23%	25%	23.4%	23.4%	23.4%	21.0%	21.5%	3780	17600	22.8%			19%	Aug to Jul	F	L
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		7.3%	13.6%	17.4%	10.0%	9.5%	10.3%	12.2%	18	131						?	L



Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	97%	95%	97%	98%	97%	96%	99%	290	292	97%		95%	Aug				
Bed occupancy - Community Wards	Chief Operating Officer	<92%	95%	94%	95%	96%	94%	97%	93%	71	76	96%							
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	150	173	181	110	75	109	52			700		3785	Aug				
Patient ward moves emergency admissions (acute)	Chief Operating Officer		7.3%	9.1%	7.5%	7.4%	7.3%	10.5%		122	1044	8.4%							
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	4.5	4.2	4.1	4.0	4.1	4.2	3.7	7335	2000	4		4.5	Aug to Jul				
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	1.8	2.5	3.0	2.4	2.3	2.3	1.6	523	325	2.3		3.1	Aug to Jul				
Medically fit for discharge - Acute	Chief Operating Officer	5%	22.0%	19.5%	22.5%	24.6%	17.9%	22.2%	24.8%	8669	2149			23.1%	Dec				
Medically fit for discharge - Community	Chief Operating Officer	10%	61.1%	60.4%	58.7%	58.9%	57.9%	45.4%	54.3%	2405	1306								
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	6.3%	10.2%	11.0%	8.9%				393	4406	10.0%		7.3%	Jul to Jun				
HSMR - Rolling 12 months	Chief Medical Officer	<100	109.9	109.9	111.1					759	683			100	Jul to Jun				
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	102.2	101.8						1175	1150			100	Apr				
Never Events	Chief Nursing Officer	0	1	0	1	0	0	0	0			1							
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0			0							
MSSA Bacteraemia	Chief Nursing Officer		0	1	1	1	2	0	1			6							
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	5	5	6	6	1	0	2			20							
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	5	3	4	3	2	4	0			16							
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0	3	2	1	3	2	2	1			11							
Serious Incidents	Chief Nursing Officer	Actual	16	6	8	6	7	6	5			38							
VTE Risk Assessments	Chief Medical Officer	95%	90.4%	89.6%	90.8%	90.9%	90.5%	90.7%	87.9%	4099	4663	90.1%							
WHO Checklist	Chief Medical Officer	100%	99.5%			99.8%			99.4%										
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	48.8%	68.8%	88.6%	87.0%	68.8%	43.8%	80.0%	12	15	73.1%							
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%	57.1%	40.0%	0.0%	100.0%	60.0%	33.3%	1	3	47.8%							
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	88.1%	86.7%	80.4%	88.9%	77.1%	76.3%	62.5%	15	24	79.7%							
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)	25	21	23	45	31	23	33			176							
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0			0							
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	71.4%	54.5%	50.0%	33.3%	45.2%	36.4%	53.8%	7	13	45.5%							

Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%	0.0%	0.2%	0.1%	0.1%			
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	0.0%	76.3%	76.0%	79.6%	72.9%	73.0%	68.2%
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	86.7%	90.0%	89.1%	87.4%	86.2%	81.0%	86.8%
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%	100.0%	81.8%	100.0%	100.0%			
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	100.0%	0.0%	100.0%	100.0%	100.0%	94.0%	96.3%
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	0.0%	21.0%	21.0%	20.5%	17.0%	20.0%	19.0%
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	21.0%	19.0%	20.4%	19.0%	17.0%	15.0%	16.0%
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%		0.0%	0.0%	1.5%	46.0%	26.0%	22.0%

4	5023	0.1%							
144	166	86.8%							
4	4	93.9%							
		81.7%							
166	1042	17.7%							
27	122	15.9%							

People		Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	6.9%	8.1%	8.4%	8.4%	6.8%	7.5%	8.4%
	Appraisals	Chief People Officer	85%	77.1%	77.5%	78.6%	79.0%	78.5%	77.1%	75.7%
	Mandatory Training	Chief People Officer	85%	89.2%	89.7%	89.3%	89.9%	89.4%	89.0%	89.2%
	Overall Sickness	Chief People Officer	3.5%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	12.8%	12.6%	12.0%	11.5%	11.0%	10.9%	10.9%
	Vacancy Rate	Chief People Officer	5%	8.2%	7.9%	8.0%	6.3%	5.1%	5.4%	4.6%

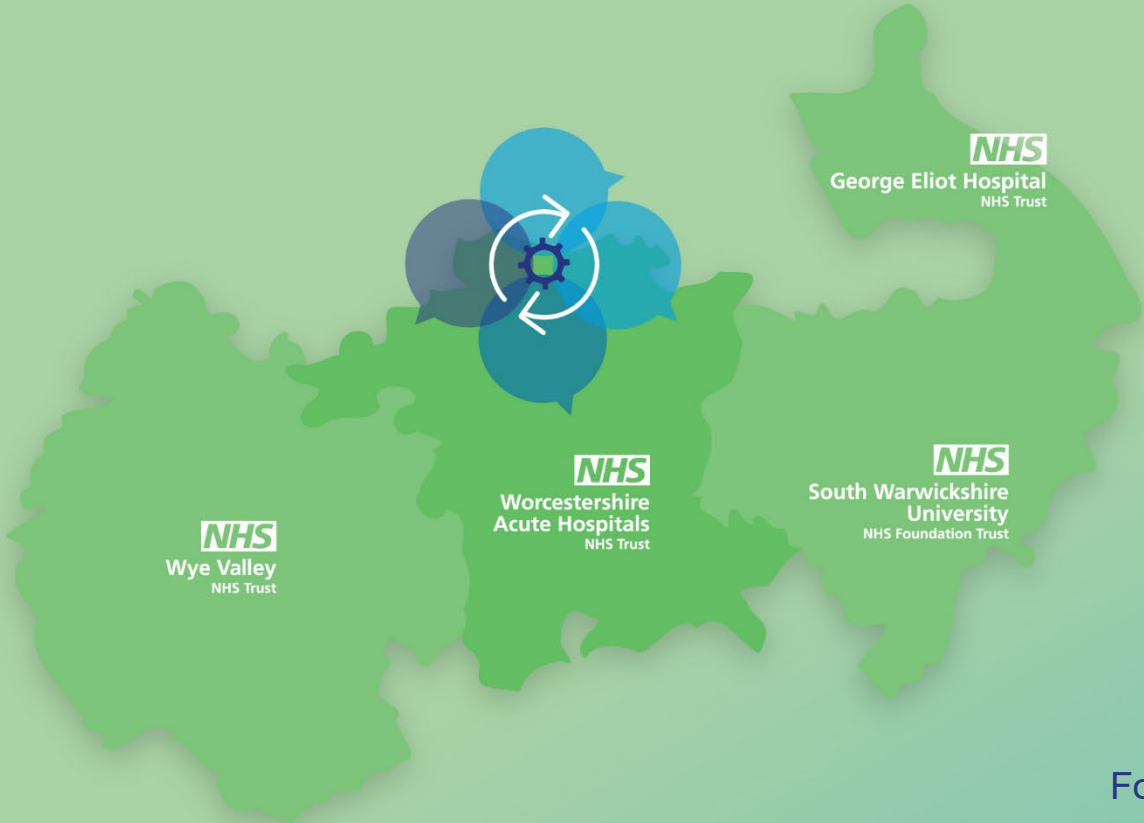
Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator			WVT Latest month v benchmark	National or Regional			
		8%						
2313	3054	78%			76%			
33188	37196	89%			88%			
5262	103561	5%			5%			
365	3348	11%						
167	3640	6%						

Finance and Use of Resources		Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£355	-£2,571	-£2,571	-£2,769	-£2,184	-£3,182	-£3,173
	I&E - Margin (%)	Chief Finance Officer	≥0%	-0.8%	-8.9%	-8.9%	-10.8%	-8.4%	-12.0%	-11.9%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	£201	£157	£43	-£146	£25	-£1,089	-£1,229
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-36.2%	0.5%	0.1%	-0.6%	0.1%	-4.1%	-5.5%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£869	-£614	-£635	-£340	-£816	-£1,069	-£878
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£2,017	£1,505	£1,505	£1,323	£1,119	£1,435	£1,410
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	9.0%	8.8%	8.8%	7.9%	6.5%	7.9%	8.0%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£107	-£57	-£57	-£114	-£287	-£227	-£111
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£35	£19	£19	£25	£21	£14	£11
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	85.5%	95.6%	89.5%	96.4%	87.7%	100.0%	99.1%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	93.4%	97.9%	97.7%	97.3%	97.8%	98.8%	95.9%

Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator			WVT Latest month v benchmark	National or Regional			
		-£16,450						
-£3,173	£22,426	-14.1%						
		-£2,239						
-£1,229	£22,426	-1.4%						
		-£4,352						
		£8,296						
£1,410	£17,624	8%						
		-£853						
		£11						
£12,115	£12,219	94.3%						
£5,237	£5,460	97.4%						

Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	1 November 2023		
Title of Report	Deep Dive into Outpatient Productivity		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion		
Author:	Harkamal Heran, Chief Operating Officer of South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer of Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer of George Eliot Hospital NHS Trust (GEH), and Helen Lancaster, Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT)		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Helen Lancaster, Chief Operating Officer of WAHT		
1. Purpose of the Report	<p>To provide the Foundation Group Board with a current update of the position faced across the Foundation Group in the delivery of improved Outpatient Productivity providing an overview to aligned Transformational work and Further Faster which aims to eliminate 52-week waits through outpatient pathways and sharing clinical knowledge and leadership using Getting It Right First Time (GIRFT) Handbooks.</p> <p>It is recognised that all Trusts across the Foundation Group have significant opportunities and plans to improve Outpatient Productivity through improved communication to our patients, information technology and specialty deep dive and service reviews.</p> <p>The report also shows how the Trusts are approaching the Productivity challenge locally, and across the Foundation Group, using initiatives, GIRFT and local data to benchmark and learn from each other in order to bring operational and clinical teams together to share best practice.</p>		
2. Recommendations	The Foundation Group Boards are 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 Foundation Group with regular feedback to future Board meetings.		

Outpatient Productivity



Foundation Group Boards – 1 November 2023

Data pack slides:

- Whilst internal data has been used for this data set, a Group Analyst, who joined in October 2023, will look at Model Hospital etc., and reconcile where necessary.
- The data therefore within, shows performance for each Trust that will enable working together to standardise best practice

Further Faster aims to eliminate 52-week waits through the outpatient pathway through sharing clinical knowledge and leadership utilising GIRFT Handbooks.

PIFU (Patient Initiated Follow-Up); empowers patients to initiate their follow up appointment, thus supporting “did not attend” rates and booked utilisation.

NHS England Outpatient Transformation Ask:

- Revisit plan on follow up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week ‘cohort’ will be waiting for a first outpatient appointment after 31 October 2023.
- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated by 31 October 2023, and ensuring that Referral to Treatment Targets (RTT) rules are applied and appropriately applied.

National involvement:

- NHS Elective Recovery Programme
- GIRFT
- Further Faster
- PIFU Sprint



Each Trust has embarked on its own Outpatient Transformational Programme with similarities across the Group. A governed, focussed approach includes:

Improving communication to our patients

- Patient letters
- Quality Standards
- Information screens
- Timely reminders
- Patient Initiated Digital Mutual Aid System (PIDMAS)

Information Technology

- Development of Dashboards
- Patient Portals
- SMS reminders
- Learning from data

Specialty Deep Dives and Service Reviews:

- GIRFT Guidance
- PIFU Optimisation
- Clinical pathways
- Quality Standards
- Capacity and utilisation
- Operational optimisation
- Estates



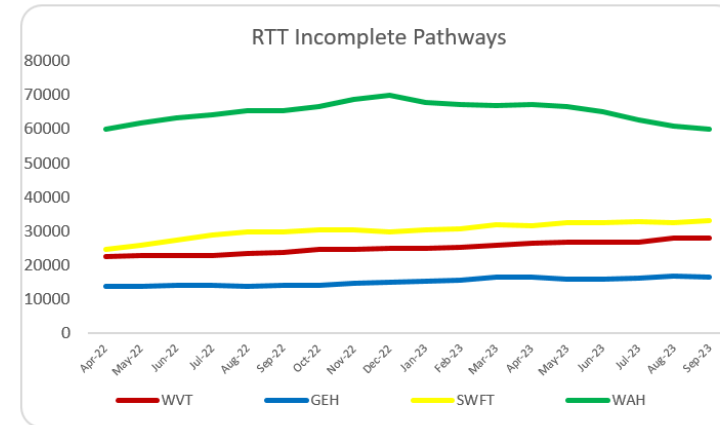
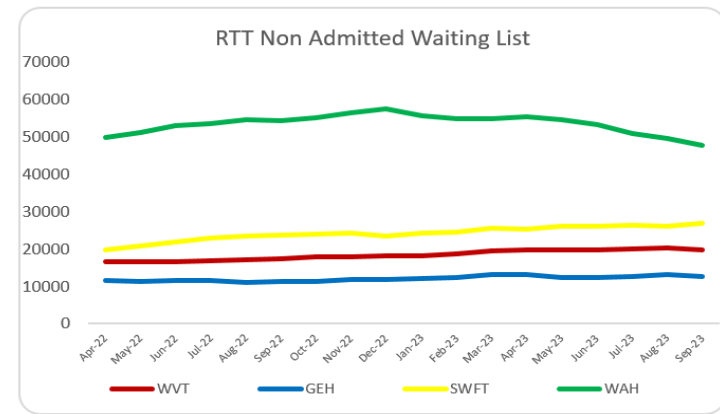
Waiting List Position RTT

Waiting lists have increased within the last 12 months

- Several factors are driving this increase:
- Underlying demand built up post COVID for acute services
- A growing follow up backlog for both RTT and non-RTT patients
- Impact of industrial action
- Ongoing emergency pressures.

Action to address the increases:

- Validation
- Text messaged patients
- New Out-Patient activity



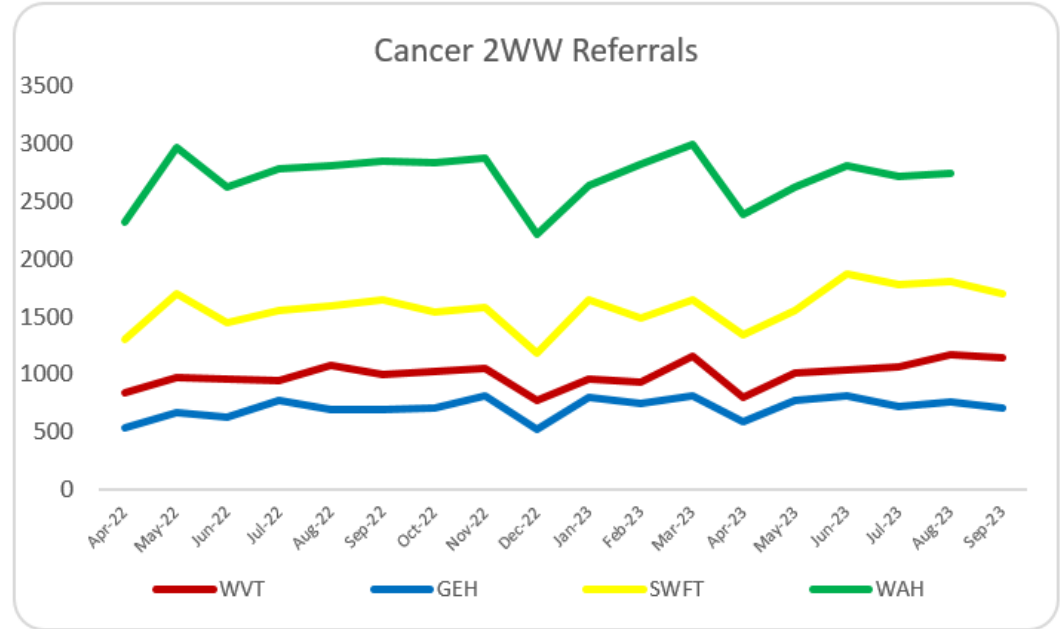
Cancer 2 WWs data internal

WVT has seen an increase of 13% in 2ww referrals since pre COVID with by far the largest increases in the gynaecology and respiratory specialities.

GEH has seen a 24% increase in referrals in the last 12 months. Our new normal levels are circa 800 2ww referrals a month, with Breast and LGI being our largest referral sites.

SWFT Referrals remain higher than the same months across the past six years. Particular peaks in September Head & Neck, Skin & Upper GI

WAHT has seen a 13% increase in 2ww referrals in the first half of 2023/24 compared to the same period in 2019/20. The most significant increases are in skin (42%), Urology (38%) and Head & Neck (16%).



OP Metrics: PIFU (Patient Initiated Follow Up)

WVT

T&O*	16.3%
Respiratory Meds	15.1%
Oral Surgery	10.5%
Paediatrics	9.4%
Geriatric Medicine	6.8%

*Trauma and Orthopaedic

Where national targets are available the specialties are aiming at 85th percentile performance and are achieving this in several teams not least respiratory. Some teams are not using PIFU at the current time but have plans to introduce soon. Where performance is falling short of the national targets, teams are using the Further Faster best practice pathways to improve

GEH

Orthotics	37.6%
Physiotherapy	227%
Breast Surgery	7.1%
Diabetic Medicine	5.2%
T&O*	4.1%

*Trauma and Orthopaedic

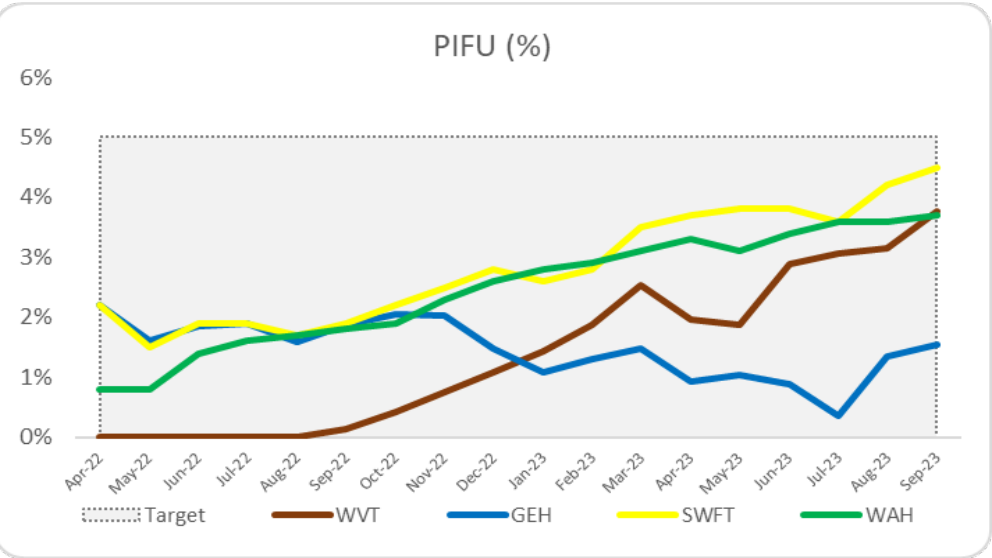
Higher initial output as manual process used to transfer stock See on Symptoms (SOS) patients to PIFU. Functionality now available in Lorenzo and true transfer to PIFU position validated. Clinical engagement drive to increase uptake of PIFU across Trust. Utilising national and local benchmarking to focus on specialties

SWFT

Gastroenterology	20.9%
T&O*	10.3%
Physiotherapy	7.5%
Dermatology	6.5%
Rheumatology	5.6%

*Trauma and Orthopaedic

Steady improvement being seen in many areas, with ongoing work looking at Open Access PIFUs, and revisiting guidance around the application of the rules around Audiology. The next areas of focus are going to be in Ophthalmology and Stoma Care.



WAHT

Dietetics	18.0%
Pain Management	15.2%
Occupational Therapy	13.0%
Physiotherapy	10.5%
Rheumatology	10.5%

PIFU progress has been such that the ICS has transferred full business as usual responsibility to the Trust, with focus for planning to achieve 6.6% national requirement for 2024-25. The Lead clinician has been championing PIFU and is providing critical challenge to fellow clinicians. The Trust has prioritised 'Discharge to PIFU' rather than 'Transfer to PIFU'. All clinical divisions have plans to achieve 85th percentile at specialty level, with transformation programme deep dives supporting specialty-specific PIFU initiatives.



OP Metrics: Missed Opportunity/DNA (Did Not Attend) Rate

WVT

Top 5 Specialties
 Haematology 2.4%
 Plastic Surgery 2.4%
 Colorectal Surgery 2.6%
 Breast Surgery 3.4%
 Audiology 3.5%

GEH

Top 5 Specialties
 Medical Oncology 0.8%
 Palliative Medicine 2.4%
 Clinical Haematology 3.4%
 Endocrinology 5.9%
 Anaesthetics & Plastics both 6.4%

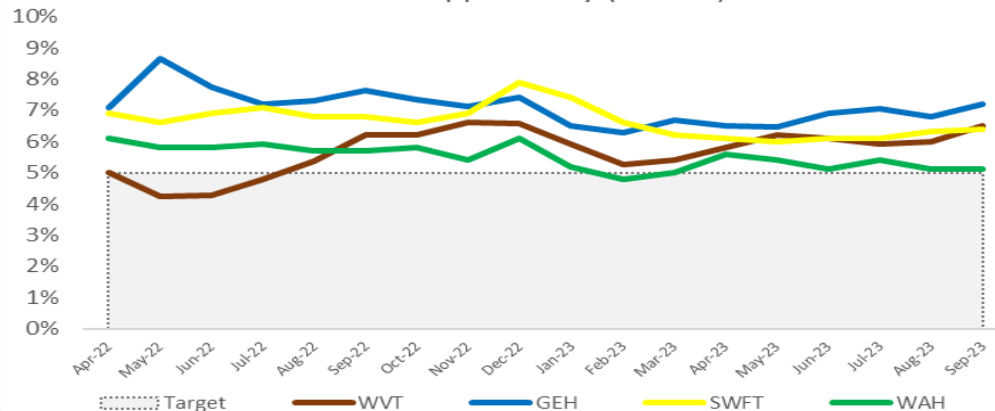
WAHT

Top 5 specialties (at least 100 appointments):
 Oncology (medical and clinical) 2.2%
 Plastic surgery 2.5%
 Breast surgery 2.8%
 Occupational Therapy 2.9%
 Haematology 3.3%

SWFT

Top 5 specialties (at least 100 appointments):
 Breast Surgery 1.9%
 Anaesthetics 2.4%
 General Surgery 3.1%
 Pain Management 3.2%
 Clinical Oncology 3.6%

Missed Opportunity (DNA %)

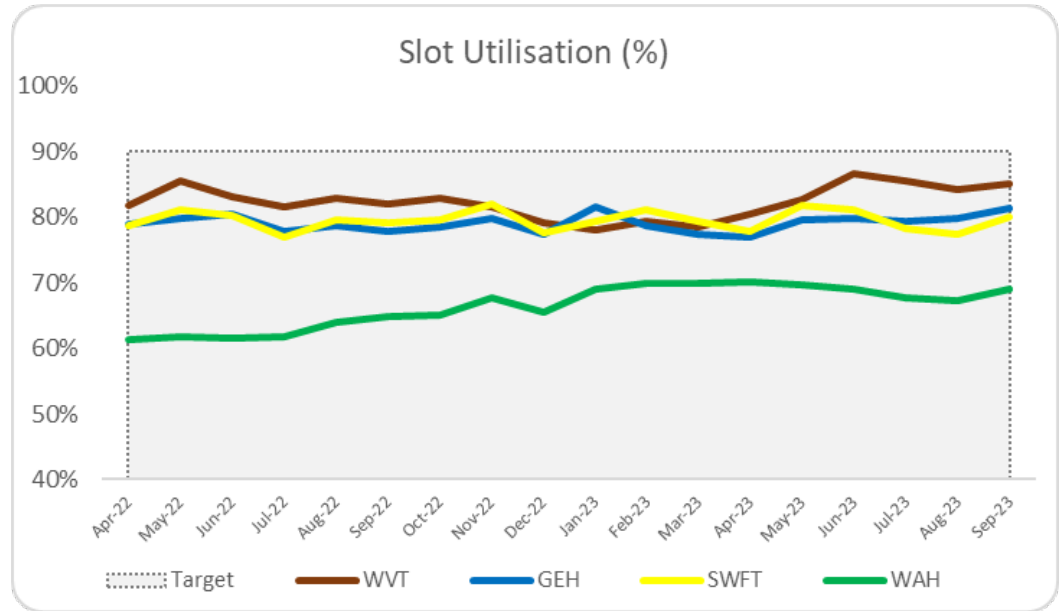


DNA reduction remains a core area of focus of operational delivery in outpatients to minimise the impact of unused appointments.

- Two-way SMS reminder services have been introduced, or are planned, to support reduction in the volume of DNA's.
- Learnings from deep-dive DNA audits will help understand and identify drivers to support introduction of putting in place appropriate actions.
- Review and ongoing management of patients with repeat DNAs in line with patient access policy.
- Access policy reviewed and reissued with cancellation policy process update.
- Contact form for patients on website to help inform Trust if unable to attend appointment.
- Volunteer service making reminder calls to services with highest DNA rate
- Information screens to highlight importance of attending appointments and of informing Trust if unable to attend.
- Introduction of Patient Charter to support Outpatient Quality Standards

OP Metrics: Utilisation

- Working towards reducing clinic cancellations within six weeks with intensive focus on replicating 6-4-2 theatre process in outpatients required.
- Data Quality issues are known and there is a plan to amend through clinic template management.
- Utilising Further Faster best practice to increase the number of slots to be made available on clinic templates.



OP Metrics: Virtual Appointments

WVT

Colorectal Surgery 86%
 Cardiology 57%
 Gastroenterology 51%
 Haematology 46%
 Respiratory Meds 44%

The percentage of virtual attendances has held up in a number of specialities where it has become engrained in clinical practice. It has dropped in others however as waiting list validation has increased and the subsequent need to see the higher acuity patients face to face. The aim however is to get back to above 25%.

GEH

Top 5 Specialities
 Clinical Haematology 63.7%
 General Medicine 37.3%
 Urology 29.9%
 Gynaecology 29.0%
 Medical Oncology 28.6%

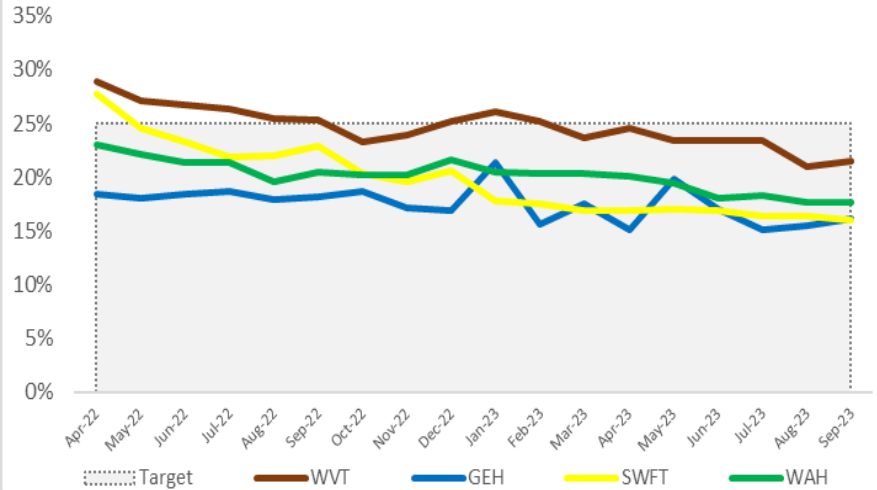
Continuing to drive virtual appointments
 ?webinar use to promote

SWFT

Highest: Urology (81%)
 Lowest: Gynae (3.1%)

Some specialities such as Head & Neck and Dermatology require face to face appointments to ensure the most effective use of the clinical time and to give the patient the best experience. All specialities are in the process of reviewing the clinic templates and the relevant mix of F2F and Virtual in the clinic.

Virtual Appointment (%)



WAHT

Several specialities has highlighted the requirement for face-to-face appointments, especially whilst we focus on seeing and treating patients that have waited many weeks between appointments.

For appropriate specialities virtual appointment volumes are monitored and challenged if below national average.

Whilst Worcestershire Acute is not part of the Further Faster programme, they are looking forward to working with partners across the Foundation Group to adapt and adopt the opportunities that other member Trusts have implemented, such as:

- Discussions between clinical, operational and improvement teams to embed actions from GIRFT Handbooks
- Utilising AccurX text messaging to support RTT requirements.
- Obtaining support from Volunteer Services in making reminder calls to patients ahead of appointments, with further plans to roll out to specialties with high DNA rates.
- Celebrating increase in PIFU activity across specialties and newly onboarded specialties with clinical engagement sessions taking place to promote PIFU use.
- Weekend clinics delivered with further clinics scheduled.
- Placing focus on creating opportunities where specialties are most at risk of not meeting the Operating Plan's waiting time targets.
- Validating waiting lists (learning from each other – single slide WVT)
- Setting up of super clinics to see new outpatients and having 'perfect fortnights' most notably for elective orthopaedic surgery to embed new and best practice learnt through general theatre improvement work and the Further Faster programme.
- *Commitment to the request for Trusts to share best practice.*

Best practice across the Group

GEH has taken allocative approach to **NHSE Health Inequalities** funds based on deprivation data and is developing an investment plan to reduce Health Inequalities with partner organisations with GEH acting as Lead Provider.

Working group between GEH and Primary Care looking at all 9 protected characteristics with regard to improvement for access to cancer services, early cancer diagnosis and patient journey in line with CORE20PLUS5. All cancer MDTs to look at one aspect of Health Inequalities and develop an action plan to improve patient experience.

Funding approved to increase access to services for Armed Forces Veterans, specific to areas of deprivation in Warwickshire North.

Ethnicity recording at point of contact by reception staff in Outpatients
Digital offering for patients to cancel/confirm appointments via website contact form or text

Literacy and health literacy considered as part of clinic letters project and clinic letters available in different languages

Volunteers calling patients to remind re appointments and to collate information on why patients are unable to attend for future analysis.

Screens in Outpatients will be used to provide information to patients on all outpatient initiatives, and with CORE20PLUS5 focus slides.

WVT has conducted a major exercise in October to meet the target of 90% of 12-week waiters being **validated** by the 31st and is on course to meet this. Aligned to this has been a focused effort in Gynaecology who have the most long waiters and who have validated down to and beyond all their 12-week waiters. This has included a clinical validation exercise where 32 patients have been taken off the new OP list from a review of 79 (41%) and 148 out of 1,036 through administrative validation (14%).

SWFT A review of the number of points per list for **Endoscopy** was completed in conjunction with the clinical lead.

The number of lists identified as “training lists” were reduced to reflect the current training needs, each service list was booked at 10 points per list for all operators.

A pool of patients were identified that would be available at short notice, taking into account the requirement to prep before the diagnostic took place, this helped to backfill any late cancellations.

In four months, utilisation has improved to 98.4%.

WAHT has focussed on the **reduction of DNA**. The Trust introduced text reminders pre-COVID and has recently improved the functionality of the text reminder system, with the introduction of two-way text system, allowing patients to respond directly to cancel their appointment.

The Trust outpatient booking team use a full booking approach where possible – making direct contact with patients to discuss and agree their outpatient appointments to a mutually agreed appointment. Where this isn't possible, an appointment letter is sent to the patient with the booking team continuing to make contact via telephone and text reminders sent.

The Trust continues it's focus on reducing DNA rates and is planning to undertake an audit of patients who DNA in quarter three to further understand the reasons that patients have DNA to enable the Trust to put in place additional action to support patients to attend. The Trust has reporting in place to monitor patients who DNA multiple appointments and is reinforcing the DNA elements of the Patient Access policy.

Challenges

- Industrial Action
- Impact of emergency pressures
- Increasing referrals; growing waitlist
- Clinical capacity
- Engagement to make improvements
- Workforce availability to deliver
- Data quality issues to be addressed through validation and training
- Reliance on insourcing to meet waiting time standards in short-term – financial impact
- Patient choice, where patients appear to be unwilling to travel too far for treatment
- Estates
- Follow-up reduction challenge



Foundation Group Working – An improving and collective action plan:

- Foundation Group hosted Clinical Engagement session on Outpatient Enablers, with PIFU focus, with National Clinical Director for Outpatient Recovery & Transformation on 9 October
- Joint working between Operations, Clinicians and Improvement Teams across the group to share learning and develop Group based solutions
- Commitment from Trusts to share best practice
- Foundation Group Data Analyst post
- Shared Predictor Tool modelling across Foundation Group
- Working as Foundation Group to standardise and share pathways
- Peer clinical sessions
- Patient engagement
- Learnings from Missed Opportunities approach by Norfolk and Norwich



Report to	Foundation Group Boards	Agenda Item	7.1
Date of Meeting	1 November 2023		
Title of Report	Foundation Group Boards Calendar of Meetings for 2024/25		
Status of report: (Consideration, position statement, information, discussion)	For approval		
Author:	Dawn Spencer, Executive Assistant to Managing Director of South Warwickshire University NHS Foundation Trust (SWFT)		
Lead Executive:	Russell Hardy, Chairman		
1. Purpose of the Report	To inform the Foundation Group Boards of future meeting dates for their diaries.		
2. Recommendations	The Foundation Group Boards are asked to consider and approve its meeting dates for 2024/25.		
3. Executive Assurance	N/A		

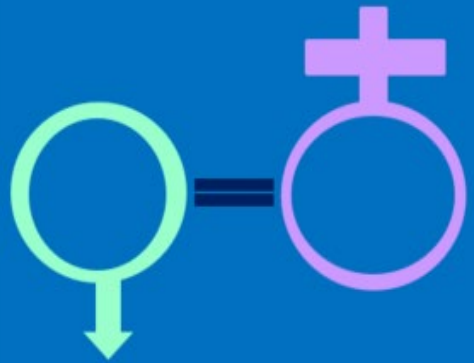
2024/25: Foundation Group Boards Meeting Dates and Deadlines

Date of Meeting All meetings are 13:30 – 15:30 & 15:45 - 16:45 (Public and Confidential)	Deadline Date for Papers	Date papers to be circulated
Wednesday 1 May 2024	12pm – Tuesday 23 April 2024	Thursday 25 April 2024
Wednesday 7 August 2024	12pm – Tuesday 30 July 2024	Thursday 1 August 2024
Wednesday 6 November 2024	12pm – Tuesday 29 October 2024	Thursday 31 October 2024
Wednesday 5 February 2025	12pm – Tuesday 28 January 2025	Thursday 30 January 2025

Please forward all papers to Foundation Group EA, Chelsea.Ireland@swft.nhs.uk

Report to	Foundation Group Boards	Agenda Item	8.1
Date of Meeting	1 November 2023		
Title of Report	Gender Pay Gap Annual Reports		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Sara MacLeod, Operational Director of People & Workforce of George Eliot Hospital NHS Trust (GEH) Elva Jordan-Boyd, Deputy Chief People Officer of South Warwickshire University NHS Foundation Trust (SWFT) Rich Luckman, Assistant Director, People & Culture of Worcestershire Acute Hospitals NHS Trust (WAHT) Daniela Locke, Deputy Chief People Officer of Wye Valley NHS Trust (WVT)		
Lead Executive Director:	Gertie Nic Philib, Chief People Officer of GEH and SWFT Tina Ricketts, Chief People Officer of WAHT Geoffrey Etule, Chief People Officer of WVT		
1. Purpose of the Report	Trusts are required to publish data in relation to pay by gender. These reports present the gender pay gap indicators based on the required publications as set out by the Government's Equalities Office.		
2. Recommendations	The Foundation Group Boards are asked to receive and note these reports.		
3. Executive Assurance	<p>The Foundation Group Boards can be assured that all four Trusts publish their gender pay gap information annually in accordance with requirements.</p> <p>All four Trusts are committed to ensuring an equitable workforce and will continue to work through actions to address any gaps identified.</p>		

GEH Gender Pay Gap Reporting as at 31 March 2023

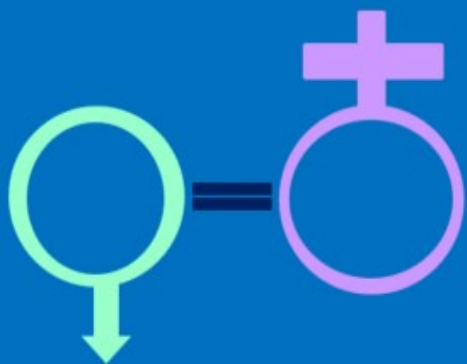


Our vision is to **EXCEL** at patient care

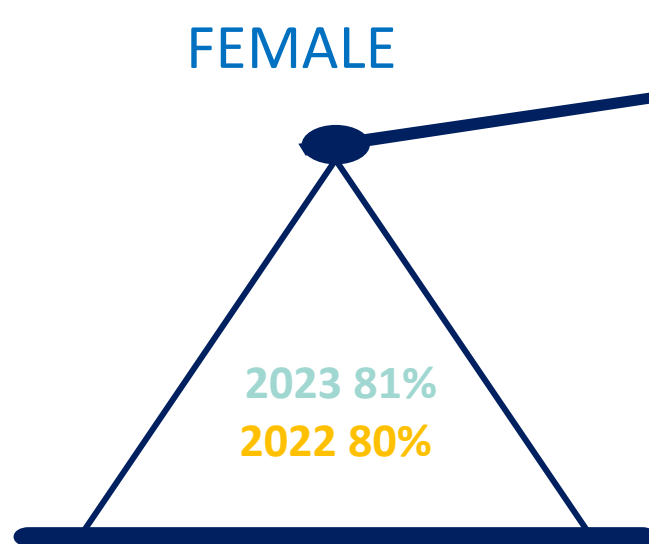


Our vision is to **EXCEL** at patient care

Exploring the Gender Pay Gap

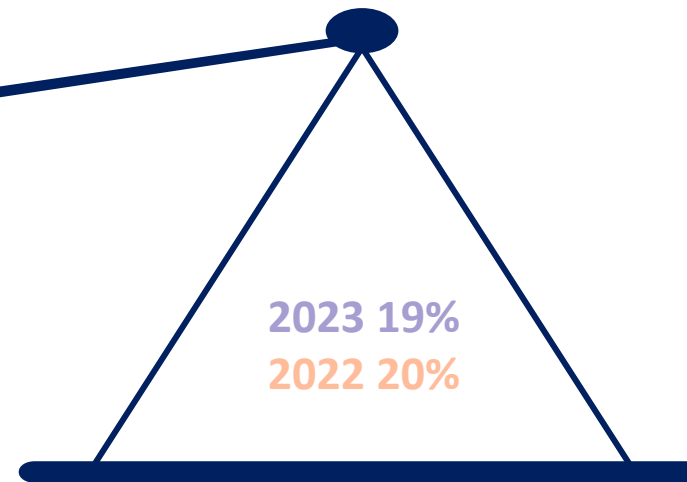


FEMALE



2023	2301
2022	2228

MALE

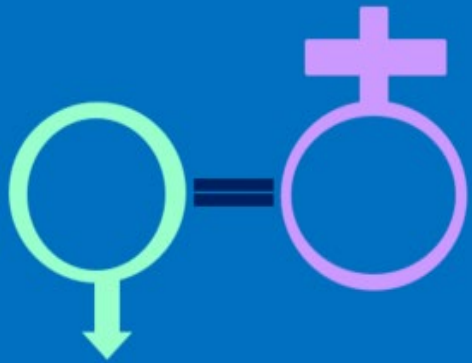


2023	555
2022	570



Our vision is to EXCEL at patient care

Employees by Pay Quartile



	UPPER QUARTILE		UPPER MIDDLE QUARTILE		LOWER MIDDLE QUARTILE		LOWER QUARTILE	
	F	M	F	M	F	M	F	M
31 March 2023	67%	33%	86%	14%	84%	16%	84%	16%
31 March 2022	68%	32%	85%	15%	85%	15%	85%	15%
Increase Decrease	Decrease of 1	Increase of 1	Increase of 1	Decrease of 1	Decrease of 1	Increase of 1	Decrease of 1	Increase of 1

This shows the proportion of male and female full pay relevant employees (headcount) in four quartile pay bands, which is done by dividing the rates of pay across the workforce into four equal parts. Their hourly rates of pay are sorted lowest to highest, then divided as equally as possible. Comparing results between the quartiles will indicate the distribution of full pay relevant to male and female employees across the organisation.

Ordinary Pay

MEAN

2023 Female hourly rate £17.59
2022 Female hourly rate £17.02

Increase
of £0.57

2023 Male hourly rate £26.88
2022 Male hourly rate £25.44

Increase
of £1.44

2023 Pay Gap 34.6%
2022 Pay Gap 33.0%

Increase
of £0.87

MEDIAN

2023 Female hourly rate £15.11
2022 Female hourly rate £14.63

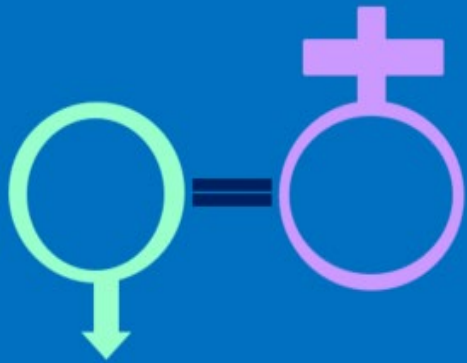
Increase
of £0.48

2023 Male hourly rate £18.35
2022 Male hourly rate £17.24

Increase
of £1.11

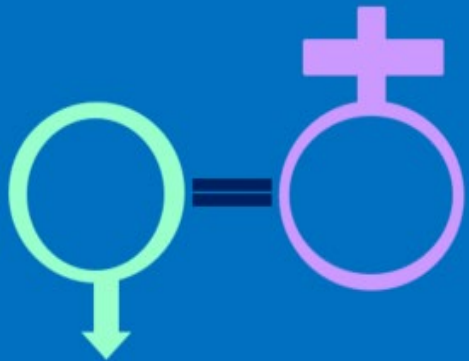
2023 Pay Gap 17.6%
2022 Pay Gap 15.1%

Increase
of £0.63



The workforce within George Eliot Hospital is reflecting that males are attracting increased hourly rates of pay with a significant pay gap, which is growing year on year. When analysing the data by staff groups, the largest mean gender pay gap was Medical & Dental, at 27%, followed by Admin & Clerical at 23%. Males received on average £9.29 more per hour than females.

Bonus Pay



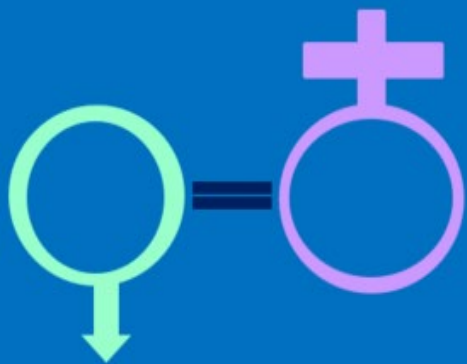
QUALIFYING	Qualifying for a bonus payment		
	22/23 = 75	21/22 = 70	Increase of 5
MALE	No of men qualifying for a bonus payment		
	22/23 = 55	21/22 = 48	Increase of 7
FEMALE	No of women qualifying for a bonus payment		
	22/23 = 20	21/22 = 22	Decrease of 2
MEAN	The difference between the average bonus pay		
	22/23 = 0.0%	21/22 = 0.0%	No change
MEDIAN	The difference between the midpoints in the ranges of bonus pay		
	22/23 = 0.0%	21/22 = 0.0%	No change

Bonus Pay includes anything that relates to profit sharing, productivity, performance, incentive and commission received in the form of cash or vouchers. For this report, bonus pay relates to Clinical Excellence Awards (CEAs) for eligible consultants and for 2022/23, local CEAs were paid as a set amount. Both male and female eligible consultants were paid the same amount of bonus pay which is all attributed to CEAs.

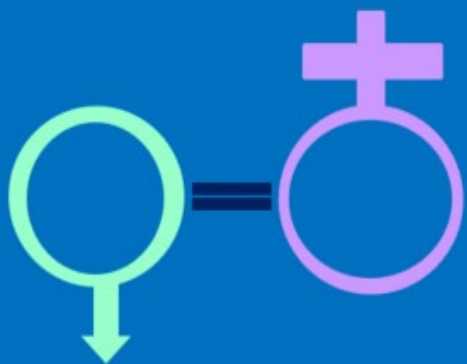
Actions

GEH is committed to ensuring an equitable workforce and we will continue to work through the following actions to address any gaps identified:

- Continue to use our leadership programme to encourage more women to progress into senior leadership roles.
- Launching the inclusive mentorship programme across the Trust which will encourage not only female colleagues in senior leadership roles to offer support to other female colleagues through reverse mentorship programme opportunities but will be applicable to all staff.
- Launch of the Trust's Talent For All sessions to identify talent through the appraisal process and embed career conversations as part of the discussions.
- Work with the relevant networks to promote opportunities available to all colleagues to access.
- As part of the Equality, Diversity and Inclusion (EDI) agenda, work with colleagues to develop the levelling up programme that supports international nurse recruits into senior roles within the Trust.
- Promote the inclusive recruitment toolkit and review the recruitment training package to ensure clarity and consistency between applicants to ensure equity in opportunities for all.
- Gather data in relation to learning opportunities through learning panels to determine ratio of learners by gender to identify if there is deep dive required.



SWFT Gender Pay Gap Reporting as at 31 March 2023



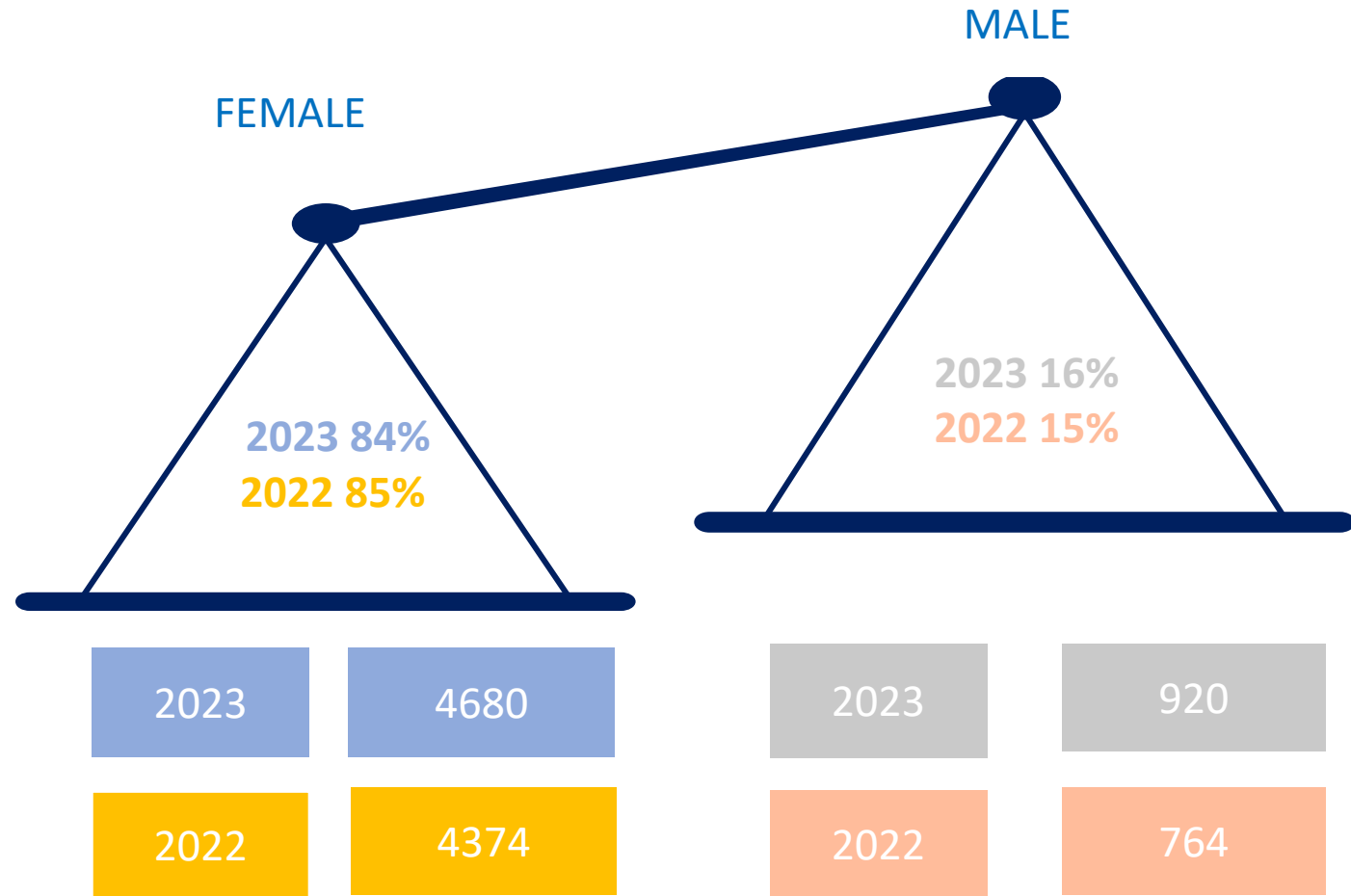
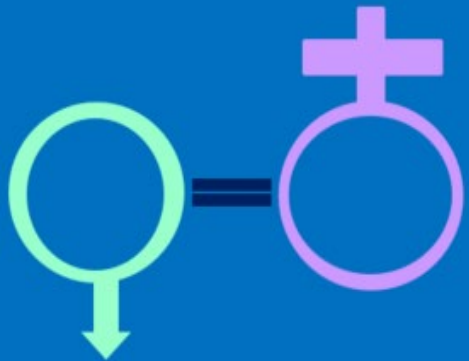
Trusted to provide
inclusive safe effective
compassionate care

NHS

**South Warwickshire
University**

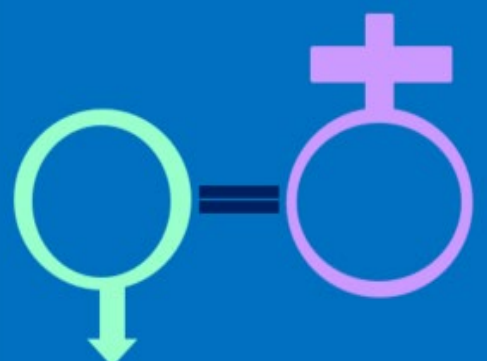
NHS Foundation Trust

Exploring the Gender Pay Gap



Trusted to provide
inclusive safe effective
compassionate care

Employees by Pay Quartile



	UPPER QUARTILE		UPPER MIDDLE QUARTILE		LOWER MIDDLE QUARTILE		LOWER QUARTILE	
	F	M	F	M	F	M	F	M
31 March 2023	84%	16%	87%	13%	90%	10%	74%	26%
31 March 2022	86%	14%	88%	12%	90%	10%	75%	25%
Increase Decrease	Decrease of 2	Increase of 2	Decrease of 1	Increase of 1	No change	No change	Decrease of 1	Increase of 1

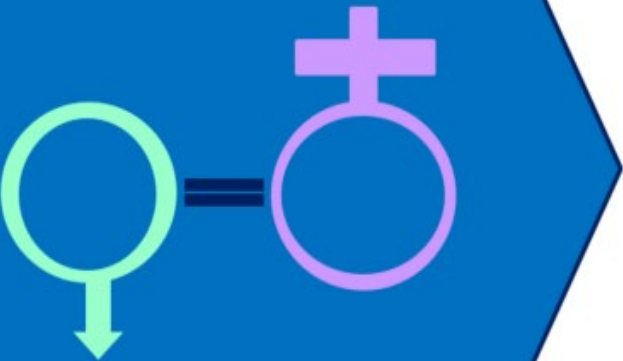
This shows the proportion of male and female full pay relevant employees (headcount) in four quartile pay bands, which is done by dividing the rates of pay across the workforce into four equal parts. Their hourly rates of pay are sorted lowest to highest, then divided as equally as possible. Comparing results between the quartiles will indicate the distribution of full pay relevant to male and female employees across the organisation. Unusually, at SWFT the highest proportion of males is in the lowest quartile.



Trusted to provide
inclusive safe effective
compassionate care

NHS
South Warwickshire
University
NHS Foundation Trust

Ordinary Pay



MEAN

2023 Female hourly rate £17.97
2022 Female hourly rate £16.54

Increase of £1.43

2023 Male hourly rate £24.05
2022 Male hourly rate £22.86

Increase of £1.19

2023 Pay Gap 26.3%
2022 Pay Gap 27.6%

Decrease of £0.24

MEDIAN

2023 Female hourly rate £16.84
2022 Female hourly rate £15.62

Increase of £1.22

2023 Male hourly rate £18.19
2022 Male hourly rate £16.97

Increase of £1.22

2023 Pay Gap 7.4%
2022 Pay Gap 7.9%

No difference

The Workforce within SWFT is reflecting that both females and males are attracting increased hourly rates of pay; however, the rate of increase is greater with females than males. Therefore overall, there is a reduction in pay gap from last year.

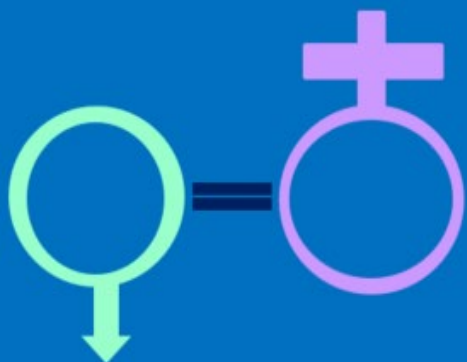


Trusted to provide inclusive safe effective compassionate care



South Warwickshire University
NHS Foundation Trust

Bonus Pay



QUALIFYING	Qualifying for a bonus payment		
	22/23 = 111	21/22 = 103	Increase of 8
MALE	No of men qualifying for a bonus payment		
	22/23 = 72	21/22 = 71	Increase of 1
FEMALE	No of women qualifying for a bonus payment		
	22/23 = 39	21/22 = 32	Increase of 7
MEAN	The difference between the average bonus pay		
	22/23 = 19.12%	21/22 = 24.32%	No change
MEDIAN	The difference between the midpoints in the ranges of bonus pay		
	22/23 = 37.20%	21/22 = 45.95%	No change

Bonus Pay includes anything that relates to profit sharing, productivity, performance, incentive and commission received in the form of cash or vouchers. As a Foundation Trust, SWFT is a not-for-profit public benefit corporation and does not award a high number of payments that meet this criteria (<2% of staff). The mean bonus gap indicates that men receive a 19% lower bonus value compared to women.



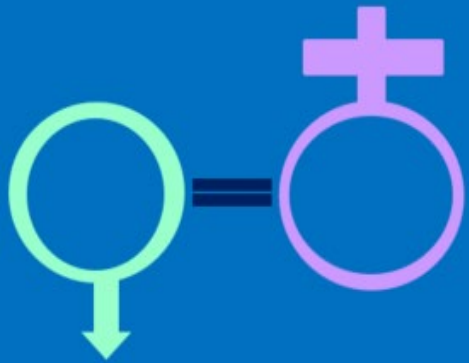
Trusted to provide
inclusive safe effective
compassionate care

NHS
South Warwickshire
University
NHS Foundation Trust

Actions

SWFT is committed to ensuring an equitable workforce and we will continue to work through the following actions to address any gaps identified:

- Continue to use our leadership programme to encourage more women to progress into senior leadership roles.
- Launching the inclusive mentorship programme across the Trust which will encourage not only female colleagues in senior leadership roles to offer support to other female colleagues through reverse mentorship programme opportunities but will be applicable to all staff.
- Launch of the Trust's Talent For All sessions to identify talent through the appraisal process and embed career conversations as part of the discussions.
- Work with the relevant networks to promote opportunities available to all colleagues to access.
- Promote the inclusive recruitment toolkit and review the recruitment training package to ensure clarity and consistency between applicants to ensure equity in opportunities for all.



Trusted to provide
inclusive safe effective
compassionate care

NHS

**South Warwickshire
University**

NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

Appendix 5 Gender Pay Gap Comparison Data

Snapshot dates 31st March 2022 and 31st March 2023

Jack Wilkinson / Rich Luckman

Data Supplied from Workforce Information Team extracted from ESR.

The Gender Pay Gap Reporting Regulations

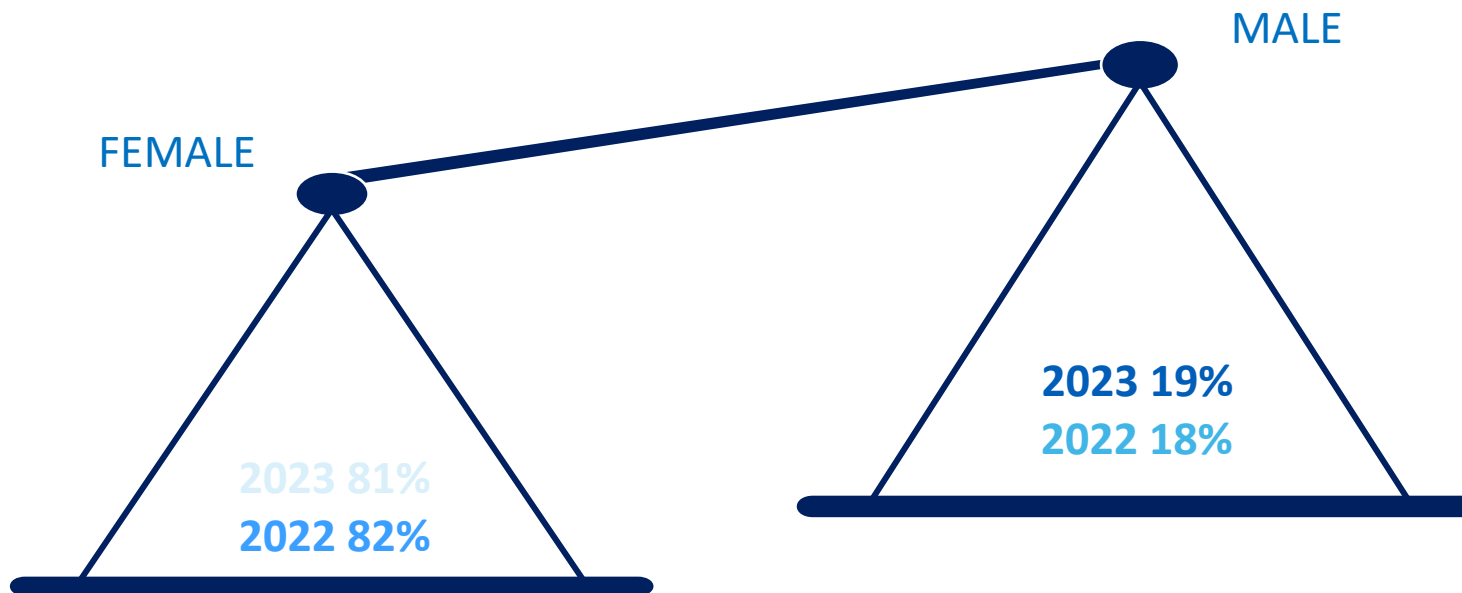
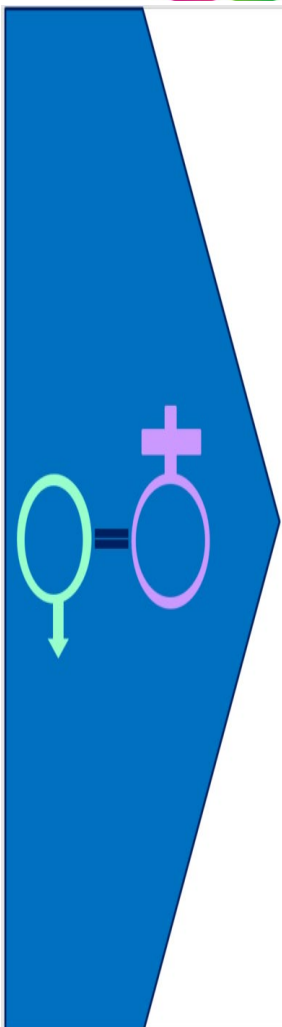
Large employers are legally under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 required to publish Gender Pay Gap (GPG) data both on their own website and the government website.

It's important to note that Gender Pay Gap is not the same as unequal pay, which is paying men and women differently for performing the same (or similar) work. Unequal pay has been unlawful since 1970.

The Gender Pay Gap is the difference between the average (mean or median) earnings of men and women across a workforce. Gender Pay gap calculations are based on employer payroll data drawn from the specific date each year (the snapshot). The snapshot date is set as 31 March each year. As a Trust, we must then publish this data by 30th March the following Year.

The data in the slides provides this year's (31 March 2023) data and highlights the changes in our Gender Pay gap from 31 March 2022 (last year's data). The data also provides this year's (31 March 2023) data on bonus payments with a comparison against last year's data.

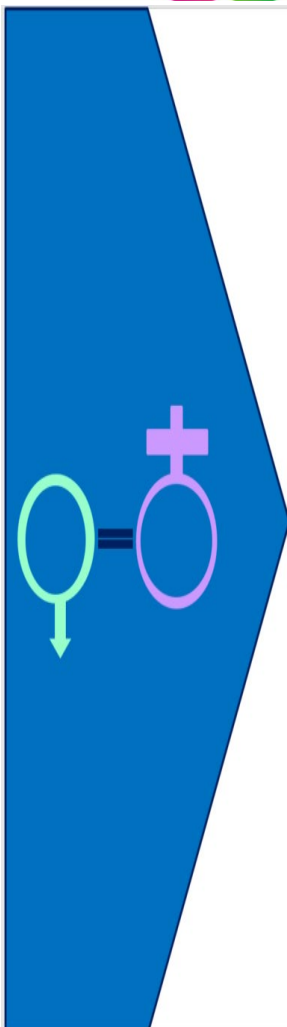
Exploring the Gender Pay Gap



2023	5,408
2022	5,335

2023	1,233
2022	1,193

Employees by Pay Quartile



	UPPER QUARTILE		UPPER MIDDLE QUARTILE		LOWER MIDDLE QUARTILE		LOWER QUARTILE	
	F	M	F	M	F	M	F	M
31 March 2023	68%	32%	87%	13%	86%	14%	84%	16%
31 March 2022	68%	32%	88%	12%	86%	14%	85%	15%
Increase Decrease	No change	No change	Decrease of 1	Increase of 1	No change	No change	Decrease of 1	Increase of 1

Ordinary Pay

MEAN

2023 Female hourly rate £18.34
 2022 Female hourly rate £17.31

Increase
 of £1.03

2023 Male hourly rate £26.16
 2022 Male hourly rate £25.08

Increase
 of £1.08

2023 Pay Gap 29.89%
 2022 Pay Gap 30.99%

Increase
 of £0.05

MEDIAN

2023 Female hourly rate £16.84
 2022 Female hourly rate £16.13

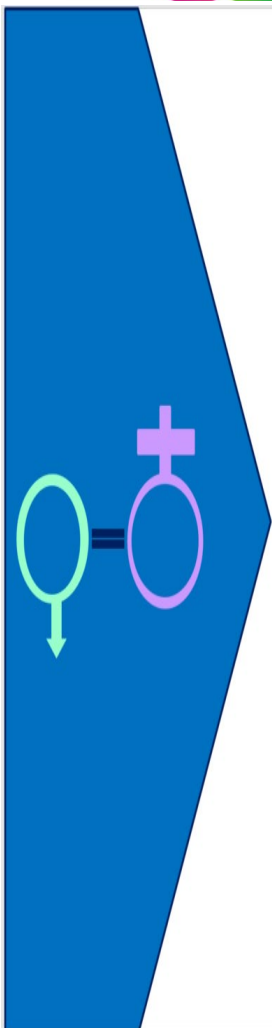
Increase
 of £0.71

2023 Male hourly rate £20.76
 2022 Male hourly rate £19.73

Increase
 of £1.03

2023 Pay Gap 18.86%
 2022 Pay Gap 18.28%

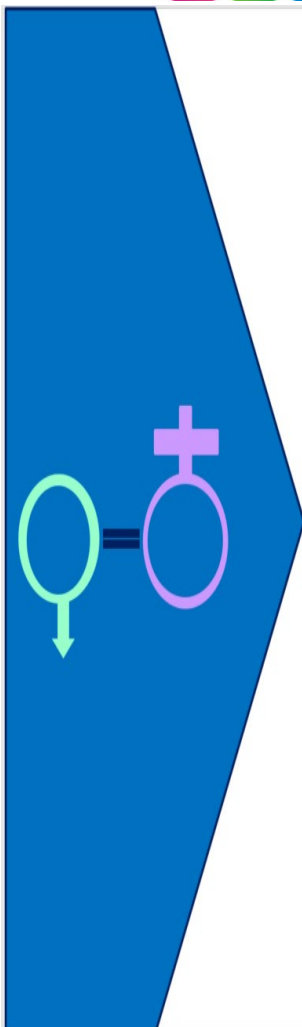
Increase
 of £0.30



Bonus Pay

QUALIFYING	Qualifying for a bonus payment		
	2022 = 95	2023 = 88	Decrease of 7
MALE	No of men qualifying for a bonus payment		
	2022 = 70	2023 = 65	Decrease of 5
FEMALE	No of women qualifying for a bonus payment		
	2022 = 25	2023 = 23	Decrease of 2
MEAN	The difference between the average hourly earnings		
	2022 = 45.24%	2023 = 42.59%	Decrease of 2.65%
MEDIAN	The difference between the midpoints in the ranges of hourly earnings		
	2022 = 35.63%	2023 = 41.11%	Increase of 5.48%

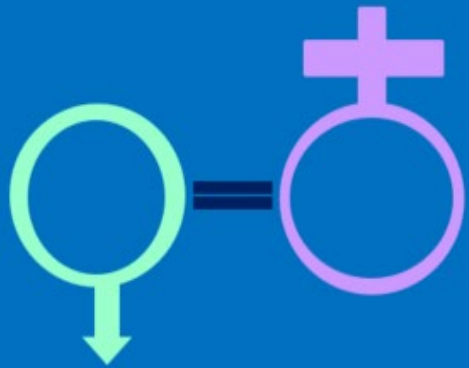
The Trust does not offer a bonus scheme to staff. However, some of our clinicians are entitled to apply for a Clinical Excellence Award; this accounts for the bonus section of our report.



WVT Gender Pay Gap Reporting for 2022/23

(Snapshot date 31.03.23)

A quality of care in our hospital we
would want for ourselves, our families
and our friends.



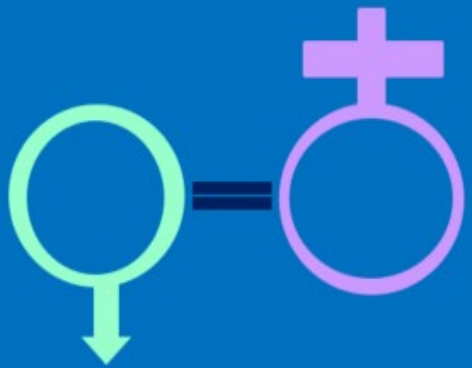
Extracted from ESR as at 23.10.23



Compassion • Accountability • Respect • Excellence

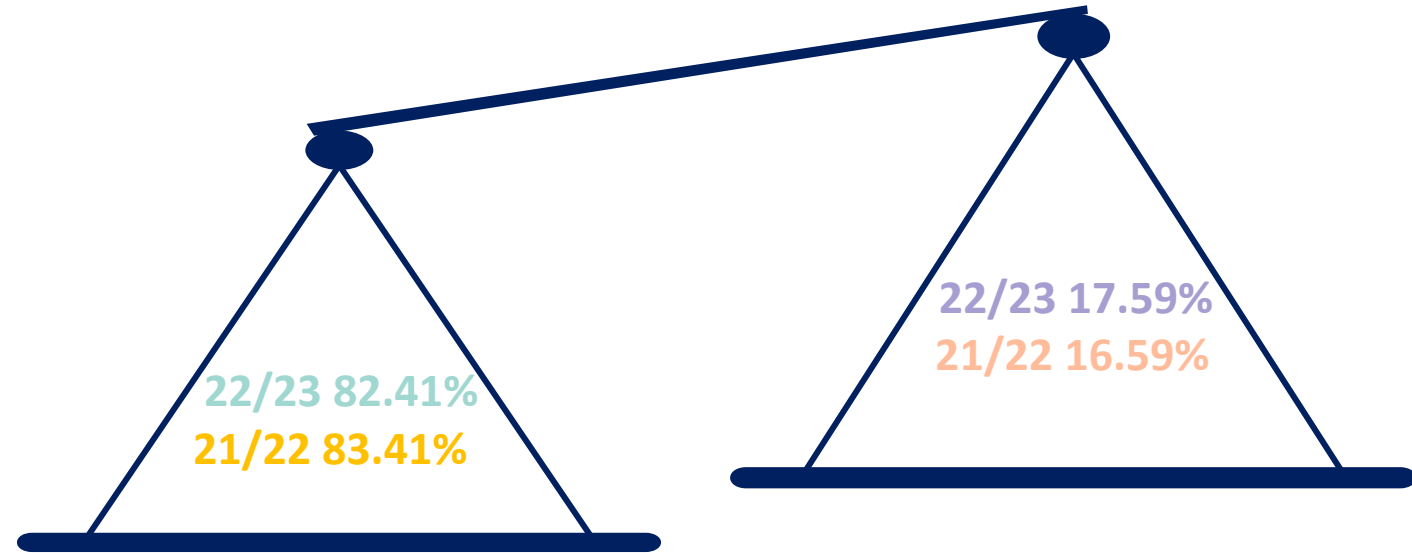
NHS
Wye Valley
NHS Trust

Exploring the Gender Pay Gap



FEMALE

MALE

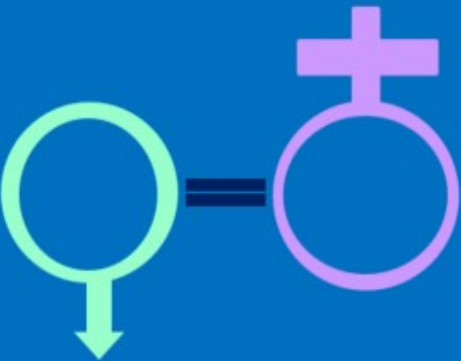


22/23	3552
21/22	3460

22/23	758
21/22	688



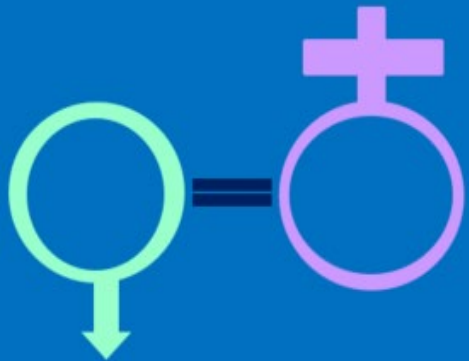
Employees by Pay Quartile



	UPPER QUARTILE		UPPER MIDDLE QUARTILE		LOWER MIDDLE QUARTILE		LOWER QUARTILE	
	F	M	F	M	F	M	F	M
22/23	67.46%	32.54%	87.01%	12.99%	87.03%	12.97%	84.82%	15.18%
21/22	68.17%	31.83%	87.08%	12.92%	87.13%	12.87%	88.72%	11.28%
Increase Decrease	Decrease of 0.71	Increase of 0.71	Decrease of 0.07	Increase of 0.07	Decrease of 0.10	Increase of 0.10	Decrease of 3.90	Increase of 3.90

This shows the proportion of male and female full pay relevant employees (headcount) in four quartile pay bands, which is done by dividing the rates of pay across the workforce into four equal parts. Their hourly rates of pay are sorted lowest to highest, then divided as equally as possible. Comparing results between the quartiles will indicate the distribution of full pay relevant to male and female employees across the organisation.

Ordinary Pay



MEAN

22/23 Female hourly rate £17.78
21/22 Female hourly rate £17.04

Increase
of £0.74

22/23 Male hourly rate £25.06
21/22 Male hourly rate £24.95

Increase
of £0.11

22/23 Pay Gap 29.07%
21/22 Pay Gap 31.70%

Decrease
of 2.63%

MEDIAN

22/23 Female hourly rate £16.38
21/22 Female hourly rate £15.62

Increase
of £0.76

22/23 Male hourly rate £20.75
21/22 Male hourly rate £20.08

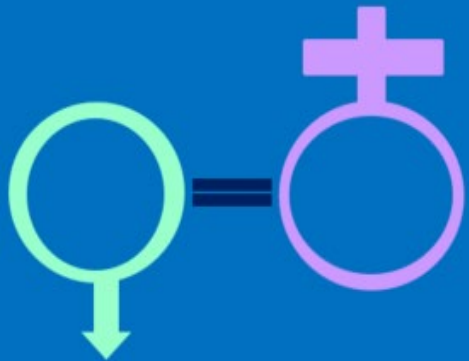
Increase
of £0.67

22/23 Pay Gap 21.05%
21/22 Pay Gap 22.10%

Decrease
of 1.05%

The Workforce within the Wye Valley NHS Trust is reflecting that both females and males are attracting increased hourly rates of pay, however, the rate of increase is greater with females than males, therefore overall, there is a reduction in pay gap from last year.

Bonus Pay



QUALIFYING	Qualifying for a bonus payment		
	22/23 = 85	21/22 = 99	Decrease of 14
MALE	No of men qualifying for a bonus payment		
	22/23 = 57	21/22 = 67	Decrease of 10
FEMALE	No of women qualifying for a bonus payment		
	22/23 = 28	21/22 = 32	Decrease of 4
MEAN	The difference between the average hourly earnings		
	22/23 = 31.96%	21/22 = 21.81%	Increase of 10.15%
MEDIAN	The difference between the midpoints in the ranges of hourly earnings		
	22/23 = 0.00%	21/22 = 0.00%	No Change

Bonus Pay includes anything that relates to profit sharing, productivity, performance, incentive and commission received in the form of cash or vouchers. Clinical Excellence Awards and Discretionary Points identified as bonuses for NHS staff are awarded to staff in the medical workforce, which are predominantly male.

Actions

Wye Valley NHS Trust is committed to ensuring an equitable workforce and we will continue to work through the following actions to address any gaps identified:

- Continue to use our leadership programme to encourage more women to progress into senior leadership roles.
- Include career conversations as part of appraisal and development discussions.
- Work with the relevant networks to promote opportunities available to all colleagues to access.
- As part of the EDI Agenda, work with colleagues to develop the levelling up programme that supports international nurse recruits into senior roles within the Trust.
- Promote the inclusive recruitment toolkit and review the recruitment training package to ensure clarity and consistency between applicants to ensure equity in opportunities for all.
- Gather data in relation to learning opportunities through learning panels to determine ratio of learners by gender to identify if there is deep dive required.
- Introduction of an inclusive mentorship programme across the Trust which will encourage not only female colleagues in senior leadership roles to offer support to other female colleagues through reverse mentorship programme opportunities but will be applicable to all staff.

