

Foundation Group Boards

Wed 07 February 2024, 13:30 - 16:30

via Microsoft Teams

Agenda

1. Apologies for Absence

Simone Jordan (NED GEH), Katie Osmond (Chief Finance Officer WVT - Suzi Joberns, Acting Chief Finance Officer WVT, deputising), Bhati Patel (ANED, SWFT) and Jo Rouse (ANED, WVT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 1 November 2023

13:35 - 13:40 *Russell Hardy*


3.1. GEH Minutes of the Meeting held on 1 November 2023

 Agenda Item 3.1 - GEH Minutes of the Meeting held on 1 November 2023.pdf (17 pages)

3.2. SWFT Minutes of the Meeting held on 1 November 2023

 Agenda Item 3.2 - SWFT Minutes of the Meeting held on - 1 November 2023.pdf (17 pages)

3.3. WAHT Minutes of the Meeting held on 1 November 2023

 Agenda Item 3.3 - WAHT Minutes of the Meeting held on - 1 November 2023.pdf (17 pages)

3.4. WVT Minutes of the Meeting held on 1 November 2023

 Agenda Item 3.4 - WVT Minutes of the Meeting held on 1 November 2023.pdf (17 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

 Agenda Item 4 - Public FGB Actions Update Report.pdf (2 pages)

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:15

Managing Directors

📄 Agenda Item 6.1 - Foundation Group Performance Report.pdf (29 pages)

6.2. Group Analytics Update

14:15 - 14:25

Adam Carson and Haq Khan

📄 Agenda Item 6.2 - Group Analytics Update.pdf (5 pages)

6.3. Mutual Aid for Elective Patients Deep Dive

14:25 - 14:40

Chief Operating Officers

📄 Agenda Item 6.3 - Mutual Aid for Elective Patients Deep Dive.pdf (8 pages)

6.4. Safe Staffing Overview (to include Nurse Per Bed Ratio)

14:40 - 14:55

Chief Nursing Officers

📄 Agenda Item 6.4 - Safe Staffing Overview.pdf (9 pages)

6.5. Equality Update - NHS Equality Delivery Scheme (EDS 2022)

14:55 - 15:05

Chief People Officers

📄 Agenda Item 6.5 - Equality Update - NHS Equality Delivery Scheme (EDS 2022).pdf (172 pages)

7. Items for Approval

7.1. Foundation Group Boards Schedule of Business 2024/25

15:05 - 15:10

Russell Hardy

📄 Agenda Item 7.1 - Foundation Group Boards SoB.pdf (3 pages)

8. Items for Information

8.1. Foundation Group Strategy Committee Annual Report 2022/23

15:10 - 15:15

Russell Hardy

📄 Agenda Item 8.1 - FGSC Annual Report 2022-23.pdf (6 pages)

8.2. Foundation Group Strategy Committee Report from the Meeting on the 16 January 2024

15:15 - 15:20

Russell Hardy

📄 Agenda Item 8.2 - FGSC Report from the 16th January 2024.pdf (4 pages)

9. Any Other Business

15:20 - 15:25

10. Questions from Members of the Public and SWFT Governors

15:25 - 15:30

11. Adjournment to Discuss Matters of a Confidential Nature

12. Apologies for Absence

Simone Jordan (NED, GEH), Katie Osmond (Chief Finance Officer, WVT - Suzi Joberns, Acting Chief Finance Officer WVT, deputising), Bhati Patel (ANED, SWFT) and Jo Rouse (ANED, WVT).

13. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

14. Confidential Minutes of the Meeting held on 1 November 2023

15:50 - 15:55 *Russell Hardy*

14.1. GEH Confidential Minutes of the Meeting held on 1 November 2023

 Agenda Item 14.1 - GEH Confidential Minutes of the - 1 November 2023.pdf (3 pages)

14.2. SWFT Confidential Minutes of the Meeting held on 1 November 2023

 Agenda Item 14.2 - SWFT Confidential Minutes of the - 1 November 2023.pdf (3 pages)

14.3. WAHT Confidential Minutes of the Meeting held on 1 November 2023

 Agenda Item 14.3 - WAHT Confidential Minutes of the - 1 November 2023.pdf (3 pages)

14.4. WVT Confidential Minutes of the Meeting held on 1 November 2023

 Agenda Item 14.4 - WVT Confidential Minutes of the - 1 November 2023.pdf (3 pages)

15. Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

There are no outstanding confidential actions, however report is attached for completeness.

 Agenda Item 15 - Confidential FGB Actions Update Report.pdf (1 pages)

16. Performance Review and Updates

16.1. Staff Survey

16:00 - 16:10 *Glen Burley*

 Agenda Item 16.1 - Staff Survey.pdf (9 pages)

16.2. Foundation Group Objectives - Verbal Update

16:10 - 16:20 *Glen Burley / Chief Strategy Officers*

17. Items for Information

17.1. Foundation Group Strategy Committee Minutes from the Meeting held on 18th October 2023

16:20 - 16:25

Russell Hardy

 Agenda Item 17.1 - FGSC Minutes from the Meeting on 18 October 2023.pdf (22 pages)

18. Any Other Confidential Business

16:25 - 16:30

19. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 1 May 2024 at 13:30 via Microsoft Teams.

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

**GEH Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 November 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
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Umar Zamman	(UZ)	NED GEH

In attendance:

GEH:

Sarah Collett	(SC)	Trust Secretary GEH/SWFT
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Mark Hetherington	(MH)	ANED GEH
Rosie Kneafsey	(RK)	ANED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH
Jackie Richards	(JR)	ANED GEH
Robin Snead	(RS)	Chief Operating Officer GEH

SWFT:

Charles Ashton	(CA)	Chief Medical Officer SWFT
Varadarajan Baskar	(VB)	Deputy Medical Director SWFT
Adam Carson	(AC)	Managing Director SWFT
Oliver Cofler	(OC)	ANED SWFT
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PG)	NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWT
Oli Hiscoe	(OH)	ANED SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Simon Page	(SP)	NED SWFT
David Spraggett	(DS)	NED SWFT
Ellie Ward	(EW)	Deputy Chief Nursing Officer SWFT (deputising for Fiona Burton)
Sue Whelan Tracy	(SWT)	NED SWFT
Leigh Tranter	(LT)	Communications SWFT

WAHT:

Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Richard Haynes	(RH)	Director of Communications WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Michelle Lynch	(ML)	NED WAHT

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Karen Martin	(KM)	NED WAHT
Julie Moore	(JM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Sue Sinclair	(SS)	ANED WAHT

WVT:

Chizo Agwu	(CA)	Chief Medical Director WVT
Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director 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
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
Frank Myers	(FMy)	ANED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

Foundation Group:

Vanessa Nicholls	(VN)	GEH Board Secretary (deputising for the Foundation Group EA)
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There were five SWFT Governors and two members of the public also in attendance.

MINUTE
23.074

APOLOGIES FOR ABSENCE

Apologies for absence were received from Yasmin Becker (NED SWFT); Fiona Burton (Chief Nursing Officer SWFT); Paul Capener (ANED GEH); Andrew Cottom (NED WVT); Becky Hale (Chief Commissioning Officer SWFT); Erica Hermon (Associate Director of Corporate Governance / Company Secretary WVT); Sharon Hill (ANED WVT); Colin Horwath (NED WAHT); Simone Jordan (NED GEH); Vikki Lewis (Chief Digital Officer WAHT); Anil Majithia (NED GEH); Simon Murphy (NED/Deputy Chair WAHT); Jo Newton (Director of Strategy and Planning WAHT); Katie Osmond (Chief Finance Officer WVT), Bharti Patel (ANED SWFT) and Mary Powell (Head of Strategic Communications).

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

ACTION

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Frank Myers (ANED WVT) declared his appointment as Chair of Community First Herefordshire and Worcestershire.

Standing down as NHS's longest serving Non-Executive Director in December 2023, the Group Chairman took time to thank Frank Myers for his hard work and commitment during his tenure at WVT and wished him well in his new role.

Resolved – that the position be noted.

23.076

GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the GEH public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.077

SWFT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the SWFT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.078

WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the WVT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.079

CHAIRMAN'S REMARKS

The Group Chairman welcomed to the Foundation Group:

- Chizo Agwu as the new Chief Medical Officer for WVT, and
- Oli Hiscoe, Oliver Cofler and Bharti Patel as new ANED's for SWFT.

A note of thanks was also extended to WVT's former Chief Medical Officer, David Mowbray, who had taken up appointment as Chief Medical Advisor for SWFT Clinical Services Ltd.

With the Foundation Group celebrating a number of special days throughout November 2023 like Remembrance Day, the Group Chairman spoke proudly of the close working relationship with veteran organisations across the Foundation Group, as part of the signed covenant with the Veterans Covenant Healthcare Alliance. On behalf of the Foundation Group, the Group Chairman took the time to thank veterans and their families for their enormous commitment to service over the years.

Other special events being celebrated as part of the Foundation Group's Equality, Diversity and Inclusion (EDI) agenda throughout November 2023

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included Diwali; Transgender Awareness Week; UK Disability Month; Islamophobia Month and White Ribbon Day.

Resolved – that the Chairman’s Remarks be received and noted.

23.080

MATTERS ARISING AND ACTIONS UPDATE REPORT

23.080.01

Foundation Group Performance Report (Minute 23.058 refers)

The Managing Director at WVT informed the Foundation Group Boards that work to understand how many diagnoses of cancer each trust had in their Emergency Departments (EDs) remained ongoing. Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position.

J/CF/AC

Resolved – that the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.

23.081

OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP

The Group Chairman provided an overview on some of the interesting topics covered at the Foundation Group Boards Workshop earlier that day.

Presentations included ‘Big Move’ updates on the work being done around Carbon Reduction, of which the Foundation Group was at the forefront of within the NHS, and the Home First agenda which updated on the important work happening as a whole with partners across health, social care and the voluntary sector to help provide the right care for patients in the right place and by the right team. A focused discussion also took place on agency and locum controls across the Foundation Group, which had indicated early signs of progress in agency and locum reduction.

A presentation then followed by Guest Speaker Sir Thomas Hughes-Hallet from Helpforce, who spoke positively about the work of volunteers and the important role they played within the NHS. With GEH recognised at the National Helpforce Champions Awards in October 2023, the Group Chairman thanked the GEH Head of Patient Experience and Volunteering and team for their phenomenal volunteering work which had won them the Volunteering Collaboration of the Year Award.

With volunteering known to be beneficial for one’s health, and vital in enabling the NHS to provide better care for the citizens we served, the Group Chairman encouraged anyone considering volunteering to contact any of the four organisations to express an interest in becoming a valued member of the team.

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Reflecting on those Board Workshop presentations heard earlier that day, the Group Chief Executive remarked that this had reinforced the opportunity across the Foundation Group for sharing some of the great practice that was happening. In particular on areas like the Carbon Reduction Big Move, which in all four trusts had shown action was underway, and a lot of engagement with different disciplines and staff that meant carbon reduction was being positively looked at from all angles. Opportunities for shared learning across the Foundation Group had also seen great progress being made around agency and locum controls.

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She informed the Foundation Group Boards that for the period July to September 2023, WVT had been ranked top performing Trust across the region for delivering on average 117 per cent of its value weighted elective activity; compared with pre-Covid elective activity in 2019/20. Although an area for celebration, WVT recognised that there were still opportunities to explore and improve theatre productivity further.

The Managing Director at WVT explained that whilst WVT's performance against the national 28 Day Faster Diagnosis Standard (28 Day FDS) remained on track, delays in histopathology reporting had been sighted as one of the main issues impacting on performance. Despite outsourcing arrangements and mutual aid being in place, this had led to longer turnaround times and thus, extending waiting times for patient's diagnosis and treatment. She highlighted that there was a real opportunity for Chief Medical Officers across the Foundation Group to lead the way on a histopathology network solution to improve reporting times for all patients across the Foundation Group.

Raising WVT's ED performance as an area for concern, the Managing Director at WVT reported that one of the biggest drivers for underperformance had been the deterioration in medically fit for discharge patients, who had been delayed in hospital. Notwithstanding, she was confident that following the recent delegation of the Better Care Fund, this would provide opportunity for improved ownership as to how resources would be used across Herefordshire; particularly to help drive improvement around Discharge to Assess (D2A) pathways. Other opportunities to help improve ED performance via the Virtual Ward model included going live that day with Docobo, a system that enabled patient's vital signs to be monitored remotely and the Surgical Same Day Emergency Care (SDEC) facility that would go live later that month.

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

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For context, the Group Chairman explained that keeping patients in an acute setting when fit for discharge cost the NHS approximately £300 per night, opposed to £50 per night for a domiciliary care package in the community. Acknowledging that more could be done to improve the HomeFirst model, he stressed that without the support of social care and domiciliary care providing capacity in the community, this not only posed a risk of hospital acquired decline for the patient but also meant a significant net loss to the taxpayer, of approximately £250 per day, per patient.

MsTwigg (NED WVT) queried if there was any specific reason why breast cancer related 28 Day FDS statistics were particularly low for WVT. As previously mentioned, the Managing Director at WVT explained that the deterioration in performance had been due to delays in histopathology reporting and thus, reiterating a big opportunity to improve histopathology by networking the service across the Foundation Group to ensure turnaround times remained consistent for patients across all four trusts.

The Managing Director at SWFT provided the Foundation Group Boards with an overview of the performance at WVT. Reporting an incredibly busy month for SWFT's ED during September 2023, he highlighted that despite higher attendances, the A&E 4-hour performance was better when compared with the same period in 2022/23, maintaining SWFT's place within the top ten trusts nationally. Record number of attendances had also been seen through WVT's SDEC areas in September 2023; positively reflecting the level transformation work happening within Emergency Care Services.

The Managing Director at SWFT highlighted significant concern as to the high number of patients arriving via intelligence conveyancing (IC) from West Midlands Ambulance Service (WMAS). He reported that during September 2023, SWFT admitted 81 'out of area' patients of which a number had been deemed inappropriate. With 'out of area' patients often proving difficult to discharge; impacting on both length of stay (LoS) and bed occupancy, and with the number of IC cases increasing month on month, the Foundation Group Boards was informed that the Trust was working with WMAS and the Integrated Care Board (ICB) to address the issue, as this was a particular concern heading into winter.

Updating on Cancer Services, the Managing Director at SWFT explained that one of the biggest challenges for the Trust had been around the sustained increase in Cancer two week wait (2WW) referrals seen in recent months. Despite this, SWFT had made notable improvements in the 28 Day FDS and good progress in reducing the number of patients waiting over 62 days for treatment; placing SWFT ahead of the fair shares Integrated Care System (ICS) trajectory. With the majority of SWFT's oncologist cover provided by University Hospitals Coventry and Warwickshire NHS Trust (UHCW), the Managing Director at SWFT assured the Foundation Group Boards that the Trust

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continued to work with UHCW to improve waiting times for first oncology appointments.

Focussing on Referral Time to Treatment (RTT) performance, the Managing Director at SWFT was pleased to report a continued reduction in 65 week waits, with SWFT on track to eliminate both admitted and non-admitted elective waits by 31 March 2024. Good progress had also been made on reducing 52 week waits, supported by the learning from the Getting it Right First Time (GIRFT) Further Faster programme and general improvements seen across specialties in elective care.

The Managing Director at SWFT celebrated the Trust's improvement work done with the Endoscopy Service. Achieving over 98 per cent utilisation in recent months had ranked SWFT favourably as one of the highest performing organisations within the country.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Managing Director at GEH provided the Foundation Group Boards with an overview of the performance at GEH. With high bed occupancy a consistent theme to that experienced across the Foundation Group, the Managing Director at GEH explained that this had been particularly challenging for GEH, inevitably impacting on flow and performance metrics. In order to maintain flow, she reported that extra capacity had been opened, with patients (where safe to do so) boarding on wards to help maintain safe care for patients.

The Managing Director at GEH reported that the Trust's A&E 4-hour performance continued to perform well when compared nationally, with a slight improvement seen in the performance metric for September 2023. It had also been positive to note that GEH continued to perform well in regard to low numbers of ambulance handovers waiting over 60 minutes. Notwithstanding, GEH had seen the number of ambulances waiting between 30 and 60 minutes increase, something the ED was keen to eliminate so that patients could be admitted and treated as soon as possible.

With sickness absence rates remaining high, the Managing Director at GEH assured the Foundation Group Boards that a lot of work had been done around staff wellbeing and supporting individuals to manage sickness levels. An area which would continue to be an ongoing focus for the Trust.

Although GEH's position regarding the Cancer 28Day FDS had been as predicted, the Foundation Group Boards were informed that the Trust was forecasting some deterioration in that position over the coming months due to some fragility around staffing in the Urology Service. Although staffing issues had been mitigated, this and the impact of industrial action were likely to have some effect on urology pathways, given the need for specialist consultants to

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deliver the whole of the cancer pathway, including things like Multi-Disciplinary Team (MDT) meetings, which were important for decision making in cancer.

Focusing on RTT performance, the Managing Director at GEH was pleased to report that GEH continued to have low numbers of patients waiting over 65 weeks for treatment. Whilst there had been an increase in the number of patients waiting over 52 weeks, the Trust remained focused on treating long waiters and providing mutual aid to patients in gynaecology from UHCW.

For context, the Group Chairman remarked that as a result of SWFT and GEH performing relatively well on ED and Maternity performance, this had seen an increase in demand for both trusts, which combined meant that they were providing circa 60 per cent of the ED and Maternity flow for Coventry and Warwickshire.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chief Executive on behalf of WAHT provided the Foundation Group Boards with an overview of the performance at WAHT.

The Group Chairman announced that as of 6 November 2023, Stephen Coleman would take up position of Managing Director at WAHT.

On behalf of the Foundation Group Boards, the Group Chief Executive thanked the Head of Information at WVT for coordinating the Performance Report across the Foundation Group. He also thanked WAHT's Information Team for producing the Trust's data in line with the rest of the Foundation Group as having a consistent overview enabled the Foundation Group to get to the heart of performance issues and opportunities.

With WAHT subject to a degree of regional scrutiny on performance as a tier two level Trust, the Group Chief Executive remarked that WAHT's A&E 4-hour standard and ambulance handover times remained the Trust's biggest cause for concern. The Trust was therefore focusing on flow and opportunities to do more activity through SDEC.

Positive to note that WAHT's mortality figures remained within expected range, the Group Chief Executive was particularly pleased to report the WAHT's theatre utilisation performance was ranked the strongest across the Foundation Group, achieving 87 per cent on the uncapped touch time indicator, presenting a real opportunity for shared learning.

With WAHT's cancer performance ranked as a significant outlier 12 months ago, it had been positive to report that performance had been on a steady improvement trajectory with performance around 2WWs and 28 Day FDS on track. Acknowledging that Cancer 62-day waits were longer than would like,

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the Group Chief Executive was hopeful that the GIRFT Faster Further programme would lead to further improvement in the future.

The Group Chief Executive informed the Foundation Group Boards that WAHT had been removed from tier two monitoring in respect of its RTT 52 week wait performance. Whilst positive, he highlighted that with RTT performance at 49 per cent and a worryingly increase in 52 week wait numbers, this was something the Trust would need to focus on. However, he was optimistic that the opening of additional theatres last month at the Alexandra Hospital would provide that additional capacity moving forward.

Asked by the Group Chairman to give an overview on NHS England's (NHSE's) Ten-Point Plan (10PP) initiated to improve WAHT's performance, the Group Chief Executive explained that the 10PP's main focus was an emphasis on flow and the need to improve processes within the hospital. In particular around medical specialities as that would enable patients to be pulled from ED and treated by the right speciality and discharged home as early as possible.

There was also an opportunity identified within the 10PP to have more HomeFirst and supported discharges through community services. Elements within the 10PP also included the need to focus on improving WAHT's approach to staff, like improving areas such as car parking, to help improve on sickness absence levels and organisational recruitment, and simplifying the Trust's approach to improvement by having as many people as possible trained in improvement methodologies so that they could be responsive to immediate issues like flow.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chairman remarked that despite best endeavours by all four trusts within the Foundation Group to deliver the level of service they aspired to for the citizens they served, he wanted to apologise on behalf of the Foundation Group Boards to patients and their families for the long waits being experienced. An apology was also extended to ambulance crews hindered by capacity constraints delaying patient handovers.

Resolved – that the Foundation Group Performance Report be received and noted.

23.083

OUTPATIENT PRODUCTIVITY

The Chief Operating Officer at WAHT opened the presentation on outpatient productivity. This set out the progress being made across the Foundation Group in the delivery of improving outpatient productivity and how that aligned with the transformational work happening and the Further Faster programme.

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With the appointment of a Group Analyst in October 2023, the Chief Operating Officer at WAHT was pleased to report that the role would be supporting the outpatient productivity piece of work, using internal and external benchmark data to help further identify opportunities for improvement.

In more detail the presentation focused on the work around the Further Faster programme, Patient Initiated Follow Up (PIFU), NHSE Transformation Ask and any other national involvement initiatives like the NHS Elective Recovery Programme and GIRFT.

Having identified a number of similarities from each of the Trust's Outpatient Transformation Programmes, the Foundation Group Boards were notified of three key areas of focus which would be driven collectively by the Foundation Group to improve productivity; which included:

- a) improving communication to our patients;
- b) using IT to support improvements around productivity, and
- c) undertaking specialty deep dives and service reviews.

Focusing on RTT performance for each of the organisations, the Chief Operating Officer at WAHT talked through those factors driving the increase in waiting list numbers, together with the combined actions being taken by the Foundation Group to address that increase. It was noted that with the exception of WAHT who had seen a slight decrease in the number of patients on the waiting list, performance charts for SWFT, GEH and WVT had shown a gradual increase in their waiting list position.

Focusing on Cancer 2WW performance, the Chief Operating Officer at WAHT reported that all four organisations had seen a significant increase in Cancer 2WW referrals across a range of specialities. However, it had been particularly interesting to note that the pattern in 2WW surges had been very similar across the Foundation Group. The Chief Operating Officers would therefore undertake a deep dive into that 2WW referral pattern to help understand and predict where surge areas were likely to arise for particular specialities and help understand what that meant for the rest of the pathway, particularly around cancers.

The Chief Operating Officer at WVT explained that PIFU was a patient led activation of their follow up appointment, based on their symptoms and individual circumstances. Emphasising that PIFUs should not be used in place of discharging patients appropriately, it was noted that this would be a key measure that would need to be embedded correctly across the Foundation Group. With all four trusts currently at different stages in delivering PIFU, particularly within specialty plans, it had been positive to note that there was clear clinical leadership and pathways being developed. He remarked that looking at best practice across the 28 trusts involved in the Faster Further programme and looking at case studies and benchmarking, together with using the average and mean across PIFU, would be key for the Foundation Group;

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WYE VALLEY NHS TRUST (WVT)**

GEH Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

including the need to look at local solutions where case studies could be amended as necessary.

Opportunities being considered by the Foundation Group included PIFU case studies to drive down Do Not Attends (DNAs) for new appointments and patient reactivation rates for PIFU specialties. Although nationally GIRFT evidence suggested that most patients returned less often when empowered to manage their own follow up pathway.

With DNAs a core area of focus of operational delivery in outpatients, the Foundation Group Boards were informed that Chief Operating Officers were focusing on a number of opportunities and solutions using GIRFT best practice to minimise the impact of unused appointments. In particular through using digital solutions and working with the Volunteer Service to make reminder calls in services with the highest DNA rates.

Focusing on outpatient utilisation, the Foundation Group Boards were briefed on the approach being taken to adopt the 6-4-2 scheduling process commonly used in theatre processes to reduce clinic cancellations. As part of the Faster Further programme it was noted that there had been job plans, best practice and specialty based best practice clinic templates released to help trusts improve outpatient utilisation. There would also be a focus on clinic comparison data including the percentage of follow ups and percentage of new patients at specialty and subspecialty level.

With varying degrees of success across the Foundation Group in regard to virtual appointments, the Foundation Group Boards heard that there were areas which clinical teams could take learning from in terms of best practice. There were also various examples across the Foundation Group around getting virtual clinics right and striking the right balance, so that appointments were adding value to the patients' treatment and pathway. Discharge rates for virtual appointments versus face-to-face appointments would also be an area of focus.

With SWFT, GEH and WVT fortunate to be part of NHSE's GIRFT Further Faster programme lead by Professor Tim Briggs, the presentation outlined some of the opportunities implemented by other member trusts to improve a number of outpatient and inpatients metrics. Whilst WAHT would join the second phase of the Further Faster programme, the Chief Operating Officer at SWFT explained that by virtue of working together as a Foundation Group had provided an opportunity to build a solid foundation for shared learning, and with a Group Analyst in place to make sure that Model Hospital data was accurate across the Foundation Group, that would enable the trusts to accurately measure and compare performance.

Drawing out areas of best practice across the Foundation Group which included GEH's focus on health inequalities and volunteering, SWFT's focus on endoscopy utilisation, WVT's focus on validation and WAHT's approach to

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reducing DNAs, the Foundation Group Boards were informed that with such positive work happening within each trust, the Chief Operating Officers were really keen to share approaches and learning in order to adopt and replicate areas of best practice to drive those benefits across the Foundation Group.

Recognising that the work being done across the Foundation Group had been extremely beneficial, the Chief Operating Officer at GEH highlighted that whilst there were commonalities in the task ahead, there were also commonalities in the challenges impeding not only current performance but also the Foundation Group's ability to deliver collective improvements around outpatient productivity like, industrial action, impact of emergency pressures, increased referrals and workforce availability.

Concluding the presentation, the Chief Operating Officer at GEH outlined some of the initiatives being collectively worked on as a Foundation Group in order to share best practice, take learning from other trusts and develop Group-based solutions to help drive forward improvements.

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

Taking time to thank the Chief Operating Officers, the Group Chairman remarked on how pleasing and encouraging it had been to see the level of cross Foundation Group discussion happening to drive forward improvements.

Remarking on Ms Richard's (GEH NED) comment in the Microsoft Teams chat box, which suggested the use of digital solutions to help patients manage appointments and improve DNA performance, the Group Chairman remarked that whilst he welcomed the approach to find digital solutions at pace as part of the Faster Further work to improve productivity, he counselled for digital solutions to be identical to enable conformity and economies of scale across the Foundation Group.

With the Patient Initiated Digital Mutual Aid System (PIDMAS) a new phenomenon across the NHS, the Group Chief Executive sought views from Chief Operating Officers as to the progress of its implementation.

Overall, the Chief Operating Officers reported a similar position in regard to the number of patients expressing an interest to travel for treatment since recently going live with PIDMAS. Whilst early feedback had indicated some reluctance from patients wanting to travel further than 50 miles with visiting, travel and accommodation cited as areas of concern, overall patients had been keen to opt for the PIDMAS solution. Initial thoughts on the process itself had also highlighted learning around the need to refine the administration process as currently this was proving time consuming.

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Resolved – that the Outpatient Productivity Update be received and noted.

23.084

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.

The Group Chairman invited questions and perspectives, but no further comments were raised.

Resolved – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.

For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.

The Chief People Officer for GEH presented the key headlines which included the following:

- a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts.
- b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16 per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff.
- c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and
- d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across

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GEH, WAHT and GEH. WVT reported an improved position with a decrease in their 2022/23 Pay Gap.

With the Chief People Officers committed to ensuring an equitable workforce across the Foundation Group, a number of consistent actions to respond to and improve the gender pay gap were outlined as follows:

- a) leadership programmes offered as an opportunity to support and develop colleagues to move into more senior roles.
- b) a focus on being a flexible employer, enabling manager skills to support an increased compassionate and flexible workplace.
- c) offering inclusive or reverse mentoring to not only support female colleagues but also focus on all nine protected characteristics which should see an improvement in terms of the Foundation Group's Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).
- d) talent for all sessions to identify aspirant talent and put support and development opportunities in place.
- e) using staff networks to help identify problems and understand what interventions were needed to address them.
- f) promoting and embedding inclusive recruitment toolkits across the Foundation Group to help reduce bias across recruitment processes, and
- g) work with colleagues as part of the EDI agenda to develop a levelling up programme that supports international nurse recruits into senior roles within the Foundation Group.

With the CEA bonus historically given out on an application basis, it was noted that since Covid, CEAs had been shared out on a fair shares basis giving everyone eligible an equal share.

In addition, the Foundation Group Boards were informed that the Foundation Group had also signed up to the Sexual Safety at Work Charter and that the Chief People Officers would be working together over the coming year to look more closely as to whether each trust had ample female representation at all senior levels and likewise, looking at whether the workforce was representative of the local community.

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

Responding to Ms Quantock's (WVT NED) question in the Microsoft Teams chat box, the Chief People Officer at WAHT confirmed that all trusts in the Foundation Group did measure the pay gap between other protected characteristics under the WDES, WRES and NHS Rainbow Badge Scheme. This was also addressed through a positive recruitment process, with interviews guaranteed for colleagues with protected characteristics if they met

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the person specification for Bands 8a and above with a view to expanding that offer to lower bands going forward.

In order to get a more meaningful measure regarding the gender pay gap, the Managing Director of WVT suggested a further breakdown which showed the female/male pay gap by professional group and across each of the nine protected characteristic areas. The Chief People Officer at GEH confirmed that there was a more detailed breakdown available, however the Gender Pay Gap was a nationally prescribed report, which provided the granular data across the different protected characteristics within the WRES and WDES reports, different genders and different staff groups.

The Group Chairman asked that the Chief People Officers presented the Gender Pay Gap report back to their respective Trust Boards, which included a more granular breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic groups, to give added assurance that women or colleagues from those protected characteristic groups were not being disadvantaged in terms of pay.

CPOs

With Birmingham City Council recently declaring itself in a state of 'effective bankruptcy' as a result of being sued by employees for unequal pay under the Equality Act 2010, the Group Chairman asked if there was a potential risk of such a claim being brought against the NHS. The Chief People Officer at GEH explained that there had been an unequal pay risk with the introduction of AfC back in 2005 but was assured that was far less of a risk now in terms of how the NHS undertook job evaluation and reviewed posts.

With the introduction of AfC T&Cs initially aimed at addressing equal pay issues, the Group Chief Executive remarked that in his opinion the data now exposed opportunities for improvement around equality issues relating to things like progression, training and providing flexible working opportunities.

Resolved – that,

(A) the Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic, and

(B) the Gender Pay Gap Annual Report be received and noted.

CPOs

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

Celebrating the Group Chief Executive's 40 years of service in the NHS, the Group Chairman recapped on his career history that commenced back on 1 September 1983 as a Finance Trainee in the then South Warwickshire Health Authority.

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From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.

With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.

In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.

Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.

Resolved – that the position be noted.

23.087

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

No questions were raised.

Resolved – that the position be noted.

23.088

ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

23.089

APOLOGIES FOR ABSENCE

23.090

DECLARATIONS OF INTEREST

23.091

GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.092

SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.093

WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.094

CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT

23.095

ANY OTHER CONFIDENTIAL BUSINESS

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23.096

DATE AND TIME OF NEXT MEETING

The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.

ACTION

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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WYE VALLEY NHS TRUST (WVT)**

**SWFT Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 November 2023 at 1.30pm via Microsoft Teams
In Parallel with GEH, WAHT and WVT**

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Charles Ashton	(CA)	Chief Medical Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Oliver Cofler	(OC)	ANED SWFT
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PG)	NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWT
Oli Hiscoe	(OH)	ANED SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Simon Page	(SP)	NED SWFT
David Spraggett	(DS)	NED SWFT
Ellie Ward	(EW)	Deputy Chief Nursing Officer SWFT (deputising for Fiona Burton)
Sue Whelan Tracy	(SWT)	NED SWFT

In attendance:

SWFT:

Varadarajan Baskar	(VB)	Deputy Medical Director SWFT
Sarah Collett	(SC)	Trust Secretary SWFT/GEH
Leigh Tranter	(LT)	Communications SWFT

GEH:

Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Mark Hetherington	(MH)	ANED GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	NED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	ANED GEH
Robin Snead	(RS)	Chief Operating Officer GEH
Umar Zamman	(UZ)	NED GEH

WAHT:

Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Richard Haynes	(RH)	Director of Communications WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Michelle Lynch	(ML)	NED WAHT
Karen Martin	(KM)	NED WAHT

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Julie Moore	(JM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Sue Sinclair	(SS)	ANED WAHT

WVT:

Chizo Agwu	(CA)	Chief Medical Director WVT
Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director 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
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
Frank Myers	(FMy)	ANED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

Foundation Group:

Vanessa Nicholls	(VN)	GEH Board Secretary (deputising for the Foundation Group EA)
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There were five SWFT Governors and two members of the public also in attendance.

MINUTE

23.074

APOLOGIES FOR ABSENCE

Apologies for absence were received from: Yasmin Becker (NED SWFT); Fiona Burton (Chief Nursing Officer SWFT); Paul Capener (ANED GEH); Andrew Cottom (NED WVT); Becky Hale (Chief Commissioning Officer SWFT); Erica Hermon (Associate Director of Corporate Governance / Company Secretary WVT); Sharon Hill (ANED WVT); Colin Horwath (NED WAHT); Simone Jordan (NED GEH); Vikki Lewis (Chief Digital Officer WAHT); Anil Majithia (NED GEH); Simon Murphy (NED/Deputy Chair WAHT); Jo Newton (Director of Strategy and Planning WAHT); Katie Osmond (Chief Finance Officer WVT), Bharti Patel (ANED SWFT) and Mary Powell (Head of Strategic Communications).

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

ACTION

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ACTION

Frank Myers (ANED WVT) declared his appointment as Chair of Community First Herefordshire and Worcestershire.

Standing down as NHS's longest serving Non-Executive Director in December 2023, the Group Chairman took time to thank Frank Myers for his hard work and commitment during his tenure at WVT and wished him well in his new role.

Resolved – that the position be noted.

23.076

GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the GEH public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.077

SWFT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the SWFT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.078

WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the WVT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.079

CHAIRMAN'S REMARKS

The Group Chairman welcomed to the Foundation Group:

- Chizo Agwu as the new Chief Medical Officer for WVT; and,
- Oli Hiscoe, Oliver Cofler and Bharti Patel as a new ANED's for SWFT.

A note of thanks was also extended to WVT's former Chief Medical Officer, David Mowbray, who had taken up appointment as Chief Medical Advisor for SWFT Clinical Services Ltd.

With the Foundation Group celebrating a number of special days throughout November 2023 like Remembrance Day, the Group Chairman spoke proudly of the close working relationship with veteran organisations across the Foundation Group, as part of the signed covenant with the Veterans Covenant Healthcare Alliance. On behalf of the Foundation Group, the Group Chairman took the time to thank veterans and their families for their enormous commitment to service over the years.

Other special events being celebrated as part of the Foundation Group's Equality, Diversity and Inclusion (EDI) agenda throughout November 2023

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<u>MINUTE</u>		<u>ACTION</u>
	<p>included Diwali; Transgender Awareness Week; UK Disability Month; Islamophobia Month and White Ribbon Day.</p> <p><u>Resolved</u> – that the Chairman’s Remarks be received and noted.</p>	
23.080	<u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
23.080.01	<p><u>Foundation Group Performance Report (Minute 23.058 refers)</u></p> <p>The Managing Director at WVT informed the Foundation Group Boards that work to understand how many diagnoses of cancer each trust had in their Emergency Departments (EDs) remained ongoing. Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position.</p> <p><u>Resolved</u> – that the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.</p>	J/CF/AC
23.081	<u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u>	
	<p>The Group Chairman provided an overview on some of the interesting topics covered at the Foundation Group Boards Workshop earlier that day.</p> <p>Presentations included ‘Big Move’ updates on the work being done around Carbon Reduction, of which the Foundation Group was at the forefront of within the NHS, and the Home First agenda which updated on the important work happening as a whole with partners across health, social care and the voluntary sector to help provide the right care for patients in the right place and by the right team. A focused discussion also took place on agency and locum controls across the Foundation Group, which had indicated early signs of progress in agency and locum reduction.</p> <p>A presentation then followed by Guest Speaker Sir Thomas Hughes-Hallet from Helpforce, who spoke positively about the work of volunteers and the important role they played within the NHS. With GEH recognised at the National Helpforce Champions Awards in October 2023, the Group Chairman thanked the GEH Head of Patient Experience and Volunteering and team for their phenomenal volunteering work which had won them the Volunteering Collaboration of the Year Award.</p> <p>With volunteering known to be beneficial for one’s health, and vital in enabling the NHS to provide better care for the citizens we served, the Group Chairman encouraged anyone considering volunteering to contact any of the four organisations to express an interest in becoming a valued member of the team.</p>	

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Reflecting on those Board Workshop presentations heard earlier that day, the Group Chief Executive remarked that this had reinforced the opportunity across the Foundation Group for sharing some of the great practice that was happening. In particular on areas like the Carbon Reduction Big Move, which in all four trusts had shown action was underway, and a lot of engagement with different disciplines and staff that meant carbon reduction was being positively looked at from all angles. Opportunities for shared learning across the Foundation Group had also seen great progress being made around agency and locum controls.

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She informed the Foundation Group Boards that for the period July to September 2023, WVT had been ranked top performing Trust across the region for delivering on average 117 per cent of its value weighted elective activity; compared with pre-Covid elective activity in 2019/20. Although an area for celebration, WVT recognised that there were still opportunities to explore and improve theatre productivity further.

The Managing Director at WVT explained that whilst WVT's performance against the national 28-Day Faster Diagnosis Standard (28-Day FDS) remained on track, delays in histopathology reporting had been sighted as one of the main issues impacting on performance. Despite outsourcing arrangements and mutual aid being in place, this had led to longer turnaround times and thus, extending waiting times for patient's diagnosis and treatment. She highlighted that there was a real opportunity for Chief Medical Officers across the Foundation Group to lead the way on a histopathology network solution to improve reporting times for all patients across the Foundation Group.

Raising WVT's ED performance as an area for concern, the Managing Director at WVT reported that one of the biggest drivers for underperformance had been the deterioration in medically fit for discharge patients, who had been delayed in hospital. Notwithstanding, she was confident that following the recent delegation of the Better Care Fund, this would provide opportunity for improved ownership as to how resources would be used across Herefordshire; particularly to help drive improvement around Discharge to Assess (D2A) pathways. Other opportunities to help improve ED performance via the Virtual Ward model included going live that day with Docobo, a system that enabled patient's vital signs to be monitored remotely and the Surgical Same Day Emergency Care (SDEC) facility that would go live later that month.

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

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ACTION

For context, the Group Chairman explained that keeping patients in an acute setting when fit for discharge cost the NHS approximately £300 per night, opposed to £50 per night for a domiciliary care package in the community. Acknowledging that more could be done to improve the HomeFirst model, he stressed that without the support of social care and domiciliary care providing capacity in the community, this not only posed a risk of hospital acquired decline for the patient but also meant a significant net loss to the taxpayer, of approximately £250 per day, per patient.

Ms Twigg (NED WVT) queried if there was any specific reason why breast cancer related 28-Day FDS statistics were particularly low for WVT. As previously mentioned, the Managing Director at WVT explained that the deterioration in performance had been due to delays in histopathology reporting and thus, reiterating a big opportunity to improve histopathology by networking the service across the Foundation Group to ensure turnaround times remained consistent for patients across all four trusts.

The Managing Director at SWFT provided the Foundation Group Boards with an overview of the performance at WVT. Reporting an incredibly busy month for SWFT's ED during September 2023, he highlighted that despite higher attendances, the A&E 4-hour performance was better when compared with the same period in 2022/23, maintaining SWFT's place within the top ten trusts nationally. Record number of attendances had also been seen through WVT's SDEC areas in September 2023; positively reflecting the level transformation work happening within Emergency Care Services.

The Managing Director at SWFT highlighted significant concern as to the high number of patients arriving via intelligence conveyancing (IC) from West Midlands Ambulance Service (WMAS). He reported that during September 2023, SWFT admitted 81 'out of area' patients of which a number had been deemed inappropriate. With 'out of area' patients often proving difficult to discharge; impacting on both length of stay (LoS) and bed occupancy, and with the number of IC cases increasing month on month, the Foundation Group Boards was informed that the Trust was working with WMAS and the Integrated Care Board (ICB) to address the issue, as this was a particular concern heading into winter.

Updating on Cancer Services, the Managing Director at SWFT explained that one of the biggest challenges for the Trust had been around the sustained increase in Cancer two week wait (2WW) referrals seen in recent months. Despite this, SWFT had made notable improvements in the 28 Day FDS and good progress in reducing the number of patients waiting over 62 days for treatment; placing SWFT ahead of the fair shares Integrated Care System (ICS) trajectory. With the majority of SWFT's oncologist cover provided by University Hospitals Coventry and Warwickshire NHS Trust (UHCW), the Managing Director at SWFT assured the Foundation Group Boards that the Trust

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ACTION

continued to work with UHCW to improve waiting times for first oncology appointments.

Focussing on Referral Time to Treatment (RTT) performance, the Managing Director at SWFT was pleased to report a continued reduction in 65 week waits, with SWFT on track to eliminate both admitted and non-admitted elective waits by 31 March 2024. Good progress had also been made on reducing 52 week waits, supported by the learning from the Getting it Right First Time (GIRFT) Further Faster programme and general improvements seen across specialties in elective care.

The Managing Director at SWFT celebrated the Trust's improvement work done with the Endoscopy Service. Achieving over 98 per cent utilisation in recent months had ranked SWFT favourably as one of the highest performing organisations within the country.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Managing Director at GEH provided the Foundation Group Boards with an overview of the performance at GEH. With high bed occupancy a consistent theme to that experienced across the Foundation Group, the Managing Director at GEH explained that this had been particularly challenging for GEH, inevitably impacting on flow and performance metrics. In order to maintain flow, she reported that extra capacity had been opened, with patients (where safe to do so) boarding on wards to help maintain safe care for patients.

The Managing Director at GEH reported that the Trust's A&E 4-hour performance continued to perform well when compared nationally, with a slight improvement seen in the performance metric for September 2023. It had also been positive to note that GEH continued to perform well in regard to low numbers of ambulance handovers waiting over 60 minutes. Notwithstanding, GEH had seen the number of ambulances waiting between 30 and 60 minutes increase, something the ED was keen to eliminate so that patients could be admitted and treated as soon as possible.

With sickness absence rates remaining high, the Managing Director at GEH assured the Foundation Group Boards that a lot of work had been done around staff wellbeing and supporting individuals to manage sickness levels. An area which would continue to be an ongoing focus for the Trust.

Although GEH's position regarding the Cancer 28-Day FDS had been as predicted, the Foundation Group Boards were informed that the Trust was forecasting some deterioration in that position over the coming months due to some fragility around staffing in the Urology Service. Although staffing issues had been mitigated, this and the impact of industrial action were likely to have some effect on urology pathways, given the need for specialist consultants to

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deliver the whole of the cancer pathway, including things like Multi-Disciplinary Team (MDT) meetings, which were important for decision making in cancer.

Focusing on RTT performance, the Managing Director at GEH was pleased to report that GEH continued to have low numbers of patients waiting over 65 weeks for treatment. Whilst there had been an increase in the number of patients waiting over 52 weeks, the Trust remained focused on treating long waiters and providing mutual aid to patients in gynaecology from UHCW.

For context, the Group Chairman remarked that as a result of SWFT and GEH performing relatively well on ED and Maternity performance, this had seen an increase in demand for both trusts, which combined meant that they were providing circa 60 per cent of the ED and Maternity flow for Coventry and Warwickshire.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chief Executive on behalf of WAHT provided the Foundation Group Boards with an overview of the performance at WAHT.

The Group Chairman announced that as of 6 November 2023, Stephen Coleman would take up position of Managing Director at WAHT.

On behalf of the Foundation Group Boards, the Group Chief Executive thanked the Head of Information at WVT for coordinating the Performance Report across the Foundation Group. He also thanked WAHT's Information Team for producing the Trust's data in line with the rest of the Foundation Group as having a consistent overview enabled the Foundation Group to get to the heart of performance issues and opportunities.

With WAHT subject to a degree of regional scrutiny on performance as a tier two level Trust, the Group Chief Executive remarked that WAHT's A&E 4-hour standard and ambulance handover times remained the Trust's biggest cause for concern. The Trust was therefore focusing on flow and opportunities to do more activity through SDEC.

Positive to note that WAHT's mortality figures remained within expected range, the Group Chief Executive was particularly pleased to report the WAHT's theatre utilisation performance was ranked the strongest across the Foundation Group, achieving 87 per cent on the uncapped touch time indicator, presenting a real opportunity for shared learning.

With WAHT's cancer performance ranked as a significant outlier 12 months ago, it had been positive to report that performance had been on a steady improvement trajectory with performance around 2WWs and 28-Day FDS on track. Acknowledging that Cancer 62-day waits were longer than would like,

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the Group Chief Executive was hopeful that the GIRFT Faster Further programme would lead to further improvement in the future.

The Group Chief Executive informed the Foundation Group Boards that WAHT had been removed from tier two monitoring in respect of its RTT 52 week wait performance. Whilst positive, he highlighted that with RTT performance at 49 per cent and a worryingly increase in 52 week wait numbers, this was something the Trust would need to focus on. However, he was optimistic that the opening of additional theatres last month at the Alexandra Hospital would provide that additional capacity moving forward.

Asked by the Group Chairman to give an overview on NHS England's (NHSE's) Ten-Point Plan (10PP) initiated to improve WAHT's performance, the Group Chief Executive explained that the 10PP's main focus was an emphasis on flow and the need to improve processes within the hospital. In particular around medical specialities as that would enable patients to be pulled from ED and treated by the right speciality and discharged home as early as possible.

There was also an opportunity identified within the 10PP to have more HomeFirst and supported discharges through community services. Elements within the 10PP also included the need to focus on improving WAHT's approach to staff, like improving areas such as car parking, to help improve on sickness absence levels and organisational recruitment, and simplifying the Trust's approach to improvement by having as many people as possible trained in improvement methodologies so that they could be responsive to immediate issues like flow.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chairman remarked that despite best endeavours by all four trusts within the Foundation Group to deliver the level of service they aspired to for the citizens they served, he wanted to apologise on behalf of the Foundation Group Boards to patients and their families for the long waits being experienced. An apology was also extended to ambulance crews hindered by capacity constraints delaying patient handovers.

Resolved – that the Foundation Group Performance Report be received and noted.

23.083

OUTPATIENT PRODUCTIVITY

The Chief Operating Officer at WAHT opened the presentation on outpatient productivity. This set out the progress being made across the Foundation Group in the delivery of improving outpatient productivity and how that aligned with the transformational work happening and the Further Faster programme.

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With the appointment of a Group Analyst in October 2023, the Chief Operating Officer at WAHT was pleased to report that the role would be supporting the outpatient productivity piece of work, using internal and external benchmark data to help further identify opportunities for improvement.

In more detail the presentation focused on the work around the Further Faster programme, Patient Initiated Follow Up (PIFU), NHSE Transformation Ask and any other national involvement initiatives like the NHS Elective Recovery Programme and GIRFT.

Having identified a number of similarities from each of the Trust's Outpatient Transformation Programmes, the Foundation Group Boards were notified of three key areas of focus which would be driven collectively by the Foundation Group to improve productivity; which included:

- a) improving communication to our patients;
- b) using IT to support improvements around productivity, and
- c) undertaking specialty deep dives and service reviews.

Focusing on RTT performance for each of the organisations, the Chief Operating Officer at WAHT talked through those factors driving the increase in waiting list numbers, together with the combined actions being taken by the Foundation Group to address that increase. It was noted that with the exception of WAHT who had seen a slight decrease in the number of patients on the waiting list, performance charts for SWFT, GEH and WVT had shown a gradual increase in their waiting list position.

Focusing on Cancer 2WW performance, the Chief Operating Officer at WAHT reported that all four organisations had seen a significant increase in Cancer 2WW referrals across a range of specialities. However, it had been particularly interesting to note that the pattern in 2WW surges had been very similar across the Foundation Group. The Chief Operating Officers would therefore undertake a deep dive into that 2WW referral pattern to help understand and predict where surge areas were likely to arise for particular specialities and help understand what that meant for the rest of the pathway, particularly around cancers.

The Chief Operating Officer at WVT explained that PIFU was a patient led activation of their follow up appointment, based on their symptoms and individual circumstances. Emphasising that PIFUs should not be used in place of discharging patients appropriately, it was noted that this would be a key measure that would need to be embedded correctly across the Foundation Group. With all four trusts currently at different stages in delivering PIFU, particularly within specialty plans, it had been positive to note that there was clear clinical leadership and pathways being developed. He remarked that looking at best practice across the 28 trusts involved in the Faster Further programme and looking at case studies and benchmarking, together with using the average and mean across PIFU, would be key for the Foundation Group;

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including the need to look at local solutions where case studies could be amended as necessary.

Opportunities being considered by the Foundation Group included PIFU case studies to drive down Do Not Attends (DNAs) for new appointments and patient reactivation rates for PIFU specialties. Although nationally GIRFT evidence suggested that most patients returned less often when empowered to manage their own follow up pathway.

With DNAs a core area of focus of operational delivery in outpatients, the Foundation Group Boards were informed that Chief Operating Officers were focusing on a number of opportunities and solutions using GIRFT best practice to minimise the impact of unused appointments. In particular through using digital solutions and working with the Volunteer Service to make reminder calls in services with the highest DNA rates.

Focusing on outpatient utilisation, the Foundation Group Boards were briefed on the approach being taken to adopt the 6-4-2 scheduling process commonly used in theatre processes to reduce clinic cancellations. As part of the Faster Further programme it was noted that there had been job plans, best practice and specialty based best practice clinic templates released to help trusts improve outpatient utilisation. There would also be a focus on clinic comparison data including the percentage of follow ups and percentage of new patients at specialty and subspecialty level.

With varying degrees of success across the Foundation Group in regard to virtual appointments, the Foundation Group Boards heard that there were areas which clinical teams could take learning from in terms of best practice. There were also various examples across the Foundation Group around getting virtual clinics right and striking the right balance, so that appointments were adding value to the patients' treatment and pathway. Discharge rates for virtual appointments versus face-to-face appointments would also be an area of focus.

With SWFT, GEH and WVT fortunate to be part of NHSE's GIRFT Further Faster programme lead by Professor Tim Briggs, the presentation outlined some of the opportunities implemented by other member trusts to improve a number of outpatient and inpatients metrics. Whilst WAHT would join the second phase of the Further Faster programme, the Chief Operating Officer at SWFT explained that by virtue of working together as a Foundation Group had provided an opportunity to build a solid foundation for shared learning, and with a Group Analyst in place to make sure that Model Hospital data was accurate across the Foundation Group, that would enable the trusts to accurately measure and compare performance.

Drawing out areas of best practice across the Foundation Group which included GEH's focus on health inequalities and volunteering, SWFT's focus on endoscopy utilisation, WVT's focus on validation and WAHT's approach to

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reducing DNAs, the Foundation Group Boards were informed that with such positive work happening within each trust, the Chief Operating Officers were really keen to share approaches and learning in order to adopt and replicate areas of best practice to drive those benefits across the Foundation Group.

Recognising that the work being done across the Foundation Group had been extremely beneficial, the Chief Operating Officer at GEH highlighted that whilst there were commonalities in the task ahead, there were also commonalities in the challenges impeding not only current performance but also the Foundation Group's ability to deliver collective improvements around outpatient productivity like, industrial action, impact of emergency pressures, increased referrals and workforce availability.

Concluding the presentation, the Chief Operating Officer at GEH outlined some of the initiatives being collectively worked on as a Foundation Group in order to share best practice, take learning from other trusts and develop Group-based solutions to help drive forward improvements.

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

Taking time to thank the Chief Operating Officers, the Group Chairman remarked on how pleasing and encouraging it had been to see the level of cross Foundation Group discussion happening to drive forward improvements.

Remarking on Ms Richard's (GEH NED) comment in the Microsoft Teams chat box, which suggested the use of digital solutions to help patients manage appointments and improve DNA performance, the Group Chairman remarked that whilst he welcomed the approach to find digital solutions at pace as part of the Faster Further work to improve productivity, he counselled for digital solutions to be identical to enable conformity and economies of scale across the Foundation Group.

With the Patient Initiated Digital Mutual Aid System (PIDMAS), a new phenomenon across the NHS, the Group Chief Executive sought views from Chief Operating Officers as to the progress of its implementation.

Overall, the Chief Operating Officers reported a similar position in regard to the number of patients expressing an interest to travel for treatment since recently going live with PIDMAS. Whilst early feedback had indicated some reluctance from patients wanting to travel further than 50 miles with visiting, travel and accommodation cited as areas of concern, overall patients had been keen to opt for the PIDMAS solution. Initial thoughts on the process itself had also highlighted learning around the need to refine the administration process as currently this was proving time consuming.

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Resolved – that the Outpatient Productivity Update be received and noted.

23.084

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.

The Group Chairman invited questions and perspectives, but no further comments were raised.

Resolved – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.

For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.

The Chief People Officer for GEH presented the key headlines which included the following:

- a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts.
- b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16 per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff.
- c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and
- d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across

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GEH, WAHT and GEH. WVT reported an improved position with a decrease in their 2022/23 Pay Gap.

With the Chief People Officers committed to ensuring an equitable workforce across the Foundation Group, a number of consistent actions to respond to and improve the gender pay gap were outlined as follows:

- a) leadership programmes offered as an opportunity to support and develop colleagues to move into more senior roles.
- b) a focus on being a flexible employer, enabling manager skills to support an increased compassionate and flexible workplace.
- c) offering inclusive or reverse mentoring to not only support female colleagues but also focus on all nine protected characteristics which should see an improvement in terms of the Foundation Group's Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).
- d) talent for all sessions to identify aspirant talent and put support and development opportunities in place.
- e) using staff networks to help identify problems and understand what interventions were needed to address them.
- f) promoting and embedding inclusive recruitment toolkits across the Foundation Group to help reduce bias across recruitment processes, and
- g) work with colleagues as part of the EDI agenda to develop a levelling up programme that supports international nurse recruits into senior roles within the Foundation Group.

With the CEA bonus historically given out on an application basis, it was noted that since Covid, CEAs had been shared out on a fair shares basis giving everyone eligible an equal share.

In addition, the Foundation Group Boards were informed that the Foundation Group had also signed up to the Sexual Safety at Work Charter and that the Chief People Officers would be working together over the coming year to look more closely as to whether each trust had ample female representation at all senior levels and likewise, looking at whether the workforce was representative of the local community.

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

Responding to Ms Quantock's (WVT NED) question in the Microsoft Teams chat box, the Chief People Officer at WAHT confirmed that all trusts in the Foundation Group did measure the pay gap between other protected characteristics under the WDES, WRES and NHS Rainbow Badge Scheme. This was also addressed through a positive recruitment process, with interviews guaranteed for colleagues with protected characteristics if they met

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the person specification for Bands 8a and above with a view to expanding that offer to lower bands going forward.

In order to get a more meaningful measure regarding the gender pay gap, the Managing Director of WVT suggested a further breakdown which showed the female/male pay gap by professional group and across each of the nine protected characteristic areas. The Chief People Officer at GEH confirmed that there was a more detailed breakdown available, however the Gender Pay Gap was a nationally prescribed report, which provided the granular data across the different protected characteristics within the WRES and WDES reports, different genders and different staff groups.

The Group Chairman asked that the Chief People Officers presented the Gender Pay Gap report back to their respective Trust Boards, which included a more granular breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic groups, to give added assurance that women or colleagues from those protected characteristic groups were not being disadvantaged in terms of pay.

CPOs

With Birmingham City Council recently declaring itself in a state of 'effective bankruptcy' as a result of being sued by employees for unequal pay under the Equality Act 2010, the Group Chairman asked if there was a potential risk of such a claim being brought against the NHS. The Chief People Officer at GEH explained that there had been an unequal pay risk with the introduction of AfC back in 2005 but was assured that was far less of a risk now in terms of how the NHS undertook job evaluation and reviewed posts.

With the introduction of AfC T&Cs initially aimed at addressing equal pay issues, the Group Chief Executive remarked that in his opinion the data now exposed opportunities for improvement around equality issues relating to things like progression, training and providing flexible working opportunities.

CPOs

Resolved – that,

(A) the Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic, and

(B) the Gender Pay Gap Annual Report be received and noted.

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

Celebrating the Group Chief Executive's 40 years of service in the NHS, the Group Chairman recapped on his career history that commenced back on 1 September 1983 as a Finance Trainee in the then South Warwickshire Health Authority.

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From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.

With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.

In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.

Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.

Resolved – that the position be noted.

23.087

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

No questions were raised.

Resolved – that the position be noted.

23.088

ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

23.089

APOLOGIES FOR ABSENCE

23.090

DECLARATIONS OF INTEREST

23.091

GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.092

SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.093

WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.094

CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT

23.095

ANY OTHER CONFIDENTIAL BUSINESS

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23.096

DATE AND TIME OF NEXT MEETING

The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.

ACTION

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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**WAHT Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 November 2023 at 1.30pm via Microsoft Teams
In Parallel with GEH, SWFT and WVT**

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Richard Haynes	(RH)	Director of Communications WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Michelle Lynch	(ML)	NED WAHT
Karen Martin	(KM)	NED WAHT
Julie Moore	(JM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Sue Sinclair	(SS)	ANED WAHT

GEH:

Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Mark Hetherington	(MH)	ANED GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	NED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Gertie Nic Philip	(GP)	Chief People Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	ANED GEH
Robin Snead	(RS)	Chief Operating Officer GEH
Umar Zamman	(UZ)	NED GEH

SWFT:

Charles Ashton	(CA)	Chief Medical Officer SWFT
Varadarajan Baskar	(VB)	Deputy Medical Director SWFT
Adam Carson	(AC)	Managing Director SWFT
Oliver Cofler	(OC)	ANED SWFT
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PG)	NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Oli Hiscoe	(OH)	ANED SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Simon Page	(SP)	NED SWFT
David Spraggett	(DS)	NED SWFT
Ellie Ward	(EW)	Deputy Chief Nursing Officer SWFT (deputising for Fiona Burton)

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Sue Whelan Tracy (SWT) NED SWFT
 Leigh Tranter (LT) Communications SWFT

WVT:

Chizo Agwu (CA) Chief Medical Director WVT
 Jon Barnes (JB) Chief Transformation Officer WVT
 Ellie Bulmer (EB) Associate Non-Executive Director 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
 Jane Ives (JI) Managing Director WVT
 Ian James (IJ) NED WVT
 Kieran Lappin (KL) ANED WVT
 Frances Martin (FM) NED WVT
 Frank Myers (FMy) ANED WVT
 Andrew Parker (AP) Chief Operating Officer WVT
 Grace Quantock (GQ) NED WVT
 Jo Rouse (JR) NED WVT
 Nicola Twigg (NT) NED WVT

Foundation Group:

Vanessa Nicholls (VN) GEH Board Secretary (deputising for the Foundation Group EA)

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

MINUTE

23.074

APOLOGIES FOR ABSENCE

Apologies for absence were received from Yasmin Becker (NED SWFT); Fiona Burton (Chief Nursing Officer SWFT); Paul Capener (ANED GEH); Andrew Cottom (NED WVT); Becky Hale (Chief Commissioning Officer SWFT); Erica Hermon (Associate Director of Corporate Governance / Company Secretary WVT); Sharon Hill (ANED WVT); Colin Horwath (NED WAHT); Simone Jordan (NED GEH); Vikki Lewis (Chief Digital Officer WAHT); Anil Majithia (NED GEH); Simon Murphy (NED/Deputy Chair WAHT); Jo Newton (Director of Strategy and Planning WAHT); Katie Osmond (Chief Finance Officer WVT), Bharti Patel (ANED SWFT) and Mary Powell (Head of Strategic Communications).

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

Frank Myers (ANED WVT) declared his appointment as Chair of Community First Herefordshire and Worcestershire.

ACTION

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<u>MINUTE</u>	<u>ACTION</u>
	<p>Standing down as NHS's longest serving Non-Executive Director in December 2023, the Group Chairman took time to thank Frank Myers for his hard work and commitment during his tenure at WVT and wished him well in his new role.</p> <p><u>Resolved</u> – that the position be noted.</p>
23.076	<p><u>GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u></p> <p><u>Resolved</u> – that the GEH public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>
23.077	<p><u>SWFT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u></p> <p><u>Resolved</u> – that the SWFT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>
23.078	<p><u>WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u></p> <p><u>Resolved</u> – that the WVT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>
23.079	<p><u>CHAIRMAN'S REMARKS</u></p> <p>The Group Chairman welcomed to the Foundation Group:</p> <ul style="list-style-type: none"> • Chizo Agwu as the new Chief Medical Officer for WVT, and • Oli Hiscoe, Oliver Cofler and Bharti Patel as new ANED's for SWFT. <p>A note of thanks was also extended to WVT's former Chief Medical Officer, David Mowbray, who had taken up appointment as Chief Medical Advisor for SWFT Clinical Services Ltd.</p> <p>With the Foundation Group celebrating a number of special days throughout November 2023 like Remembrance Day, the Group Chairman spoke proudly of the close working relationship with veteran organisations across the Foundation Group, as part of the signed covenant with the Veterans Covenant Healthcare Alliance. On behalf of the Foundation Group, the Group Chairman took the time to thank veterans and their families for their enormous commitment to service over the years.</p> <p>Other special events being celebrated as part of the Foundation Group's Equality, Diversity and Inclusion (EDI) agenda throughout November 2023 included Diwali; Transgender Awareness Week; UK Disability Month; Islamophobia Month and White Ribbon Day.</p>

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 WYE VALLEY NHS TRUST (WVT)**

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<u>MINUTE</u>		<u>ACTION</u>
	<u>Resolved</u> – that the Chairman’s Remarks be received and noted.	
23.080	<u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
23.080.01	<u>Foundation Group Performance Report (Minute 23.058 refers)</u> The Managing Director at WVT informed the Foundation Group Boards that work to understand how many diagnoses of cancer each trust had in their Emergency Departments (EDs) remained ongoing. Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position.	
	<u>Resolved</u> – that the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.	JI/CF/AC
23.081	<u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u> The Group Chairman provided an overview on some of the interesting topics covered at the Foundation Group Boards Workshop earlier that day. Presentations included ‘Big Move’ updates on the work being done around Carbon Reduction, of which the Foundation Group was at the forefront of within the NHS, and the Home First agenda which updated on the important work happening as a whole with partners across health, social care and the voluntary sector to help provide the right care for patients in the right place and by the right team. A focused discussion also took place on agency and locum controls across the Foundation Group, which had indicated early signs of progress in agency and locum reduction. A presentation then followed by Guest Speaker Sir Thomas Hughes-Hallet from Helpforce, who spoke positively about the work of volunteers and the important role they played within the NHS. With GEH recognised at the National Helpforce Champions Awards in October 2023, the Group Chairman thanked the GEH Head of Patient Experience and Volunteering and team for their phenomenal volunteering work which had won them the Volunteering Collaboration of the Year Award. With volunteering known to be beneficial for one’s health, and vital in enabling the NHS to provide better care for the citizens we served, the Group Chairman encouraged anyone considering volunteering to contact any of the four organisations to express an interest in becoming a valued member of the team.	

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Reflecting on those Board Workshop presentations heard earlier that day, the Group Chief Executive remarked that this had reinforced the opportunity across the Foundation Group for sharing some of the great practice that was happening. In particular on areas like the Carbon Reduction Big Move, which in all four trusts had shown action was underway, and a lot of engagement with different disciplines and staff that meant carbon reduction was being positively looked at from all angles. Opportunities for shared learning across the Foundation Group had also seen great progress being made around agency and locum controls.

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She informed the Foundation Group Boards that for the period July to September 2023, WVT had been ranked top performing Trust across the region for delivering on average 117 per cent of its value weighted elective activity; compared with pre-Covid elective activity in 2019/20. Although an area for celebration, WVT recognised that there were still opportunities to explore and improve theatre productivity further.

The Managing Director at WVT explained that whilst WVT's performance against the national 28 Day Faster Diagnosis Standard (28 Day FDS) remained on track, delays in histopathology reporting had been sighted as one of the main issues impacting on performance. Despite outsourcing arrangements and mutual aid being in place, this had led to longer turnaround times and thus, extending waiting times for patient's diagnosis and treatment. She highlighted that there was a real opportunity for Chief Medical Officers across the Foundation Group to lead the way on a histopathology network solution to improve reporting times for all patients across the Foundation Group.

Raising WVT's ED performance as an area for concern, the Managing Director at WVT reported that one of the biggest drivers for underperformance had been the deterioration in medically fit for discharge patients, who had been delayed in hospital. Notwithstanding, she was confident that following the recent delegation of the Better Care Fund, this would provide opportunity for improved ownership as to how resources would be used across Herefordshire; particularly to help drive improvement around Discharge to Assess (D2A) pathways. Other opportunities to help improve ED performance via the Virtual Ward model included going live that day with Docobo, a system that enabled patient's vital signs to be monitored remotely and the Surgical Same Day Emergency Care (SDEC) facility that would go live later that month.

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

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For context, the Group Chairman explained that keeping patients in an acute setting when fit for discharge cost the NHS approximately £300 per night, opposed to £50 per night for a domiciliary care package in the community. Acknowledging that more could be done to improve the HomeFirst model, he stressed that without the support of social care and domiciliary care providing capacity in the community, this not only posed a risk of hospital acquired decline for the patient but also meant a significant net loss to the taxpayer, of approximately £250 per day, per patient.

Ms Twigg (NED WVT) queried if there was any specific reason why breast cancer related 28 Day FDS statistics were particularly low for WVT. As previously mentioned, the Managing Director at WVT explained that the deterioration in performance had been due to delays in histopathology reporting and thus, reiterating a big opportunity to improve histopathology by networking the service across the Foundation Group to ensure turnaround times remained consistent for patients across all four trusts.

The Managing Director at SWFT provided the Foundation Group Boards with an overview of the performance at WVT. Reporting an incredibly busy month for SWFT's ED during September 2023, he highlighted that despite higher attendances, the A&E 4-hour performance was better when compared with the same period in 2022/23, maintaining SWFT's place within the top ten trusts nationally. Record number of attendances had also been seen through WVT's SDEC areas in September 2023; positively reflecting the level transformation work happening within Emergency Care Services.

The Managing Director at SWFT highlighted significant concern as to the high number of patients arriving via intelligence conveyancing (IC) from West Midlands Ambulance Service (WMAS). He reported that during September 2023, SWFT admitted 81 'out of area' patients of which a number had been deemed inappropriate. With 'out of area' patients often proving difficult to discharge; impacting on both length of stay (LoS) and bed occupancy, and with the number of IC cases increasing month on month, the Foundation Group Boards was informed that the Trust was working with WMAS and the Integrated Care Board (ICB) to address the issue, as this was a particular concern heading into winter.

Updating on Cancer Services, the Managing Director at SWFT explained that one of the biggest challenges for the Trust had been around the sustained increase in Cancer two week wait (2WW) referrals seen in recent months. Despite this, SWFT had made notable improvements in the 28 Day FDS and good progress in reducing the number of patients waiting over 62 days for treatment; placing SWFT ahead of the fair shares Integrated Care System (ICS) trajectory. With the majority of SWFT's oncologist cover provided by University Hospitals Coventry and Warwickshire NHS Trust (UHCW), the Managing Director at SWFT assured the Foundation Group Boards that the Trust

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continued to work with UHCW to improve waiting times for first oncology appointments.

Focussing on Referral Time to Treatment (RTT) performance, the Managing Director at SWFT was pleased to report a continued reduction in 65 week waits, with SWFT on track to eliminate both admitted and non-admitted elective waits by 31 March 2024. Good progress had also been made on reducing 52 week waits, supported by the learning from the Getting it Right First Time (GIRFT) Further Faster programme and general improvements seen across specialties in elective care.

The Managing Director at SWFT celebrated the Trust's improvement work done with the Endoscopy Service. Achieving over 98 per cent utilisation in recent months had ranked SWFT favourably as one of the highest performing organisations within the country.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Managing Director at GEH provided the Foundation Group Boards with an overview of the performance at GEH. With high bed occupancy a consistent theme to that experienced across the Foundation Group, the Managing Director at GEH explained that this had been particularly challenging for GEH, inevitably impacting on flow and performance metrics. In order to maintain flow, she reported that extra capacity had been opened, with patients (where safe to do so) boarding on wards to help maintain safe care for patients.

The Managing Director at GEH reported that the Trust's A&E 4-hour performance continued to perform well when compared nationally, with a slight improvement seen in the performance metric for September 2023. It had also been positive to note that GEH continued to perform well in regard to low numbers of ambulance handovers waiting over 60 minutes. Notwithstanding, GEH had seen the number of ambulances waiting between 30 and 60 minutes increase, something the ED was keen to eliminate so that patients could be admitted and treated as soon as possible.

With sickness absence rates remaining high, the Managing Director at GEH assured the Foundation Group Boards that a lot of work had been done around staff wellbeing and supporting individuals to manage sickness levels. An area which would continue to be an ongoing focus for the Trust.

Although GEH's position regarding the Cancer 28 Day FDS had been as predicted, the Foundation Group Boards were informed that the Trust was forecasting some deterioration in that position over the coming months due to some fragility around staffing in the Urology Service. Although staffing issues had been mitigated, this and the impact of industrial action were likely to have some effect on urology pathways, given the need for specialist consultants to

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deliver the whole of the cancer pathway, including things like Multi-Disciplinary Team (MDT) meetings, which were important for decision making in cancer.

Focusing on RTT performance, the Managing Director at GEH was pleased to report that GEH continued to have low numbers of patients waiting over 65 weeks for treatment. Whilst there had been an increase in the number of patients waiting over 52 weeks, the Trust remained focused on treating long waiters and providing mutual aid to patients in gynaecology from UHCW.

For context, the Group Chairman remarked that as a result of SWFT and GEH performing relatively well on ED and Maternity performance, this had seen an increase in demand for both trusts, which combined meant that they were providing circa 60 per cent of the ED and Maternity flow for Coventry and Warwickshire.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chief Executive on behalf of WAHT provided the Foundation Group Boards with an overview of the performance at WAHT.

The Group Chairman announced that as of 6 November 2023, Stephen Coleman would take up position of Managing Director at WAHT.

On behalf of the Foundation Group Boards, the Group Chief Executive thanked the Head of Information at WVT for coordinating the Performance Report across the Foundation Group. He also thanked WAHT's Information Team for producing the Trust's data in line with the rest of the Foundation Group as having a consistent overview enabled the Foundation Group to get to the heart of performance issues and opportunities.

With WAHT subject to a degree of regional scrutiny on performance as a tier two level Trust, the Group Chief Executive remarked that WAHT's A&E 4-hour standard and ambulance handover times remained the Trust's biggest cause for concern. The Trust was therefore focusing on flow and opportunities to do more activity through SDEC.

Positive to note that WAHT's mortality figures remained within expected range, the Group Chief Executive was particularly pleased to report the WAHT's theatre utilisation performance was ranked the strongest across the Foundation Group, achieving 87 per cent on the uncapped touch time indicator, presenting a real opportunity for shared learning.

With WAHT's cancer performance ranked as a significant outlier 12 months ago, it had been positive to report that performance had been on a steady improvement trajectory with performance around 2WWs and 28 Day FDS on track. Acknowledging that Cancer 62-day waits were longer than would like,

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the Group Chief Executive was hopeful that the GIRFT Faster Further programme would lead to further improvement in the future.

The Group Chief Executive informed the Foundation Group Boards that WAHT had been removed from tier two monitoring in respect of its RTT 52 week wait performance. Whilst positive, he highlighted that with RTT performance at 49 per cent and a worryingly increase in 52 week wait numbers, this was something the Trust would need to focus on. However, he was optimistic that the opening of additional theatres last month at the Alexandra Hospital would provide that additional capacity moving forward.

Asked by the Group Chairman to give an overview on NHS England's (NHSE's) Ten-Point Plan (10PP) initiated to improve WAHT's performance, the Group Chief Executive explained that the 10PP's main focus was an emphasis on flow and the need to improve processes within the hospital. In particular around medical specialities as that would enable patients to be pulled from ED and treated by the right speciality and discharged home as early as possible.

There was also an opportunity identified within the 10PP to have more HomeFirst and supported discharges through community services. Elements within the 10PP also included the need to focus on improving WAHT's approach to staff, like improving areas such as car parking, to help improve on sickness absence levels and organisational recruitment, and simplifying the Trust's approach to improvement by having as many people as possible trained in improvement methodologies so that they could be responsive to immediate issues like flow.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chairman remarked that despite best endeavours by all four trusts within the Foundation Group to deliver the level of service they aspired to for the citizens they served, he wanted to apologise on behalf of the Foundation Group Boards to patients and their families for the long waits being experienced. An apology was also extended to ambulance crews hindered by capacity constraints delaying patient handovers.

Resolved – that the Foundation Group Performance Report be received and noted.

23.083

OUTPATIENT PRODUCTIVITY

The Chief Operating Officer at WAHT opened the presentation on outpatient productivity. This set out the progress being made across the Foundation Group in the delivery of improving outpatient productivity and how that aligned with the transformational work happening and the Further Faster programme.

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With the appointment of a Group Analyst in October 2023, the Chief Operating Officer at WAHT was pleased to report that the role would be supporting the outpatient productivity piece of work, using internal and external benchmark data to help further identify opportunities for improvement.

In more detail the presentation focused on the work around the Further Faster programme, Patient Initiated Follow Up (PIFU), NHSE Transformation Ask and any other national involvement initiatives like the NHS Elective Recovery Programme and GIRFT.

Having identified a number of similarities from each of the Trust's Outpatient Transformation Programmes, the Foundation Group Boards were notified of three key areas of focus which would be driven collectively by the Foundation Group to improve productivity; which included:

- a) improving communication to our patients;
- b) using IT to support improvements around productivity, and
- c) undertaking specialty deep dives and service reviews.

Focusing on RTT performance for each of the organisations, the Chief Operating Officer at WAHT talked through those factors driving the increase in waiting list numbers, together with the combined actions being taken by the Foundation Group to address that increase. It was noted that with the exception of WAHT who had seen a slight decrease in the number of patients on the waiting list, performance charts for SWFT, GEH and WVT had shown a gradual increase in their waiting list position.

Focusing on Cancer 2WW performance, the Chief Operating Officer at WAHT reported that all four organisations had seen a significant increase in Cancer 2WW referrals across a range of specialities. However, it had been particularly interesting to note that the pattern in 2WW surges had been very similar across the Foundation Group. The Chief Operating Officers would therefore undertake a deep dive into that 2WW referral pattern to help understand and predict where surge areas were likely to arise for particular specialities and help understand what that meant for the rest of the pathway, particularly around cancers.

The Chief Operating Officer at WVT explained that PIFU was a patient led activation of their follow up appointment, based on their symptoms and individual circumstances. Emphasising that PIFUs should not be used in place of discharging patients appropriately, it was noted that this would be a key measure that would need to be embedded correctly across the Foundation Group. With all four trusts currently at different stages in delivering PIFU, particularly within specialty plans, it had been positive to note that there was clear clinical leadership and pathways being developed. He remarked that looking at best practice across the 28 trusts involved in the Faster Further programme and looking at case studies and benchmarking, together with using the average and mean across PIFU, would be key for the Foundation Group;

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including the need to look at local solutions where case studies could be amended as necessary.

Opportunities being considered by the Foundation Group included PIFU case studies to drive down Do Not Attends (DNAs) for new appointments and patient reactivation rates for PIFU specialties. Although nationally GIRFT evidence suggested that most patients returned less often when empowered to manage their own follow up pathway.

With DNAs a core area of focus of operational delivery in outpatients, the Foundation Group Boards were informed that Chief Operating Officers were focusing on a number of opportunities and solutions using GIRFT best practice to minimise the impact of unused appointments. In particular through using digital solutions and working with the Volunteer Service to make reminder calls in services with the highest DNA rates.

Focusing on outpatient utilisation, the Foundation Group Boards were briefed on the approach being taken to adopt the 6-4-2 scheduling process commonly used in theatre processes to reduce clinic cancellations. As part of the Faster Further programme it was noted that there had been job plans, best practice and specialty based best practice clinic templates released to help trusts improve outpatient utilisation. There would also be a focus on clinic comparison data including the percentage of follow ups and percentage of new patients at specialty and subspecialty level.

With varying degrees of success across the Foundation Group in regard to virtual appointments, the Foundation Group Boards heard that there were areas which clinical teams could take learning from in terms of best practice. There were also various examples across the Foundation Group around getting virtual clinics right and striking the right balance, so that appointments were adding value to the patients' treatment and pathway. Discharge rates for virtual appointments versus face-to-face appointments would also be an area of focus.

With SWFT, GEH and WVT fortunate to be part of NHSE's GIRFT Further Faster programme lead by Professor Tim Briggs, the presentation outlined some of the opportunities implemented by other member trusts to improve a number of outpatient and inpatients metrics. Whilst WAHT would join the second phase of the Further Faster programme, the Chief Operating Officer at SWFT explained that by virtue of working together as a Foundation Group had provided an opportunity to build a solid foundation for shared learning, and with a Group Analyst in place to make sure that Model Hospital data was accurate across the Foundation Group, that would enable the trusts to accurately measure and compare performance.

Drawing out areas of best practice across the Foundation Group which included GEH's focus on health inequalities and volunteering, SWFT's focus on endoscopy utilisation, WVT's focus on validation and WAHT's approach to

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reducing DNAs, the Foundation Group Boards were informed that with such positive work happening within each trust, the Chief Operating Officers were really keen to share approaches and learning in order to adopt and replicate areas of best practice to drive those benefits across the Foundation Group.

Recognising that the work being done across the Foundation Group had been extremely beneficial, the Chief Operating Officer at GEH highlighted that whilst there were commonalities in the task ahead, there were also commonalities in the challenges impeding not only current performance but also the Foundation Group's ability to deliver collective improvements around outpatient productivity like, industrial action, impact of emergency pressures, increased referrals and workforce availability.

Concluding the presentation, the Chief Operating Officer at GEH outlined some of the initiatives being collectively worked on as a Foundation Group in order to share best practice, take learning from other trusts and develop Group-based solutions to help drive forward improvements.

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

Taking time to thank the Chief Operating Officers, the Group Chairman remarked on how pleasing and encouraging it had been to see the level of cross Foundation Group discussion happening to drive forward improvements.

Remarking on Ms Richard's (GEH NED) comment in the Microsoft Teams chat box, which suggested the use of digital solutions to help patients manage appointments and improve DNA performance, the Group Chairman remarked that whilst he welcomed the approach to find digital solutions at pace as part of the Faster Further work to improve productivity, he counselled for digital solutions to be identical to enable conformity and economies of scale across the Foundation Group.

With the Patient Initiated Digital Mutual Aid System (PIDMAS) a new phenomenon across the NHS, the Group Chief Executive sought views from Chief Operating Officers as to the progress of its implementation.

Overall, the Chief Operating Officers reported a similar position in regard to the number of patients expressing an interest to travel for treatment since recently going live with PIDMAS. Whilst early feedback had indicated some reluctance from patients wanting to travel further than 50 miles with visiting, travel and accommodation cited as areas of concern, overall patients had been keen to opt for the PIDMAS solution. Initial thoughts on the process itself had also highlighted learning around the need to refine the administration process as currently this was proving time consuming.

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Resolved – that the Outpatient Productivity Update be received and noted.

23.084

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.

The Group Chairman invited questions and perspectives, but no further comments were raised.

Resolved – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.

For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.

The Chief People Officer for GEH presented the key headlines which included the following:

- a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts.
- b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16 per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff.
- c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and
- d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across

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GEH, WAHT and GEH. WVT reported an improved position with a decrease in their 2022/23 Pay Gap.

With the Chief People Officers committed to ensuring an equitable workforce across the Foundation Group, a number of consistent actions to respond to and improve the gender pay gap were outlined as follows:

- a) leadership programmes offered as an opportunity to support and develop colleagues to move into more senior roles.
- b) a focus on being a flexible employer, enabling manager skills to support an increased compassionate and flexible workplace.
- c) offering inclusive or reverse mentoring to not only support female colleagues but also focus on all nine protected characteristics which should see an improvement in terms of the Foundation Group's Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).
- d) talent for all sessions to identify aspirant talent and put support and development opportunities in place.
- e) using staff networks to help identify problems and understand what interventions were needed to address them.
- f) promoting and embedding inclusive recruitment toolkits across the Foundation Group to help reduce bias across recruitment processes, and
- g) work with colleagues as part of the EDI agenda to develop a levelling up programme that supports international nurse recruits into senior roles within the Foundation Group.

With the CEA bonus historically given out on an application basis, it was noted that since Covid, CEAs had been shared out on a fair shares basis giving everyone eligible an equal share.

In addition, the Foundation Group Boards were informed that the Foundation Group had also signed up to the Sexual Safety at Work Charter and that the Chief People Officers would be working together over the coming year to look more closely as to whether each trust had ample female representation at all senior levels and likewise, looking at whether the workforce was representative of the local community.

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

Responding to Ms Quantock's (WVT NED) question in the Microsoft Teams chat box, the Chief People Officer at WAHT confirmed that all trusts in the Foundation Group did measure the pay gap between other protected characteristics under the WDES, WRES and NHS Rainbow Badge Scheme. This was also addressed through a positive recruitment process, with interviews guaranteed for colleagues with protected characteristics if they met

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the person specification for Bands 8a and above with a view to expanding that offer to lower bands going forward.

In order to get a more meaningful measure regarding the gender pay gap, the Managing Director of WVT suggested a further breakdown which showed the female/male pay gap by professional group and across each of the nine protected characteristic areas. The Chief People Officer at GEH confirmed that there was a more detailed breakdown available, however the Gender Pay Gap was a nationally prescribed report, which provided the granular data across the different protected characteristics within the WRES and WDES reports, different genders and different staff groups.

The Group Chairman asked that the Chief People Officers presented the Gender Pay Gap report back to their respective Trust Boards, which included a more granular breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic groups, to give added assurance that women or colleagues from those protected characteristic groups were not being disadvantaged in terms of pay.

CPOs

With Birmingham City Council recently declaring itself in a state of 'effective bankruptcy' as a result of being sued by employees for unequal pay under the Equality Act 2010, the Group Chairman asked if there was a potential risk of such a claim being brought against the NHS. The Chief People Officer at GEH explained that there had been an unequal pay risk with the introduction of AfC back in 2005 but was assured that was far less of a risk now in terms of how the NHS undertook job evaluation and reviewed posts.

With the introduction of AfC T&Cs initially aimed at addressing equal pay issues, the Group Chief Executive remarked that in his opinion the data now exposed opportunities for improvement around equality issues relating to things like progression, training and providing flexible working opportunities.

CPOs

Resolved – that,

(A) the Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic, and

(B) the Gender Pay Gap Annual Report be received and noted.

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

Celebrating the Group Chief Executive's 40 years of service in the NHS, the Group Chairman recapped on his career history that commenced back on 1 September 1983 as a Finance Trainee in the then South Warwickshire Health Authority.

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From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.

With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.

In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.

Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.

Resolved – that the position be noted.

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

No questions were raised.

Resolved – that the position be noted.

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

23.089 **APOLOGIES FOR ABSENCE**

23.090 **DECLARATIONS OF INTEREST**

23.091 **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.092 **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.093 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

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

23.095 **ANY OTHER CONFIDENTIAL BUSINESS**

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

WAHT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE
23.096

DATE AND TIME OF NEXT MEETING

The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.

ACTION

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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

**WVT Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 November 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
Chizo Agwu	(CA)	Chief Medical Director WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

In attendance:

WVT:

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

GEH:

Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Mark Hetherington	(MH)	ANED GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	ANED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	ANED GEH
Robin Snead	(RS)	Chief Operating Officer GEH
Umar Zamman	(UZ)	NED GEH

SWFT

Charles Ashton	(CA)	Chief Medical Officer SWFT
Varadarajan Baskar	(VB)	Deputy Medical Director SWFT
Adam Carson	(AC)	Managing Director SWFT
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SC)	Trust Secretary SWFT/GEH
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PG)	NED SWFT

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
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 WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
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Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PG)	NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWT
Oli Hiscoe	(OH)	ANED SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Simon Page	(SP)	NED SWFT
David Spraggett	(DS)	NED SWFT
Ellie Ward	(EW)	Deputy Chief Nursing Officer SWFT (deputising for Fiona Burton)
Sue Whelan Tracy	(SWT)	NED SWFT
Leigh Tranter	(LT)	Communications SWFT

WAHT:

Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Richard Haynes	(RH)	Director of Communications WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Michelle Lynch	(ML)	NED WAHT
Karen Martin	(KM)	NED WAHT
Julie Moore	(JM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Sue Sinclair	(SS)	ANED WAHT

Foundation Group:

Vanessa Nicholls	(VN)	GEH Board Secretary (deputising for the Foundation Group EA)
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There were five SWFT Governors and two members of the public also in attendance.

MINUTE

23.074

APOLOGIES FOR ABSENCE

Apologies for absence were received from Yasmin Becker (NED SWFT); Fiona Burton (Chief Nursing Officer SWFT); Paul Capener (ANED GEH); Andrew Cottom (NED WVT); Becky Hale (Chief Commissioning Officer SWFT); Erica Hermon (Associate Director of Corporate Governance / Company Secretary WVT); Sharon Hill (ANED WVT); Colin Horwath (NED WAHT); Simone Jordan (NED GEH); Vikki Lewis (Chief Digital Officer WAHT); Anil Majithia (NED GEH); Simon Murphy (NED/Deputy Chair WAHT); Jo Newton (Director of Strategy and Planning WAHT); Katie Osmond (Chief Finance Officer WVT), Bharti Patel (ANED SWFT) and Mary Powell (Head of Strategic Communications).

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

ACTION

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<u>MINUTE</u>	<u>ACTION</u>
	<p>Frank Myers (ANED WVT) declared his appointment as Chair of Community First Herefordshire and Worcestershire.</p> <p>Standing down as NHS's longest serving Non-Executive Director in December 2023, the Group Chairman took time to thank Frank Myers for his hard work and commitment during his tenure at WVT and wished him well in his new role.</p> <p><u>Resolved</u> – that the position be noted.</p>
23.076	<p><u>GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u></p> <p><u>Resolved</u> – that the GEH public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>
23.077	<p><u>SWFT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u></p> <p><u>Resolved</u> – that the SWFT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>
23.078	<p><u>WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u></p> <p><u>Resolved</u> – that the WVT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.</p>
23.079	<p><u>CHAIRMAN'S REMARKS</u></p> <p>The Group Chairman welcomed to the Foundation Group:</p> <ul style="list-style-type: none"> • Chizo Agwu as the new Chief Medical Officer for WVT, and • Oli Hiscoe, Oliver Cofler and Bharti Patel as new ANED's for SWFT. <p>A note of thanks was also extended to WVT's former Chief Medical Officer, David Mowbray, who had taken up appointment as Chief Medical Advisor for SWFT Clinical Services Ltd.</p> <p>With the Foundation Group celebrating a number of special days throughout November 2023 like Remembrance Day, the Group Chairman spoke proudly of the close working relationship with veteran organisations across the Foundation Group, as part of the signed covenant with the Veterans Covenant Healthcare Alliance. On behalf of the Foundation Group, the Group Chairman took the time to thank veterans and their families for their enormous commitment to service over the years.</p> <p>Other special events being celebrated as part of the Foundation Group's Equality, Diversity and Inclusion (EDI) agenda throughout November 2023</p>

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included Diwali; Transgender Awareness Week; UK Disability Month; Islamophobia Month and White Ribbon Day.

Resolved – that the Chairman’s Remarks be received and noted.

23.080

MATTERS ARISING AND ACTIONS UPDATE REPORT

23.080.01

Foundation Group Performance Report (Minute 23.058 refers)

The Managing Director at WVT informed the Foundation Group Boards that work to understand how many diagnoses of cancer each trust had in their Emergency Departments (EDs) remained ongoing. Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position.

J/CF/AC

Resolved – that the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.

23.081

OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP

The Group Chairman provided an overview on some of the interesting topics covered at the Foundation Group Boards Workshop earlier that day.

Presentations included ‘Big Move’ updates on the work being done around Carbon Reduction, of which the Foundation Group was at the forefront of within the NHS, and the Home First agenda which updated on the important work happening as a whole with partners across health, social care and the voluntary sector to help provide the right care for patients in the right place and by the right team. A focused discussion also took place on agency and locum controls across the Foundation Group, which had indicated early signs of progress in agency and locum reduction.

A presentation then followed by Guest Speaker Sir Thomas Hughes-Hallet from Helpforce, who spoke positively about the work of volunteers and the important role they played within the NHS. With GEH recognised at the National Helpforce Champions Awards in October 2023, the Group Chairman thanked the GEH Head of Patient Experience and Volunteering and team for their phenomenal volunteering work which had won them the Volunteering Collaboration of the Year Award.

With volunteering known to be beneficial for one’s health, and vital in enabling the NHS to provide better care for the citizens we served, the Group Chairman encouraged anyone considering volunteering to contact any of the four organisations to express an interest in becoming a valued member of the team.

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Reflecting on those Board Workshop presentations heard earlier that day, the Group Chief Executive remarked that this had reinforced the opportunity across the Foundation Group for sharing some of the great practice that was happening. In particular on areas like the Carbon Reduction Big Move, which in all four trusts had shown action was underway, and a lot of engagement with different disciplines and staff that meant carbon reduction was being positively looked at from all angles. Opportunities for shared learning across the Foundation Group had also seen great progress being made around agency and locum controls.

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She informed the Foundation Group Boards that for the period July to September 2023, WVT had been ranked top performing Trust across the region for delivering on average 117 per cent of its value weighted elective activity; compared with pre-Covid elective activity in 2019/20. Although an area for celebration, WVT recognised that there were still opportunities to explore and improve theatre productivity further.

The Managing Director at WVT explained that whilst WVT's performance against the national 28 Day Faster Diagnosis Standard (28 Day FDS) remained on track, delays in histopathology reporting had been sighted as one of the main issues impacting on performance. Despite outsourcing arrangements and mutual aid being in place, this had led to longer turnaround times and thus, extending waiting times for patient's diagnosis and treatment. She highlighted that there was a real opportunity for Chief Medical Officers across the Foundation Group to lead the way on a histopathology network solution to improve reporting times for all patients across the Foundation Group.

Raising WVT's ED performance as an area for concern, the Managing Director at WVT reported that one of the biggest drivers for underperformance had been the deterioration in medically fit for discharge patients, who had been delayed in hospital. Notwithstanding, she was confident that following the recent delegation of the Better Care Fund, this would provide opportunity for improved ownership as to how resources would be used across Herefordshire; particularly to help drive improvement around Discharge to Assess (D2A) pathways. Other opportunities to help improve ED performance via the Virtual Ward model included going live that day with Docobo, a system that enabled patient's vital signs to be monitored remotely and the Surgical Same Day Emergency Care (SDEC) facility that would go live later that month.

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

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For context, the Group Chairman explained that keeping patients in an acute setting when fit for discharge cost the NHS approximately £300 per night, opposed to £50 per night for a domiciliary care package in the community. Acknowledging that more could be done to improve the HomeFirst model, he stressed that without the support of social care and domiciliary care providing capacity in the community, this not only posed a risk of hospital acquired decline for the patient but also meant a significant net loss to the taxpayer, of approximately £250 per day, per patient.

Ms Twigg (NED WVT) queried if there was any specific reason why breast cancer related 28 Day FDS statistics were particularly low for WVT. As previously mentioned, the Managing Director at WVT explained that the deterioration in performance had been due to delays in histopathology reporting and thus, reiterating a big opportunity to improve histopathology by networking the service across the Foundation Group to ensure turnaround times remained consistent for patients across all four trusts.

The Managing Director at SWFT provided the Foundation Group Boards with an overview of the performance at WVT. Reporting an incredibly busy month for SWFT's ED during September 2023, he highlighted that despite higher attendances, the A&E 4-hour performance was better when compared with the same period in 2022/23, maintaining SWFT's place within the top ten trusts nationally. Record number of attendances had also been seen through WVT's SDEC areas in September 2023; positively reflecting the level transformation work happening within Emergency Care Services.

The Managing Director at SWFT highlighted significant concern as to the high number of patients arriving via intelligence conveyancing (IC) from West Midlands Ambulance Service (WMAS). He reported that during September 2023, SWFT admitted 81 'out of area' patients of which a number had been deemed inappropriate. With 'out of area' patients often proving difficult to discharge; impacting on both length of stay (LoS) and bed occupancy, and with the number of IC cases increasing month on month, the Foundation Group Boards was informed that the Trust was working with WMAS and the Integrated Care Board (ICB) to address the issue, as this was a particular concern heading into winter.

Updating on Cancer Services, the Managing Director at SWFT explained that one of the biggest challenges for the Trust had been around the sustained increase in Cancer two week wait (2WW) referrals seen in recent months. Despite this, SWFT had made notable improvements in the 28 Day FDS and good progress in reducing the number of patients waiting over 62 days for treatment; placing SWFT ahead of the fair shares Integrated Care System (ICS) trajectory. With the majority of SWFT's oncologist cover provided by University Hospitals Coventry and Warwickshire NHS Trust (UHCW), the Managing Director at SWFT assured the Foundation Group Boards that the Trust

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continued to work with UHCW to improve waiting times for first oncology appointments.

Focussing on Referral Time to Treatment (RTT) performance, the Managing Director at SWFT was pleased to report a continued reduction in 65 week waits, with SWFT on track to eliminate both admitted and non-admitted elective waits by 31 March 2024. Good progress had also been made on reducing 52 week waits, supported by the learning from the Getting it Right First Time (GIRFT) Further Faster programme and general improvements seen across specialties in elective care.

The Managing Director at SWFT celebrated the Trust's improvement work done with the Endoscopy Service. Achieving over 98 per cent utilisation in recent months had ranked SWFT favourably as one of the highest performing organisations within the country.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Managing Director at GEH provided the Foundation Group Boards with an overview of the performance at GEH. With high bed occupancy a consistent theme to that experienced across the Foundation Group, the Managing Director at GEH explained that this had been particularly challenging for GEH, inevitably impacting on flow and performance metrics. In order to maintain flow, she reported that extra capacity had been opened, with patients (where safe to do so) boarding on wards to help maintain safe care for patients.

The Managing Director at GEH reported that the Trust's A&E 4-hour performance continued to perform well when compared nationally, with a slight improvement seen in the performance metric for September 2023. It had also been positive to note that GEH continued to perform well in regard to low numbers of ambulance handovers waiting over 60 minutes. Notwithstanding, GEH had seen the number of ambulances waiting between 30 and 60 minutes increase, something the ED was keen to eliminate so that patients could be admitted and treated as soon as possible.

With sickness absence rates remaining high, the Managing Director at GEH assured the Foundation Group Boards that a lot of work had been done around staff wellbeing and supporting individuals to manage sickness levels. An area which would continue to be an ongoing focus for the Trust.

Although GEH's position regarding the Cancer 28 Day FDS had been as predicted, the Foundation Group Boards were informed that the Trust was forecasting some deterioration in that position over the coming months due to some fragility around staffing in the Urology Service. Although staffing issues had been mitigated, this and the impact of industrial action were likely to have some effect on urology pathways, given the need for specialist consultants to

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deliver the whole of the cancer pathway, including things like Multi-Disciplinary Team (MDT) meetings, which were important for decision making in cancer.

Focusing on RTT performance, the Managing Director at GEH was pleased to report that GEH continued to have low numbers of patients waiting over 65 weeks for treatment. Whilst there had been an increase in the number of patients waiting over 52 weeks, the Trust remained focused on treating long waiters and providing mutual aid to patients in gynaecology from UHCW.

For context, the Group Chairman remarked that as a result of SWFT and GEH performing relatively well on ED and Maternity performance, this had seen an increase in demand for both trusts, which combined meant that they were providing circa 60 per cent of the ED and Maternity flow for Coventry and Warwickshire.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chief Executive on behalf of WAHT provided the Foundation Group Boards with an overview of the performance at WAHT.

The Group Chairman announced that as of 6 November 2023, Stephen Coleman would take up position of Managing Director at WAHT.

On behalf of the Foundation Group Boards, the Group Chief Executive thanked the Head of Information at WVT for coordinating the Performance Report across the Foundation Group. He also thanked WAHT's Information Team for producing the Trust's data in line with the rest of the Foundation Group as having a consistent overview enabled the Foundation Group to get to the heart of performance issues and opportunities.

With WAHT subject to a degree of regional scrutiny on performance as a tier two level Trust, the Group Chief Executive remarked that WAHT's A&E 4-hour standard and ambulance handover times remained the Trust's biggest cause for concern. The Trust was therefore focusing on flow and opportunities to do more activity through SDEC.

Positive to note that WAHT's mortality figures remained within expected range, the Group Chief Executive was particularly pleased to report the WAHT's theatre utilisation performance was ranked the strongest across the Foundation Group, achieving 87 per cent on the uncapped touch time indicator, presenting a real opportunity for shared learning.

With WAHT's cancer performance ranked as a significant outlier 12 months ago, it had been positive to report that performance had been on a steady improvement trajectory with performance around 2WWs and 28 Day FDS on track. Acknowledging that Cancer 62-day waits were longer than would like,

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the Group Chief Executive was hopeful that the GIRFT Faster Further programme would lead to further improvement in the future.

The Group Chief Executive informed the Foundation Group Boards that WAHT had been removed from tier two monitoring in respect of its RTT 52 week wait performance. Whilst positive, he highlighted that with RTT performance at 49% and a worryingly increase in 52 week wait numbers, this was something the Trust would need to focus on. However, he was optimistic that the opening of additional theatres last month at the Alexandra Hospital would provide that additional capacity moving forward.

Asked by the Group Chairman to give an overview on NHS England's (NHSE's) Ten-Point Plan (10PP) initiated to improve WAHT's performance, the Group Chief Executive explained that the 10PP's main focus was an emphasis on flow and the need to improve processes within the hospital. In particular around medical specialities as that would enable patients to be pulled from ED and treated by the right speciality and discharged home as early as possible.

There was also an opportunity identified within the 10PP to have more HomeFirst and supported discharges through community services. Elements within the 10PP also included the need to focus on improving WAHT's approach to staff, like improving areas such as car parking, to help improve on sickness absence levels and organisational recruitment, and simplifying the Trust's approach to improvement by having as many people as possible trained in improvement methodologies so that they could be responsive to immediate issues like flow.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chairman remarked that despite best endeavours by all four trusts within the Foundation Group to deliver the level of service they aspired to for the citizens they served, he wanted to apologise on behalf of the Foundation Group Boards to patients and their families for the long waits being experienced. An apology was also extended to ambulance crews hindered by capacity constraints delaying patient handovers.

Resolved – that the Foundation Group Performance Report be received and noted.

23.083

OUTPATIENT PRODUCTIVITY

The Chief Operating Officer at WAHT opened the presentation on outpatient productivity. This set out the progress being made across the Foundation Group in the delivery of improving outpatient productivity and how that aligned with the transformational work happening and the Further Faster programme.

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With the appointment of a Group Analyst in October 2023, the Chief Operating Officer at WAHT was pleased to report that the role would be supporting the outpatient productivity piece of work, using internal and external benchmark data to help further identify opportunities for improvement.

In more detail the presentation focused on the work around the Further Faster programme, Patient Initiated Follow Up (PIFU), NHSE Transformation Ask and any other national involvement initiatives like the NHS Elective Recovery Programme and GIRFT.

Having identified a number of similarities from each of the Trust's Outpatient Transformation Programmes, the Foundation Group Boards were notified of three key areas of focus which would be driven collectively by the Foundation Group to improve productivity; which included:

- a) improving communication to our patients;
- b) using IT to support improvements around productivity, and
- c) undertaking specialty deep dives and service reviews.

Focusing on RTT performance for each of the organisations, the Chief Operating Officer at WAHT talked through those factors driving the increase in waiting list numbers, together with the combined actions being taken by the Foundation Group to address that increase. It was noted that with the exception of WAHT who had seen a slight decrease in the number of patients on the waiting list, performance charts for SWFT, GEH and WVT had shown a gradual increase in their waiting list position.

Focusing on Cancer 2WW performance, the Chief Operating Officer at WAHT reported that all four organisations had seen a significant increase in Cancer 2WW referrals across a range of specialities. However, it had been particularly interesting to note that the pattern in 2WW surges had been very similar across the Foundation Group. The Chief Operating Officers would therefore undertake a deep dive into that 2WW referral pattern to help understand and predict where surge areas were likely to arise for particular specialities and help understand what that meant for the rest of the pathway, particularly around cancers.

The Chief Operating Officer at WVT explained that PIFU was a patient led activation of their follow up appointment, based on their symptoms and individual circumstances. Emphasising that PIFUs should not be used in place of discharging patients appropriately, it was noted that this would be a key measure that would need to be embedded correctly across the Foundation Group. With all four trusts currently at different stages in delivering PIFU, particularly within specialty plans, it had been positive to note that there was clear clinical leadership and pathways being developed. He remarked that looking at best practice across the 28 trusts involved in the Faster Further programme and looking at case studies and benchmarking, together with using the average and mean across PIFU, would be key for the Foundation Group;

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including the need to look at local solutions where case studies could be amended as necessary.

Opportunities being considered by the Foundation Group included PIFU case studies to drive down Do Not Attends (DNAs) for new appointments and patient reactivation rates for PIFU specialties. Although nationally GIRFT evidence suggested that most patients returned less often when empowered to manage their own follow up pathway.

With DNAs a core area of focus of operational delivery in outpatients, the Foundation Group Boards were informed that Chief Operating Officers were focusing on a number of opportunities and solutions using GIRFT best practice to minimise the impact of unused appointments. In particular through using digital solutions and working with the Volunteer Service to make reminder calls in services with the highest DNA rates.

Focusing on outpatient utilisation, the Foundation Group Boards were briefed on the approach being taken to adopt the 6-4-2 scheduling process commonly used in theatre processes to reduce clinic cancellations. As part of the Faster Further programme it was noted that there had been job plans, best practice and specialty based best practice clinic templates released to help trusts improve outpatient utilisation. There would also be a focus on clinic comparison data including the percentage of follow ups and percentage of new patients at specialty and subspecialty level.

With varying degrees of success across the Foundation Group in regard to virtual appointments, the Foundation Group Boards heard that there were areas which clinical teams could take learning from in terms of best practice. There were also various examples across the Foundation Group around getting virtual clinics right and striking the right balance, so that appointments were adding value to the patients' treatment and pathway. Discharge rates for virtual appointments versus face-to-face appointments would also be an area of focus.

With SWFT, GEH and WVT fortunate to be part of NHSE's GIRFT Further Faster programme lead by Professor Tim Briggs, the presentation outlined some of the opportunities implemented by other member trusts to improve a number of outpatient and inpatients metrics. Whilst WAHT would join the second phase of the Further Faster programme, the Chief Operating Officer at SWFT explained that by virtue of working together as a Foundation Group had provided an opportunity to build a solid foundation for shared learning, and with a Group Analyst in place to make sure that Model Hospital data was accurate across the Foundation Group, that would enable the trusts to accurately measure and compare performance.

Drawing out areas of best practice across the Foundation Group which included GEH's focus on health inequalities and volunteering, SWFT's focus on endoscopy utilisation, WVT's focus on validation and WAHT's approach to

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ACTION

reducing DNAs, the Foundation Group Boards were informed that with such positive work happening within each trust, the Chief Operating Officers were really keen to share approaches and learning in order to adopt and replicate areas of best practice to drive those benefits across the Foundation Group.

Recognising that the work being done across the Foundation Group had been extremely beneficial, the Chief Operating Officer at GEH highlighted that whilst there were commonalities in the task ahead, there were also commonalities in the challenges impeding not only current performance but also the Foundation Group's ability to deliver collective improvements around outpatient productivity like, industrial action, impact of emergency pressures, increased referrals and workforce availability.

Concluding the presentation, the Chief Operating Officer at GEH outlined some of the initiatives being collectively worked on as a Foundation Group in order to share best practice, take learning from other trusts and develop Group-based solutions to help drive forward improvements.

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

Taking time to thank the Chief Operating Officers, the Group Chairman remarked on how pleasing and encouraging it had been to see the level of cross Foundation Group discussion happening to drive forward improvements.

Remarking on MsRichard's (GEH NED) comment in the Microsoft Teams chat box, which suggested the use of digital solutions to help patients manage appointments and improve DNA performance, the Group Chairman remarked that whilst he welcomed the approach to find digital solutions at pace as part of the Faster Further work to improve productivity, he counselled for digital solutions to be identical to enable conformity and economies of scale across the Foundation Group.

With the Patient Initiated Digital Mutual Aid System (PIDMAS) a new phenomenon across the NHS, the Group Chief Executive sought views from Chief Operating Officers as to the implementation.

Overall, the Chief Operating Officers reported a similar position in regard to the number of patients expressing an interest to travel for treatment since recently going live with PIDMAS. Whilst early feedback had indicated some reluctance from patients wanting to travel further than 50 miles with visiting, travel and accommodation cited as areas of concern, overall patients had been keen to opt for the PIDMAS solution. Initial thoughts on the process itself had also highlighted learning around the need to refine the administration process as currently this was proving time consuming.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

Resolved – that the Outpatient Productivity Update be received and noted.

23.084

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.

The Group Chairman invited questions and perspectives, but no further comments were raised.

Resolved – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.

For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.

The Chief People Officer for GEH presented the key headlines which included the following:

- a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts.
- b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff.
- c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and
- d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across

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GEH, WAHT and GEH. WVT reported an improved position with a decrease in their 2022/23 Pay Gap.

With the Chief People Officers committed to ensuring an equitable workforce across the Foundation Group, a number of consistent actions to respond to and improve the gender pay gap were outlined as follows:

- a) leadership programmes offered as an opportunity to support and develop colleagues to move into more senior roles.
- b) a focus on being a flexible employer, enabling manager skills to support an increased compassionate and flexible workplace.
- c) offering inclusive or reverse mentoring to not only support female colleagues but also focus on all nine protected characteristics which should see an improvement in terms of the Foundation Group's Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).
- d) talent for all sessions to identify aspirant talent and put support and development opportunities in place.
- e) using staff networks to help identify problems and understand what interventions were needed to address them.
- f) promoting and embedding inclusive recruitment toolkits across the Foundation Group to help reduce bias across recruitment processes, and
- g) work with colleagues as part of the EDI agenda to develop a levelling up programme that supports international nurse recruits into senior roles within the Foundation Group.

With the CEA bonus historically given out on an application basis, it was noted that since Covid, CEAs had been shared out on a fair shares basis giving everyone eligible an equal share.

In addition, the Foundation Group Boards were informed that the Foundation Group had also signed up to the Sexual Safety at Work Charter and that the Chief People Officers would be working together over the coming year to look more closely as to whether each trust had ample female representation at all senior levels and likewise, looking at whether the workforce was representative of the local community.

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

Responding to Ms Quantock's (WVT NED) question in the Microsoft Teams chat box, the Chief People Officer at WAHT confirmed that all trusts in the Foundation Group did measure the pay gap between other protected characteristics under the WDES, WRES and NHS Rainbow Badge Scheme. This was also addressed through a positive recruitment process, with interviews guaranteed for colleagues with protected characteristics if they met

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ACTION

the person specification for Bands 8a and above with a view to expanding that offer to lower bands going forward.

In order to get a more meaningful measure regarding the gender pay gap, the Managing Director of WVT suggested a further breakdown which showed the female/male pay gap by professional group and across each of the nine protected characteristic areas. The Chief People Officer at GEH confirmed that there was a more detailed breakdown available, however the Gender Pay Gap was a nationally prescribed report, which provided the granular data across the different protected characteristics within the WRES and WDES reports, different genders and different staff groups.

The Group Chairman asked that the Chief People Officers presented the Gender Pay Gap report back to their respective Trust Boards, which included a more granular breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic groups, to give added assurance that women or colleagues from those protected characteristic groups were not being disadvantaged in terms of pay.

CPOs

With Birmingham City Council recently declaring itself in a state of 'effective bankruptcy' as a result of being sued by employees for unequal pay under the Equality Act 2010, the Group Chairman asked if there was a potential risk of such a claim being brought against the NHS. The Chief People Officer at GEH explained that there had been an unequal pay risk with the introduction of AfC back in 2005 but was assured that was far less of a risk now in terms of how the NHS undertook job evaluation and reviewed posts.

With the introduction of AfC T&Cs initially aimed at addressing equal pay issues, the Group Chief Executive remarked that in his opinion the data now exposed opportunities for improvement around equality issues relating to things like progression, training and providing flexible working opportunities.

CPOs

Resolved – that,

(A) the Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic, and

(B) the Gender Pay Gap Annual Report be received and noted.

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

Celebrating the Group Chief Executive's 40 years of service in the NHS, the Group Chairman recapped on his career history that commenced back on 1 September 1983 as a Finance Trainee in the then South Warwickshire Health Authority.

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ACTION

From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.

With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.

In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.

Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.

Resolved – that the position be noted.

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

No questions were raised.

Resolved – that the position be noted.

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

23.089 **APOLOGIES FOR ABSENCE**

23.090 **DECLARATIONS OF INTEREST**

23.091 **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.092 **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.093 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

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

23.095 **ANY OTHER CONFIDENTIAL BUSINESS**

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GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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WYE VALLEY NHS TRUST (WVT)**

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE
23.096

DATE AND TIME OF NEXT MEETING

The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.

ACTION

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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

PUBLIC ACTIONS UPDATE: FOUNDATION GROUP BOARDS MEETING – 7 FEBRUARY 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023) 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 / S Collman	Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position. GEH Trust Board Update on 05.12.2023. Further consideration being given to involve Public Health England 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 / H Lancaster	Chief Operating Officers are in the process of recalculating theatre productivity to include an indication of the resource cost per unit.
23.084 Gender Pay Gap Annual Report	The Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic.	G Nic Philib / G Etule / T Rickets	
REPORTS SCHEDULED FOR FUTURE MEETINGS			

Report to	Foundation Group Boards	Agenda Item	6.1
Date of Meeting	7 February 2024		
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) Stephen Collman, Managing Director 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(WVT)

South Warwickshire University NHS Foundation Trust(SWFT)

George Eliot Hospital NHS Trust(GEH)

Worcestershire Acute Hospitals NHS Trust(WAH)

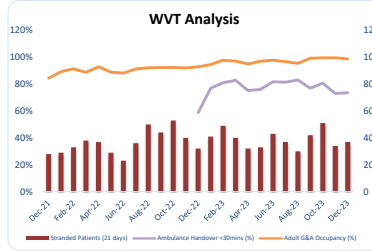
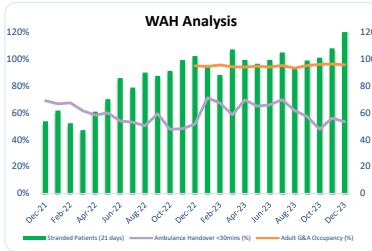
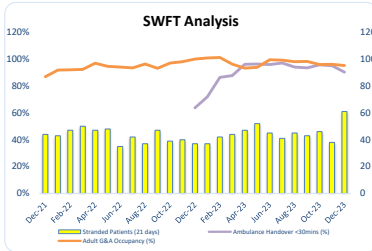
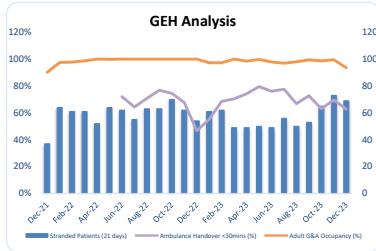
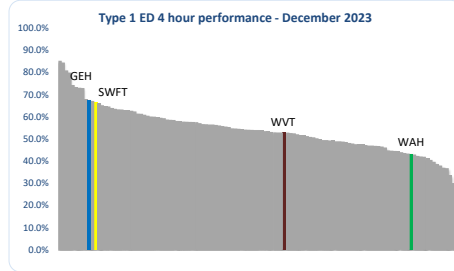
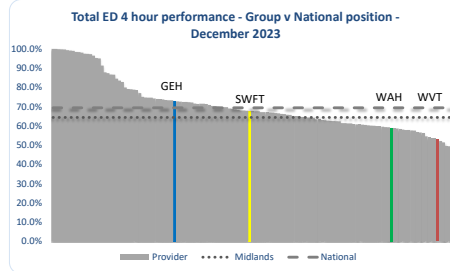
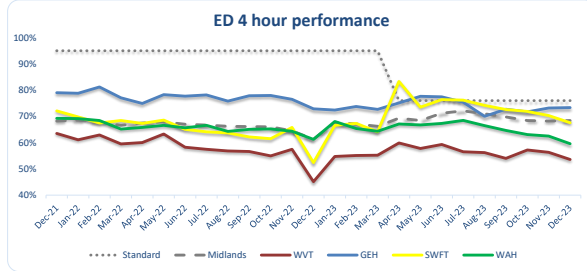
Indicator	Standard	Latest Data		Benchmark		Latest Data	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark
Urgent and emergency care	ED 4 hour standard	76%	Dec-23	National: 69.4% Midlands: 64.4%	Dec-23	53.6%	56.7%			67.6%	73.9%			73.4%	74.1%			59.6%	65.2%			
	Ambulance Handovers < 30 mins (%)	98%			Dec-23	73.6%	78.0%			90.3%	94.9%			62.6%	71.3%			53.4%	60.7%			
	Ambulance Handovers < 60 mins (%)	100%			Dec-23	85.8%	91.6%			100.0%	99.5%			94.0%	96.8%			69.1%	74.9%			
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%			Dec-23	37.0%	41.1%			41.7%	42.9%			44.5%	36.9%			37.3%	40.5%			
	General and Acute (G&A) Occupancy(Adult)	< 90%		Dec-23	National: 94.1% Midlands: 94.9%	Dec-23	98.8%	97.7%			95.2%	97.2%			93.6%	98.6%			95.7%	95.0%		
MFFD	% of occupied beds considered fit for discharge				Dec-23	22%				25%				18%				15%				
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<100	Aug 2022 to July 2023	National: 100.0	Aug 2022 to July 2023	Within expected range	102.6			Within expected range	102.9			Higher than expected	118.0			Within expected range	103.5			
Work force	Staff Sickness	<5%	Aug-23	National: 4.8% Midlands: 5.1%	Dec-23	5.6%				5.7%			N/A	5.4%				6.3%				
Cancer	Cancer 62 day waits	0			Nov-23	126				152				73				389				
	28 day referral to diagnosis confirmation to patients	75%	Nov-23	National: 72%	Nov-23	65.8%				75.1%				57.7%				69.4%				
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				1350				850				339				2968				
	RTT 78 week waiters (English Only)	0			Dec-23	14				0				0				125				
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Nov-23	National: 58.3%			57.9%				61.7%				59.8%				55.6%			
Theatres	Theatre Utilisation (Capped)	85%	Oct-23	National: 77%		77.8%	76.9%			83.5%	82.3%			72.5%	73.8%			81.0%	83.1%			
	Theatre Utilisation (Uncapped)	85%	Oct-23	National: 83%	Dec-23	82.3%	82.2%			86.7%	85.3%			76.0%	80.6%			83.9%	86.1%			
	% Starting on time (early or within 5 minutes)					7.5%	9.1%			42.0%	28.5%			4.1%	6.0%			11.1%	9.6%			

Foundation Group Key Metrics



Emergency Department (ED) 4 hour Performance

Trust	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	Oct-23	Nov-23	Dec-23	YTD
GEH	79.0%	78.8%	81.2%	77.1%	74.9%	78.3%	77.7%	78.2%	75.8%	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	74.1%
SWFT	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%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	73.9%
WAH	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%	63.1%	62.5%	59.6%	65.2%
WVT	63.5%	61.1%	62.9%	59.5%	60.1%	63.3%	58.2%	57.5%	56.8%	56.6%	55.0%	57.4%	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	56.7%



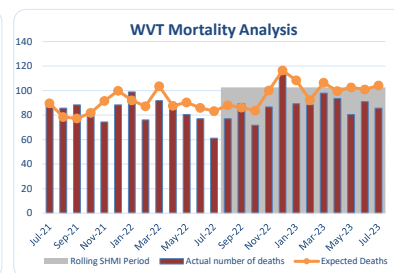
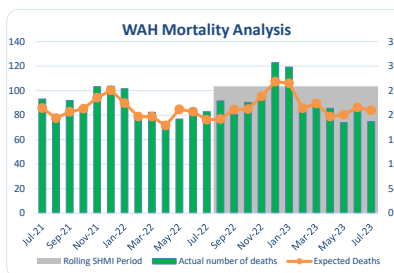
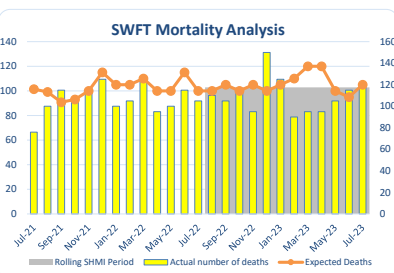
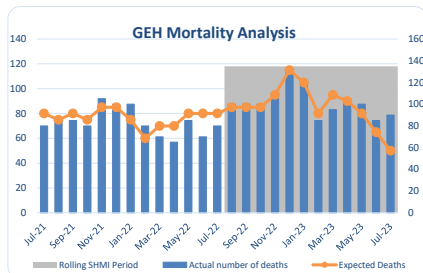
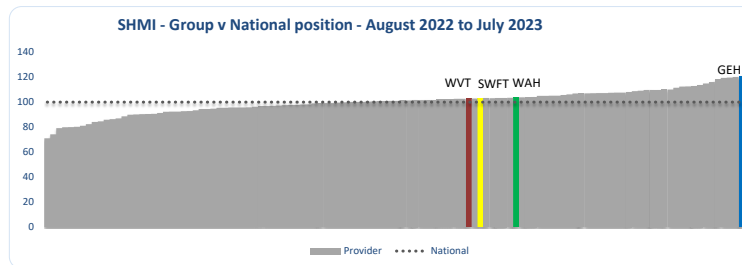
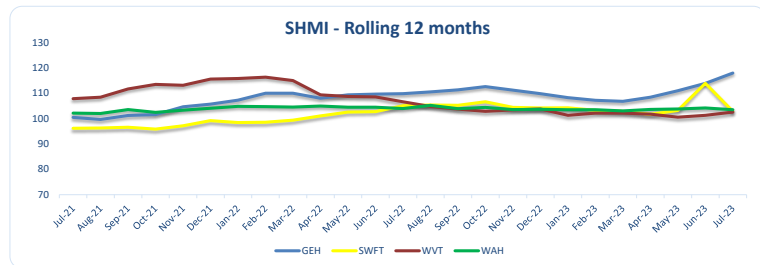
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Nationally our Type 1 performance remains around the middle of National and Regional Performance table.</p> <p>Ambulance Performance</p> <p>Our 1 hour Ambulance Handover position deteriorated over December 2023 with 89% [207] of patients being handed over 1 hour and 74% in under 30 minutes. This was driven by a high bed occupancy and full use of escalation beds across acute and community sites and full use of our Enabling Flow Standard Operational Procedure (SOP). On average this was an additional 40 escalation / unconventional care beds were being used overnight, a 14% increase in our General and Acute beds, leaving very little flexibility to rapidly decongest Emergency Department to allow of Ambulance off loads. This position has continued into January. However, overall our percentage of 1 hour Ambulance delays were circa 150 less than December 2022.</p> <p>4-hour Performance</p> <p>Our Emergency Department (Emergency Department) attendances remained high over December at circa 6,000 which was similar as last December and mirrors the attendances volume seen in November. The number of patients waiting greater than 12 hours in our Emergency Department also remained high, at 17% of patients, but this was an improvement of last December at 25%. Additional focus has been on improving our triage and initial assessment processes which has seen a significant improvement in the percentage of patient triaged in 15 minutes and treatment started within the hour. We have also had sign off and agreement of revised Emergency Department Internal Professional Standards that have been agreed across clinical teams. Our Chief Medical Officer will compliment these standards with newly agreed "Way We Work Together" agreements across all specialities in February.</p> <p>Our usually high performance for minors patients dropped to 80% in 4 hours in December, and is a cause of concern, that the Acute and Emergency Directorate are</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust has seen performance improve slightly for the second consecutive month. General & Acute bed occupancy remains high across all sites along with 21-day stranded patients, both of which impacted flow and ultimately performance.</p> <p>4-hour Performance</p> <p>GEH has seen Emergency Department (Emergency Department) attendances remain high. Despite High attendance and very high bed occupancy, 4hr performance has improved. GEH continue to perform well when compared nationally.</p> <p>Ambulance performance</p> <p>The total number of ambulances being conveyed has remained relatively static for the past 12 months. High attendance and limited flow from Emergency Department have led to a more challenged ambulance position. Emergency Department continue to have success with managing variations in demand to support timely ambulance turnaround.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>4 Hour Performance – Q3 Performance for South Warwickshire University NHS Foundation Trust (SWFT) dropped to 70%. December was extremely challenging. The industrial action had more impact than previously which affected performance in December 23. Demand continued to be high with October 23 having the highest attendances across both sites to just under 8,500. Nationally the Trust dropped out of the top 10 for Type 1 attendances.</p> <p>Conversion rates continues to hover around 28% rate. Out of area attendances remained fairly high in third quarter (Q3) with the majority being Birmingham and Coventry. Same day emergency care (SDEC) has continued to be used easing the pressures on the front door and activity seems to have reached its peak. Bed Occupancy has remained high contributing to difficulty in flow affecting Emergency Department .</p> <p>Ambulance performance - Ambulance turnaround times continue to be amongst the best in the region, although, performance has dropped lately, and South Warwickshire University NHS Foundation Trust (SWFT) continues with high levels of inappropriate intelligent conveyance from West Midlands Ambulance Service (WMAS). South Warwickshire University NHS Foundation Trust (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 NHS Trust (WAH)</p> <p>4 hour performance - Statistical process charting indicates that performance remains significant cause for concern and unless significant change will not meet upper quartile benchmarking.</p> <p>During Quarter3 2023/24 the demand met for Emergency Care or same day emergency care was 44,100 (including Kidderminster Treatment Centre/Minor Injury Unit). 4,100 patients were seen in a same day emergency care setting, 2,300 of which had been streamed from the emergency departments. In November the same day emergency care (SDEC) offer was increased with the opening of Cardiology SDEC and Renal SDEC.</p> <p>In December we launched a pilot single point of access (SPOA) hub triaging calls from General practitioners (GPs). The triage will prevent some acute attendances and stream those attending hospital to the most appropriate area. Initially we have seen an increase in SDEC attendances, but as self presented numbers are still high the Emergency Department front door remains pressured.</p> <p>In January West Midlands Ambulance Service (WMAS) will also use the SPOA for Category 3 and 4 calls. The impact of the SPOA will be shared in the next report.</p> <p>The admission conversion from Emergency Department at Worcestershire Royal Hospital(WRH) is above 30% for Quarter 3 (31.9%), and the Alexandra Hospital Redditch(ALX) is 23.3%.</p> <p>Long length of stay (Stranded Patient) numbers are high and the LLOS project will review the root cause and re-enforce where necessary the SOPs. This is a project within the Patient Flow Programme. It will commence in January.</p> <p>Ambulance performance - Statistical process charting indicates that performance is significant cause for concern and unless significant change will not meet the target.</p> <p>We had 3,500 ambulance conveyances within Quarter3 that had a handover longer than one hour. However, compared to Q3 2022/23 the average waiting time of the ambulance is less in 2023/24 for the same period. Reducing ambulance handover delays is one of the Trust priorities.</p>

Foundation Group Key Metrics



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

Trust	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
GEH	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	111.0	114.0	118.0
SWFT	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	103.2	114.0	102.9
WAH	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	103.8	104.2	103.5
WVT	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	100.6	101.3	102.6



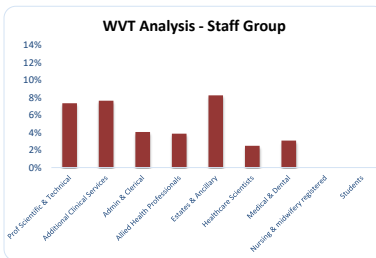
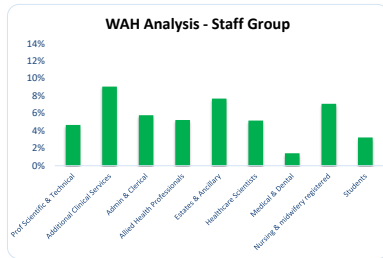
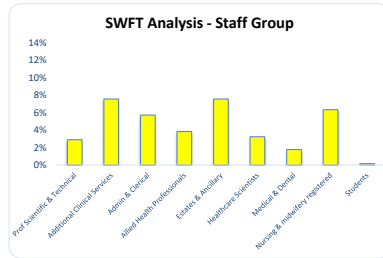
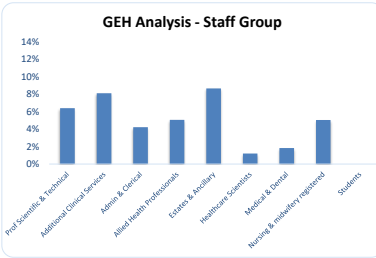
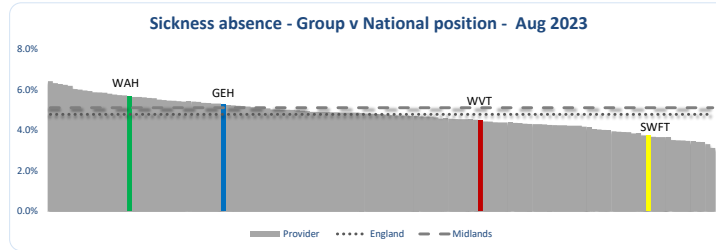
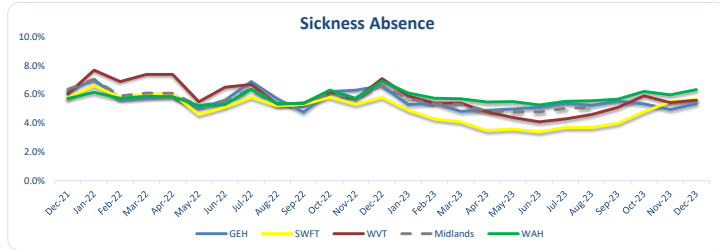
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Latest nationally reported Summary Hospital-level Mortality Indicator (SHMI) (NHS Digital) from August 2022 to July 2023 shows Wye Valley NHS Trust at 102.6, which is a rise of 1.4 since last reporting period. However, the Hospital Episode Statistics (HES)-based SHMI, which does offer a slightly advanced forward view, indicates a more positive position of 102.0 for the 12 month rolling period up to September 2023.</p> <ul style="list-style-type: none"> - Crude mortality rate for December 2023 was 1.6% for all admissions, which includes both planned and unplanned admissions to the Trust. - Latest month's data for our Clinical Coding Mortality Key Performance Indicators (KPIs) shows an overall positive month, specifically with strong performance in the capturing and coding of the patients co-morbidities, both for live and deceased patients. - Latest SHMI (October 2022 – September 2023) for Heart Failure is 133.72, although this month reported a reduction of 6 points, it remains at significantly higher than expected levels. An escalation meeting has been planned, which will review the whole pathway to identify areas for improvement work - A small rise has been reported in the latest SHMI for Stroke mortality, although it continues to remain well below the national average at 86.57, equating to 12 deaths less than the expected number for our demographic. - Further continued reductions in our chronic obstructive pulmonary disease (COPD) mortality, with the latest SHMI (October 2022 – September 2023) at 111. Sepsis also reported a reassuring reduction of 3 points, but remains at 'higher than expected' levels. - Plans are being developed to re-establish the Mortality Committee early this year, which will aim to provide a central place for all mortality related issues. - Pilots are planned to be trialled later this month for the new In-Phase (new incident reporting system) functionality, which supports both mortality reviews and supporting medical examiners processes. This system will aim to provide a more cohesive method for capturing and reporting important information from the learning from Deaths processes in the hospital. News and updates will be provided through this monthly report. 	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust's mortality indicators remain unchanged since the last reporting period due to national data not being available at the time of writing the report in December 2023. This will be updated in January 2024.</p> <p>The Medical Examiners reviewed 100% of all deaths in December 2023. The Medical Examiner Officers (MEO) contacted 99% (94/95) of families in December. Of the families contacted, 15% (14) gave specific positive praise, 6% (6) of families raised issues about the quality of care, and 3% (3) of families raised issues not related to the quality of care. The feedback regarding quality of care were related to communication, timeliness of diagnosis, and discharge. This has been fed back to the relevant clinical teams and where appropriate meetings have been arranged with the family.</p> <p>There were 2 completed structured judgement review (SJR) returned. Learning included: Good use of pathways and plans (iPlan, Amber pathway) and good recognition of patient deterioration. Improvement areas included delays in communication/involvement with other teams including the Learning Disability Team. Feedback has been shared with the clinical teams. The theme of the month shared with the directorate clinical teams focused on End of Life Planning and the use of the Amber Care Bundle.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>National SHMI position up to July 22- June 23 has remained stable this quarter at 1.02, peer is 99.58. Previous SHMI have been 1.02 (April 2022 – March 2023), 1.04 (January 2022 – December 2023), and 1.05 (October 2021 – September 2022). Risk Adjusted Mortality Indicator (RAMI) is also stable at 99, peer is 98. The Hospital Standardised Mortality Ratio (HSMR) continues to increase.</p> <p>Efforts to improve performance continue. Monthly meetings with the coding team allow problem areas to be identified and solutions found. The coding team have expanded and new members trained creating a more sustainable workforce. Work continues on palliative care coding.</p> <p>Auditing of sepsis and Acute Kidney Injury (AKI) is ongoing and presented at the monthly Deteriorating Patient Group.</p> <p>Work around SWFT FCE (First Consultant Episode) is underway to reduce the number of episodes with a in a spell for which SWFT has been an outlier. The Medical Examiner function is well established and the focus is now on the role out to the community expected in the Spring of 2024.</p> <p>An in-house SWFT Mortality Dashboard has been developed and going live in the next couple of weeks. This will house all mortality reviews and allow collection of mortality parameters which will inform learning from deaths.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Our latest SHMI (year to August 2023) is 1.0285 and 'as expected'. This represents the 49th consecutive month where our SHMI has been classified as such. SHMI does not appear to be worsening (our relative position within the funnel plot has been unchanged to say the least). Furthermore, our elevated monthly SHMI(s) for December 2022 and January and April 2023 do not appear to be having any adverse effect on the official, rolling 12 month version.</p> <p>The Alexandra Hospital Redditch (ALX) continues to have a higher SHMI than Worcestershire Royal Hospital (WRH) but both are described by the model as 'as expected'. Several hypotheses for this have been explored (inc. impact of ambulance divers from WRH, repatriation for trauma or cancer surgery etc.). However, no care concerns have been identified. By way of assurance the ALX would need to have upwards of an additional 30 deaths per year before it would be in danger of being 'higher than expected'. This will continue to be monitored as surgical services migrate across the county.</p> <p>Our The Hospital Standardised Mortality Ratio (HSMR) is similarly 'as expected'.</p> <p>Looking at crude mortality across the trust (inc. deaths in ED) up to December 2023. Whilst deaths rose in December this is neither unusual or outside of the five year, non-Covid average. Furthermore, deaths recorded for elective inpatients remain low with a crude mortality rate well below 1%. Deaths in ED, whilst consistent with previous years, continue to reveal that we have a number of patients who are dying in ED having been there 8 or more hours."</p>

Foundation Group Key Metrics



Sickness Absence All Staff Groups

Trust	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	Oct-23	Nov-23	Dec-23
GEH	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%	5.4%	5.0%	5.4%
SWFT	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%	4.0%	4.8%	5.5%	5.7%
WAH	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%	6.2%	6.0%	6.3%
WVT	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%	5.9%	5.4%	5.6%



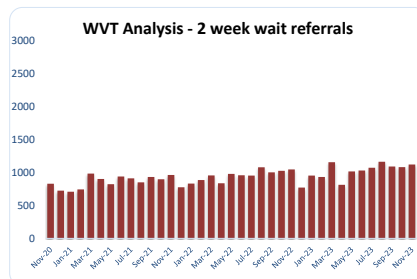
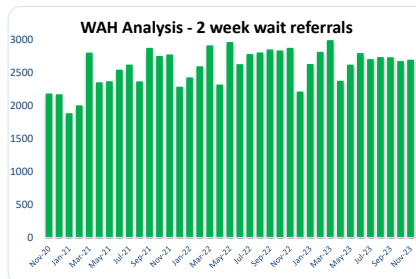
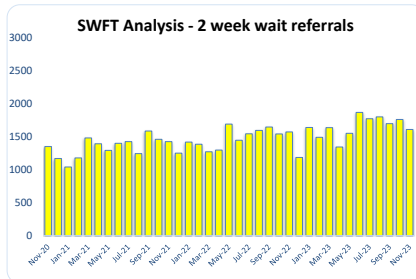
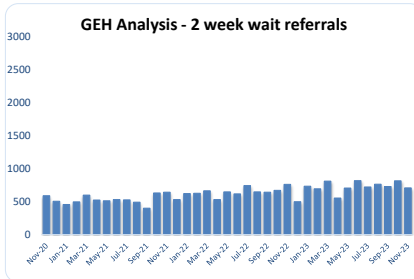
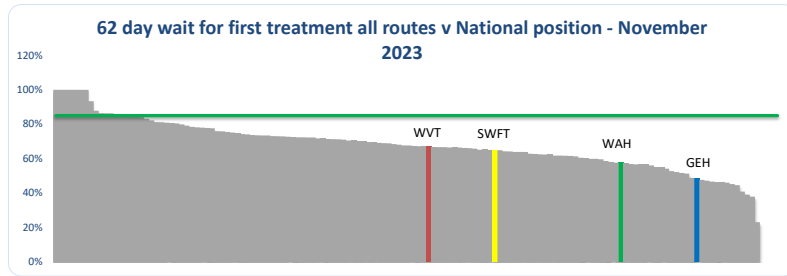
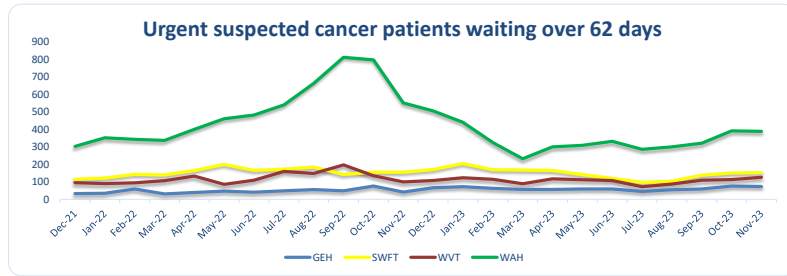
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Trusts across the NHS are seeing high sickness absence largely due to winter ailments leading to an increase in short term absence. Comprehensive divisional absence reports have been re-introduced at monthly Finance & Performance Executive (F&PE) meetings to ensure appropriate actions are being taken to manage absence effectively across all divisions.</p> <p>Human Resource(HR) teams continue to sensitively support the management of sickness absence and the close monitoring and management of sickness absence remains 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. A comprehensive WVT health & wellbeing strategy for staff is being finalised to encourage every member of staff to take more responsibility for their wellbeing at work and become more aware about guidance and support available to enhance their wellbeing.</p> <p>The close monitoring and management of sickness absence at the monthly Finance and Performance (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 remained steady reporting just over 5.0% for quarter 3, reporting in December at 5.4%, with the highest rates of absence among Estates & Ancillary staff.</p> <p>There continues to be resource in place to support Hotel Services with their recruitment strategy to enable improved recruitment and retention thereby reducing vacancies and easing pressure on colleagues.</p> <p>Health and wellbeing continues to be an area of priority for the Trust, with wellbeing offers shared through the monthly Wellbeing Newsletter and Loo News and any bespoke packages/signposting as necessary.</p> <p>'Other' reason for absence is recorded as the highest proportion for sickness absence surpassing anxiety/stress/depression. The People & Workforce team will continue to work alongside Directorates, Workforce information and E-Rostering teams to improve data accuracy to assist in ensuring colleagues are receiving appropriate wellbeing support during and post absence.</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 which has seen an improvement although still remains a challenge. The re-launch of the Staff availability project has supported discussions with Directorates, therefore the People & Workforce Team, working alongside E-Rostering are continuing to support Directorates in improving their compliance rates. The Sickness policy will be launched during Quarter 4 with additional training sessions and a Frequently Asked Questions(FAQ) guide for line managers as a further support mechanism. These sessions will run alongside the current package already available as part of the Management Development Toolkits (MDTK) sessions to strengthen line manager knowledge and confidence in applying supported processes around sickness absence management.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Sickness levels over the last few months have started to rise again following the low sickness absence rate of around 3.7% experienced during the summer months.</p> <p>Since August there has been a 1.9% increase in the sickness absence rate, which is a trend seen during autumn and winter, and is linked with the start of the flu season. Further, there has been a high volume of winter cold infections and we have also seen a steady increase in coronavirus disease (COVID) numbers, especially during December 2023.</p> <p>In December the top reason for sickness continues to be Stress/Anxiety/Depression followed by were cold/coughs/flu, and these account for over 50% of the sickness reasons. In third place we have back problems and other musculoskeletal problems, which account for over 12% of sickness reasons.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Monthly sickness absence increased by 0.36% in month to 6.34% however this is 0.38% better than last December. Sickness is generally higher in December and January due to seasonal illness. Sickness remains high at 7.37% in surgery and has increased to 7.20% in Women and Childrens and 7.13% in Estates and Facilities. All clinical divisions have seen a deteriorating position this month in line with the seasonal variation. Absence due to stress remains higher than pre-pandemic with Urgent Care an outlier with 43.04% of the divisions in month absence being attributed to S10, followed by Estates and Facilities (39.72%) and Women and Childrens (37.21%) Sickness absence management will remain a focus at divisional performance review meetings.</p>

Foundation Group Key Metrics



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

Trust	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	Oct-23	Nov-23
GEH	33	35	59	31	39	47	41	49	56	49	76	42	66	72	63	57	57	59	59	45	55	59	76	73
SWFT	115	122	143	139	165	199	166	173	184	142	155	155	170	204	169	167	165	141	120	97	103	138	151	152
WAH	303	352	343	337	400	461	482	540	663	812	797	551	506	441	325	232	300	309	332	286	300	321	391	389
WVT	95	90	94	107	133	86	109	159	148	197	135	100	108	123	115	89	117	112	108	72	87	109	113	126



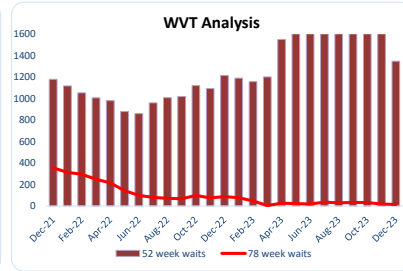
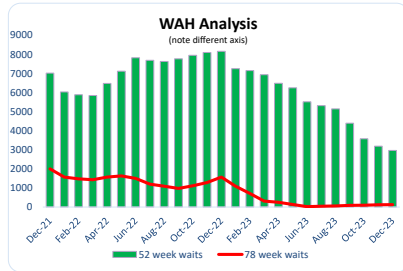
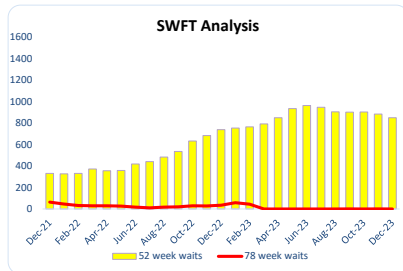
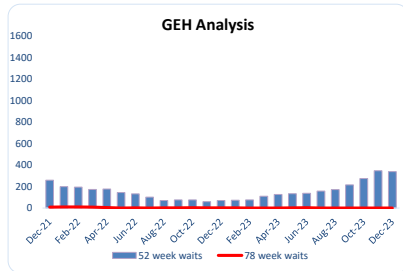
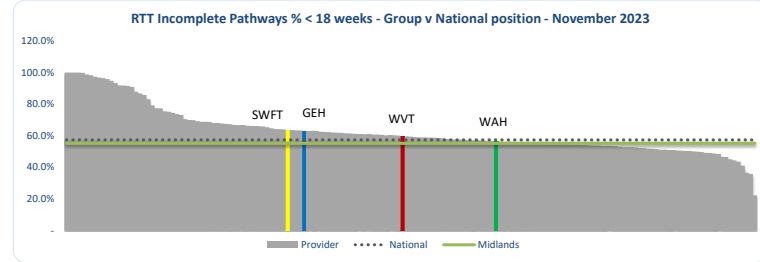
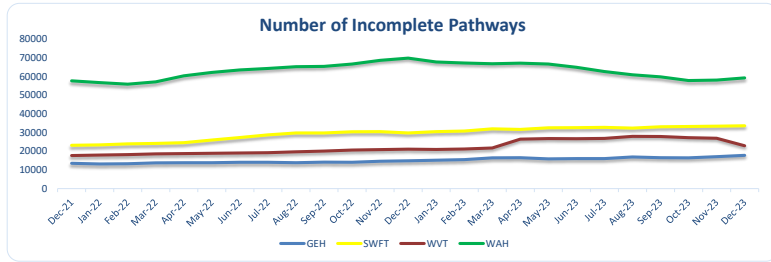
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>There are two main specialities driving almost two thirds of our delays in patients awaiting over 62 days for treatment. These are Dermatology and Urology and are the main areas of focus to get our 62 days breaches reduced to our Fair Share number.</p> <p>In Dermatology the increase in referrals was at 9% before mutual aid support was implemented for Malvern area patients in the Summer of 2023. This has now seen a 60% increase in referrals, an average of 15 additional per week. This caused a peak in referrals in August 2023 and October 2023 and the conversion to surgery which the Dermatology and Plastic teams struggled to get the capacity to support. Additional use of Business Intelligence to profile and ensure tracking oversight has been implemented across the skin service along with additional "spot clinics" for cancer and additional "Super Surgery weeks" to reduce the backlog and maintain capacity. The position should improve by the end of February 2024.</p> <p>Urology also had an increase in referrals over October 2023 and November 2023 of 30%, which has continued in December 2023 and January 2024 at 60%, above 2019/20 levels, along with some high absence within the clinical teams. Local anaesthetic transperineal prostate biopsy (LATP) demand has increased and additional sessions are being arranged as "Super Saturdays" to manage the demand. Some of our Pathology and Radiology reports for urology are outsourced and on-going work to improve and stabilise the position.</p>	<p>George Eliot Hospital NHS Trust GEH -</p> <p>The Trust has seen a continual increase in 2 week wait referrals; currently circa 720 referrals are received each month compared to 2022 where there was circa 650. The Trust has seen an increase in the number of patients over 62 days in October 2023 and November 2023 but it has reduced again in December 2023 to 55. The increase was due to Industrial action impacting clinical decision-making, radiological capacity and delays at UHCW for vacuum-assisted biopsies and excisions. However, UHCW have offered mutual aid to our breast patients which has reduced the backlog in December 2023. Urology has seen the highest number of 62-week breaches, once again owing to capacity and staff shortages, there is a focus on Urology both within the Trust but also as part of the Integrated Care Board (ICB) and Foundation Group. GEH ran a clinical Patient Tracking List (PTL) shared decision-making (aka MADE) event for the most pressured sites. As a result of this, Urology and Colorectal were able to considerably reduce their longest waiting patients by 46% (29/62 patients) which has meant that GEH has successfully started to see a reduction in this target for December 2023 and January 2024. There are plans to hold further MADE events for February.</p> <p>Note:- Cancer data runs one month in arrears.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>For Q3 62 day – again we only have submitted performance for October (58.2%) and November (64.9%). It remains challenging due to the knock on delays from earlier on in the pathways to maintain the 62 day performance.</p> <p>62 day Issues: Breast tumour site have delays mainly due to timeframes referrals are being sent from the Breast screening service and delays for diagnostics at University Hospitals Coventry & Warwickshire (VAB-Vacuum-Assisted Core Biopsy/VAE-Vacuum-Assisted Excision).</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 2023, and July 2023 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 specialities.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Urgent and suspected referrals in Dermatology and Urology have seen a significant increase during Oct - Dec 2023. This increase is above normal seasonal variation. There are continued efforts and discussions to identify mutual aid, and further temporary insourcing has been agreed for both to support 2023/24 improvements to the end of the year, funded by Elective Recovery Fund (ERF).</p> <p>These specialities have the highest 62 day backlog (Colorectal is third highest).</p> <p>The ongoing sustainability of these services in particular, is now part of a support package from NHS England/Improvement (NHSEI) focusing on Demand and Capacity in Urology and lead provider service for Dermatology. This support is being provided as WAH have been placed back in to NHSEI Tier 1 support.</p>

Foundation Group Key Metrics



Referral to Treatment (RTT) List Size - English

Trust	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	Oct-23	Nov-23	Dec-23	% change v Dec-22
GEH	13508	13188	13296	13753	13870	13891	14107	14101	13826	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	20%
SWFT	23184	23376	23958	24207	24583	25987	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	13%
WAH	57660	56728	55890	57151	60345	62196	63485	64284	65264	65420	66703	68628	69832	67744	67208	66840	67122	66658	64904	62647	60945	59787	57856	58058	59242	-15%
WVT	17697	17969	18211	18606	18765	18897	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	22907	8%



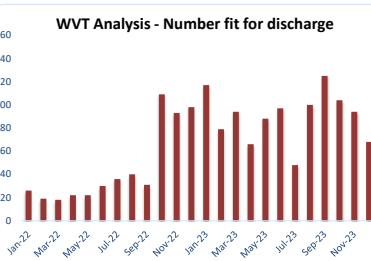
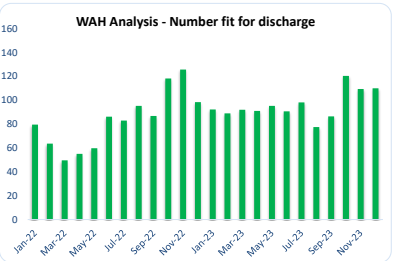
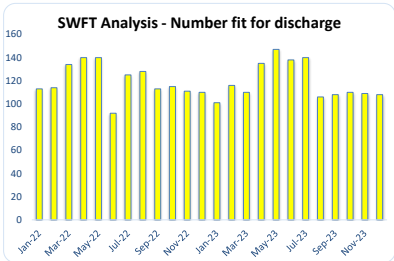
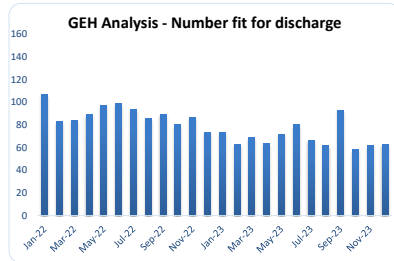
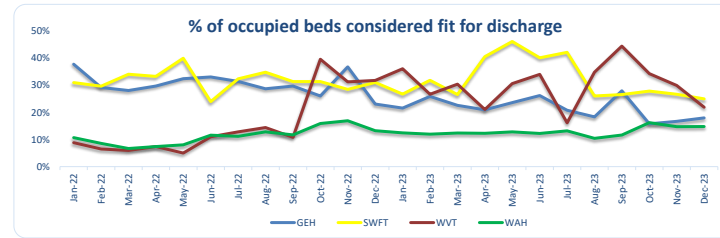
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Referrals remains 7% above 2019/20 and 9% above our predicted planning assumption for this year.</p> <p>The Trust has focused on all 65 week non-admitted patients being seen by the end of December 2023 and, bar a small number of patients, this was achieved. Our efforts are now of ensuring all over 52 week waiting non-admitted patients are booked by the end of January 2024 to be seen by the end of March 2024. As of the last week in January 2024 we are on track to achieve this.</p> <p>Our over 8 week wait position, which was driven over the last few months, by issues in Orthodontics and Maxillofacial pathway issues, with some Gynaecology and Orthopaedic delays always has reduced significantly. We had 16 patients waiting greater than 78 weeks the end of December 2023. Our 78 week forecast for the end of January 2024 is predicted to be a few patients and our forward look, as it stands, is zero for the end of February 2024 onwards.</p> <p>The Diagnostics activity for December 2023 was 130% above 2019/20 activity and the access standard delivered 87% of patient having a diagnostic within 6 weeks, which was our best performing month since post-Covid.</p> <p>Our Value Weight Activity based on, not just activity number, but complexity and treatment received shows our Trust above 120% on a consistent basis and 15% above the Midlands Regional average.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust RTT performance has reduced from 63% in November 2023 to 59% in December 2023, we have no patients waiting over 104 weeks; however we did see a patient breach 78 week wait but this was a mutual aid patient received from UHCW, this patient was treated in January 2024. Referrals have continued to increase and are almost back to 19/20 numbers in most services. All services are open on the Electronic Referral System (eRS) for referrals with an average time to 1st appointment being in excess of 12 weeks for most services, with Ear, Nose and Throat (ENT), Respiratory Medicine and Pain management having the longest waits.</p> <p>As of 31st December 2023, there were 17799 patients with an open pathway, which is an increase of 713 compared to the end of November 2023 (17086), this is due to the additional Gynaecology patients being added to the waiting list from the Appointment slot issue (ASI) list. There were 7160 patients over 18 weeks, which is an increase of 878 patients compared to November. There are still five challenged specialities, Gynaecology, Oral Surgery T&O, Lower GI and General Surgery due to capacity, reporting performance below 60% and weekly RTT meetings to continue with all the specialities to provide assurance on PTL management.</p> <p>The Trust is still on a trajectory to have no 65-week breaches by the end of March 2024, currently, there are 331 patients who will be 65 weeks at the end of March who require treatment. Due to the impact of industrial action and emergency pressures on elective activity, a deep dive of all 65-week patients is planned for the week commencing 22nd January to ensure robust plans are in place.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The Trust's Referral to Treatment (RTT) performance has started to see a slight recovery and therefore the performance decline seen over the past couple of years appears to be flattening out finally. The November 2023 position was 63.4%, just under 1% more than September 2023, however, the NHS England's focus remains on reducing the number of patients waiting over 65 weeks.</p> <p>As at the end of December 2023 SWFT had no patients waiting over 78 week waits, with number of patients waiting more than 65 weeks continuing to reduce to 160, 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. Winter pressures have impacted on the Trust's ability to get down to zero patients waiting over 65 weeks, with the ability to clear the Orthodontic patients giving the most concern.</p> <p>There continues to be good progress on elective recovery, with strong inpatient day case and out-patient first activity performing strongly over the summer.</p> <p>In terms of the Diagnostics Waiting Times and Activity (DMO1) performance, we have now seen a reverse in the reduction in performance, where we saw a low of 66.7% in September 2023, and this has now risen to 70.1% 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 reduction in the number of breaches being reported for them.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Referrals (validated)</p> <p>At Trust level the GP referral volumes for Elective Care for Q3 23/24 remain within common cause variation; with circa 40 (0.5%) per month rejected following triage.</p> <p>The Referral Assessment Services (RAS) performance is between 96-98.8% for triaging urgent referrals within 2 working days, however performance for NON urgent referrals being triaged within 14 days has reduced from circa 85% to 71.9% at the end of December 2023.</p> <p>The Advice and Guidance requests remain within common cause variation at an average of 3,100 per month for Q3 23/24.</p> <p>Referral to Treatment Time (validated)</p> <p>The RTT Incomplete waiting list at the end of Dec 23 was 59,242, and increase on the previous two months.</p> <p>RTT performance for 18 weeks has stabilised following the previous quarters special cause improvement, but still remains significantly short of the operational standard target of 92%.</p> <p>Eight specialities are at the operational standard.</p> <p>The number of patients waiting over 52 weeks for their first definitive treatment at the end of Dec-23 was 2,968, a significant reduction on the end of the previous quarter.</p> <p>Of that cohort, 1,163 patients were waiting over 65 weeks, 125 patients have been waiting over 78 weeks, which is an increase on the end of the previous quarter, but reflective of the waiting list profile. There were nil 104 week waiters at the end of December 2023.</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	Oct-23	Nov-23	Dec-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%	15.8%	16.7%	18.0%
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%	27.9%	26.7%	25.0%
WAH	10.7%	8.6%	6.7%	7.4%	8.0%	11.6%	11.2%	12.8%	11.7%	15.9%	16.9%	13.3%	12.4%	12.0%	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%
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%	34.3%	29.9%	21.9%



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

We have seen a reduction in the Herefordshire number of patients awaiting domiciliary care in the community, in-hospital and over stayers in Pathway 1 and 2. Improvements have been seen due to increased collaborative working and effective commissioning framework. have also need increased utilisation of our Discharge to Access (D2A) bedded capacity support by Hoople.

Better Care Funding is supporting Integrated discharge services undergo considerable transformation with partners engaged in a number of work streams intended to improve the efficiency, effectiveness and affordability of discharge services.

Additional winter funds have been put in support Pathway 1 delays by trying to increase HomeFirst and increase the Pathway 1 Bridging team that supports WVT's Hospital@Home team.

The D2A "Sprint", co-chaired by Herefordshire Council and WVT, start in December 2023 and are looking at rapid workstreams to ensure better discharge planning, aiming to ensure discharge to appropriate pathway first time, improved "preception" of care needs and improve average occupancy levels and length of stay for lead providers supporting Pathway 1 and 2 discharges.

However, we are still seeing high number of discharge delays averaging 51 delays per day over November and December which reflects our higher MFFD volume. We continue to meet with partners across Herefordshire and Powys on a daily basis to discuss delays and at Executive levels at least twice per week over the winter period.

South Warwickshire University NHS Foundation Trust (SWFT)

Medically Fit For Discharge (MFFD) rates have seen a step change in numbers since August 2023, where the Trust was consistently performing just over 40%, we are now seeing a performance typically being under 30%, with the best performance often occurring around 25%. Increased to now being over 40% during the Summer period, and above the same period the previous year. The reduction is in large part to the review of processes around the collection and recording of MFFD data.

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 engage 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..

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.

George Eliot Hospital NHS Trust (GEH)

The Trust has seen a reduction from 2022 in the number of patients who are medically fit for discharge, however, the number is still significant and occupies 18% of our bed base.

MADE's held monthly with representatives from Health and Social Care, Specialty Consultants, Ward Managers and Operational leads Focus on 21-day Length Of Stay(LOS) is ongoing with a weekly review including representation from Social and Health care with lessons learnt being feedback to the wards and teams.

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 Currently the Trust is reviewing patients admitted from care homes and the discharge process as homes are requesting to reassess or refuse to have patients back.

Worcestershire Acute NHS Trust (WAH)

As seen in previous Winter months there has been an increase in patients who are medically fit and do not have a reason to reside. There continues to be a focus on these patients, particularly those with a long length of stay, as evidenced with this project being included in the Trust Patient Flow Programme, and ongoing discussions with our system providers regarding patients whom require a package of care. KPMG are supporting the Trust with a review of our discharge processes to identify what additional Trust related improvements we can make to support earlier discharge.

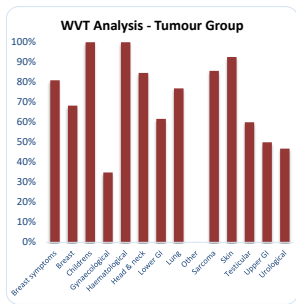
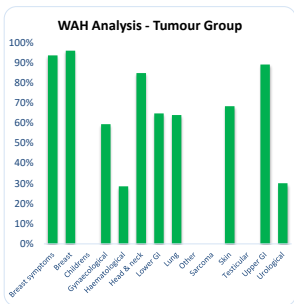
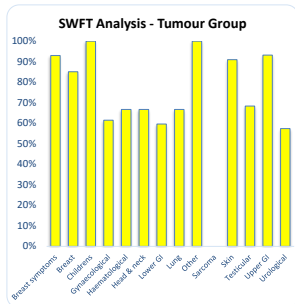
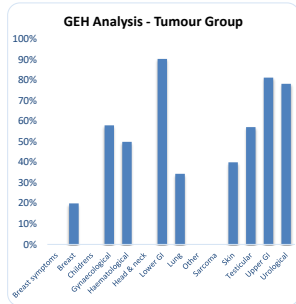
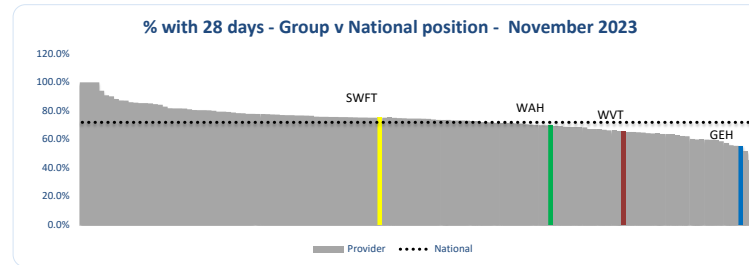
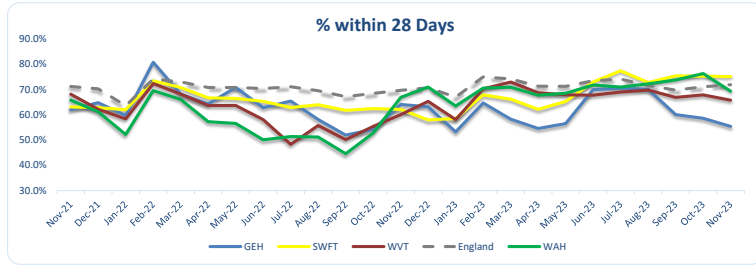
- For noting other improvements to support earlier discharge include:
- Increased weekend Pharmacy services to support weekend discharges.
 - Ward targets - which has supported improved before midday discharges.
 - Re-engaged criteria led discharging.

Foundation Group Key Metrics



28 Day Faster Diagnosis Standard (FDS)

Trust	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	Oct-23	Nov-23
GEH	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%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	55.4%
SWFT	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%	75.4%	75.3%	75.1%
WAH	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%	67.8%	68.5%	71.8%	71.0%	72.3%	73.8%	76.3%	69.4%
WVT	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%	68.8%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%



RAG(Red-Amber-Green)rating versus England

Tumour Group	WVT	GEH	WAH	SWFT	England
Breast symptoms	81.0%		93.6%	93.0%	89%
Breast	68.3%	20.0%	95.9%	85.1%	87%
Childrens	100.0%			100.0%	85%
Gynaecological	34.9%	58.0%	59.4%	61.5%	60%
Haematological	100.0%	50.0%	28.6%	66.7%	53%
Head & neck	84.7%		84.8%	66.7%	76%
Lower GI	61.7%	90.4%	64.8%	59.6%	58%
Lung	76.9%	34.4%	63.9%	66.7%	80%
Other				100.0%	59%
Sarcoma	85.7%				64%
Skin	92.6%	40.0%	68.4%	91.0%	76%
Testicular	60.0%	57.1%		68.4%	79%
Upper GI	50.0%	81.3%	89.0%	93.2%	73%
Urological	46.8%	78.3%	30.1%	57.4%	57%

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Cancer referrals remain high with a 11% increased compared to last year (107 additional referrals) and a 28% increase compared to three years ago (2211 additional referrals)

Skin and Head and Neck now deliver sustained high levels of good performance related to the Faster Diagnosis Standard(FDS). However Histopathology, Endoscopy and Radiology capacity remain a challenge in order to improve our FDS further. The Primary Care Faecal Immunochemical Testing (FIT) implementation was delayed awaiting an upgrade to Community EMIS but is now operational from the 15th January and, like elsewhere, we hope to see a direct impact on cancer pressure on the Endoscopy pathway. Gastroenterology have also implemented a cross cover arrangement to reduce delays in decision making and communication with patients awaiting results. We are aiming to launch text messaging to patients with benign results ahead of letters being sent in April following governance sign off. We will replicate this across all specialities.

Radiology scan to reporting times have improved as they continue to use telemedicine clinic for cancer reporting, Computed tomographic (CT) colonography is now 12 days on average from scan to report time, previously this was over 30 days. We also have a new Cancer Navigator starting in pathology to work through improvements with the local team.

South Warwickshire University NHS Foundation Trust

For Q3 28 Day FDS – We only have submitted performance for October & November and for both of these months we slightly exceeded the target of 75% (75.3% for Oct & 75.11% for Nov). December 23's unvalidated performance is 75.2%.

It is worth noting that Lower GI has seen a steady improvement from the beginning of the year and was at 60.2% for November 2023.

There have been some real improvements in the 28 Faster Diagnosis performance recently. The last four months has seen the position remain at or above 75%. 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.

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.

George Eliot Hospital NHS Trust (GEH)

GEH has seen a decline in the FDS 28-day standard towards the end of Q2 and for the first two months of Q3. This was due to the delay in diagnosis as MDTs were cancelled and post-MDT slots were rearranged owing to industrial action. The target was largely compromised by capacity at the first outpatient appointment and appointing patients after day 28 for Breast, Urology and Lung for these months, additional capacity is now secured for Lung and Urology. In addition to this, GEH had issues with our breast one-stop clinic with some patients needing to be recalled owing to mammogram machines and ultrasound machine equipment failure. This is now resolved and the backlog of patients has been accommodated at UHCW which has enabled our position to recover. GEH have since recovered this position for December unvalidated Trust position at 68% with the following specialities achieving over 70% - Breast, Colorectal, Gynaecology and Upper GI. The Trust has produced a recovery trajectory and a robust action plan to ensure that this target is met by March 2024.

Worcestershire Acute NHS Trust (WAH)

Performance is still showing special cause sustained improvement above 75%. However, operational management have advised that there is a risk in the coming months that we will not be able to sustain the performance, specifically within Haematology, due to the volume of increased activity and limited capacity. Urology and Dermatology (Skin) as discussed within the Cancer slide, have capacity related issues, and are receiving support and interventions from NHSEI.

Analysis shows that the areas for improvement to enable sustained performance is predominantly within the request to test delays; however this is difficult with the increase in demand for diagnosis, several of which are included in business cases and 'I have an idea' as part of annual planning.

Foundation Group Key Metrics

Group Analytics


George Eliot Hospital
NHS Trust

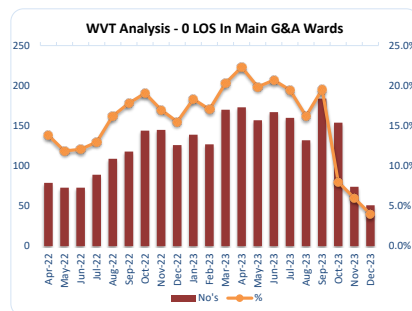
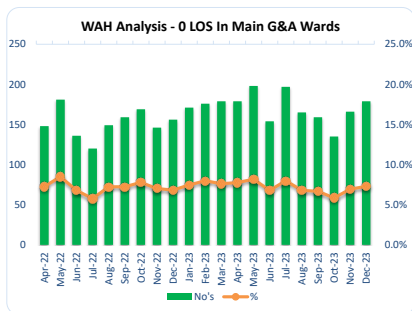
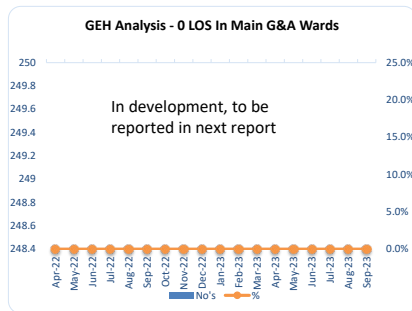
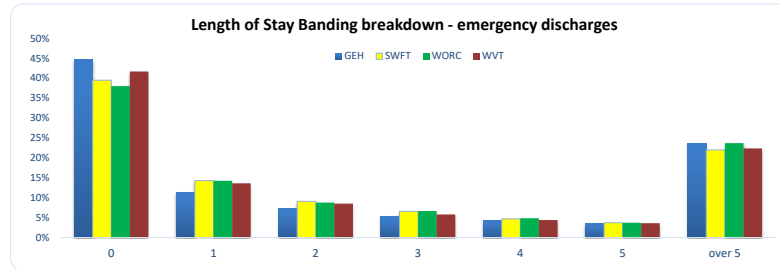
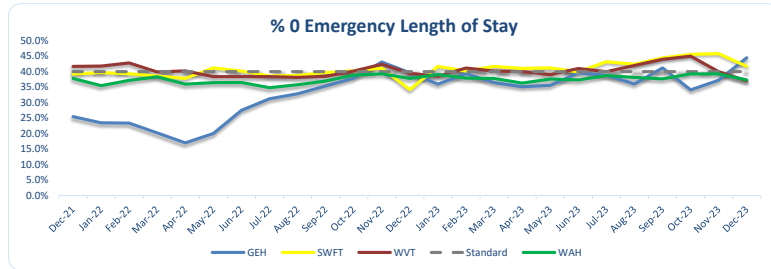

South Warwickshire University
NHS Foundation Trust


Wye Valley
NHS Trust


Worcestershire Acute Hospitals
NHS Trust

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

Trust	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	Oct-23	Nov-23	Dec-23
GEH	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%	34.1%	37.2%	44.5%
SWFT	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%	45.6%	45.8%	41.7%
WAH	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%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%
WVT	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%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	40.0%	37.0%



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Our Surgical same day emergency care (SDEC) opened on the 19th December 2023, 24 hours before the Junior Doctors Industrial Action, which delivered an increased SDEC facility for our surgical patients on our acute floor. This is planned to be a "Phase One" model before we look to expand the model to include development of a Surgical Assessment short stay area within the footprint of the unit. The expansion of Surgical SDEC has allowed for an expanded Medical SDEC in January 2024 along with developing the pathway to include how our Medical Day Case Unit can support improved flow and increase capacity for referrals SDEC patients.</p> <p>Since the opening of our Frailty SDEC we have seen a reduction in the number of 0 Day Length of stay patients occupying our General and Acute beds. However there still remains an opportunity within our ED to stream more patients to our SDEC pathways.</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 2023 but was paused during the last industrial action due to staffing, 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 Surgical Assessment Unit (SAU) to facilitate Early Pregnancy Assessment Unit (EPAU) and Gynaecology Assessment Unit (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 NHS Trust (WAH)</p> <p>0 LOS SDEC: Additional capacity relating to Cardiology SDEC and a trial single point of access hub (telephone hub for GP referrals where triage will direct the patients to the most appropriate setting both within and outside of the Acute) opened in Q3 23/24. Two additional winter funded wards also opened allowing more protection from overnight patients having to stay in SDEC facilities. Collectively these changes have resulted in an increase in the number of patients who have a zero LOS.</p> <p>In Q4 23/24 and Q1 24/25 various SDEC virtual wards will be coming online, which will facilitate more capacity for throughput and a further increase in zero LOS patients.</p>

Foundation Group Key Metrics

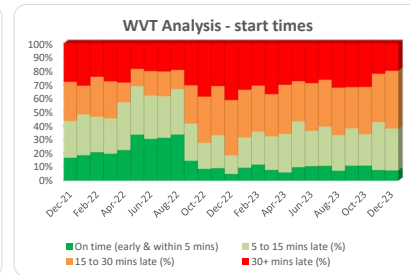
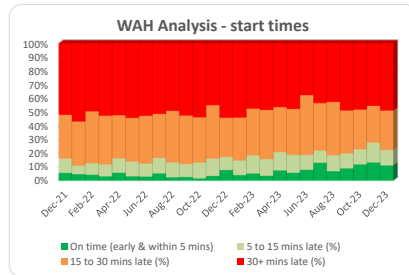
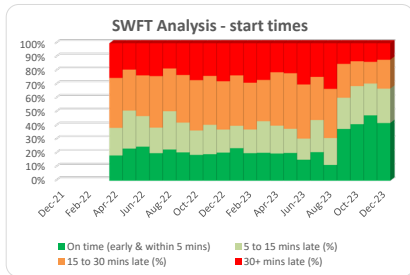
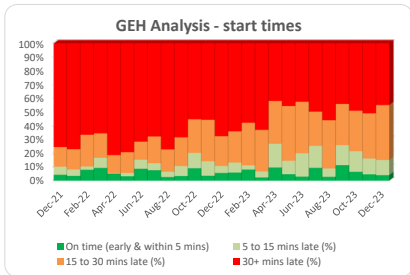
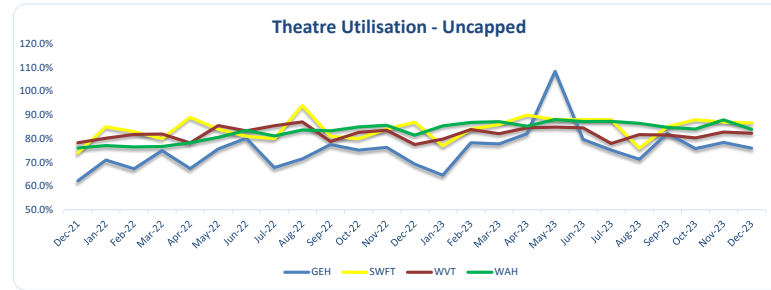
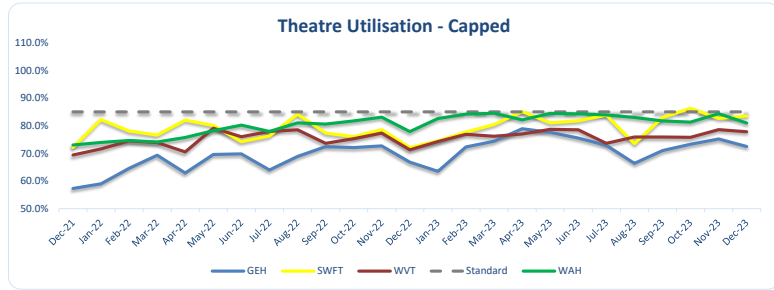
Group Analytics






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

Trust	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	Oct-23	Nov-23	Dec-23
GEH	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%	78.9%	77.6%	75.5%	72.9%	66.4%	71.0%	73.30%	75.2%	72.5%
SWFT	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%	83.0%	86.3%	82.6%	83.5%
WAH	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%	81.7%	81.3%	84.3%	81.0%
WVT	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%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>A difficult December 2023 with pressures on Theatre utilisation due to Industrial Action and capacity issues within Critical Care, which caused an escalation of Critical Care patients into our Theatre Recovery, saw some reducing in Theatre Utilisation over the last two weeks of the month.</p> <p>Despite these pressures our Theatre Utilisation for December has been better than the previous four years and our number of cases per list are now consistently just above pre-pandemic levels.</p> <p>In November we had a perfect fortnight for Trauma and Orthopaedics and the key outcomes were</p> <ul style="list-style-type: none"> o Improved engagement by ward teams and clinical teams, as well as support services, to 'get this right' o Increase in number of cases completed o Improved scheduling, 6-4-2 processes, was adhered to o Running with a back up list of patients available to come in at very short notice resulted in increased full lists where ordinarily the list would have run partially empty o Education sessions have been used with 73 patients attending such sessions on the run up to their surgery with the aim of setting expectations for discharge, and assisting patients with having the necessary support in place ahead of time to reduce length of stay and patients being discharged beyond their expected discharge date <p>A similar Perfect Week is now planned for Gynaecology for February 2024</p> <p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The Trust spent much of the Summer months working with the Model Hospital team to get our local reporting to match the national position, which was based on the same dataset, but which returned different percentages in each report. The difference was as a result of how lunch-breaks and non-working time is actually calculated within the Model Hospital model and the final result was that SWFTs performance improved on the Model Hospital system to a value of around 10%.</p> <p>Capped Utilisation rate now sits on average around 84%, which is top quartile performance, and there is a transformation programme underway to look at reducing any variations seen at speciality level.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Theatre Utilisation - Capped Theatre utilisation dropped in December 2023 due to a reduction in Elective activity in response to winter pressures and Junior Doctor industrial action. Perfect lists for Trauma & Orthopaedics, General Surgery and Gynaecology services are scheduled for Quarter 1 2024.</p> <p>Theatre Utilisation - Uncapped Due to competing winter pressures, patients often remain in theatre recovery due to bed pressures. During Q3 AM - 93-98% occupation of Day Procedure Unit (DPU) was observed, which directly limits space for patients to return from theatres for discharge. In addition on average, 4 boarders on Mary Seacole (CTMU Ward) which removes our flexibility to recover into bays.</p> <p>Theatre start times Work continues on improving start times, through Perfect List planning and scheduling and identification of Golden patients. However, a reduction in lists starting on time in December can be aligned to the cancellation of Electives arthroplasty due to bed pressures and a switch to daycase lists or trauma which have a higher volume of patients to be consented or a higher acuity.</p>
<p>Worcestershire Acute NHS Trust (WAH)</p> <p>There has been a dedicated transformational programme of work with Theatres in place for 23/24, initially focused on the following:</p> <ul style="list-style-type: none"> - Increasing theatre utilisation - this is monitored via a robust weekly 6-4-2 process. - Understanding dropped lists - including amending the management system to enable the capture of this data, changes will be implemented in Q4 23/24 to enable much more visibility of this, including triangulation against repurposed lists and job plans. - Reducing 'on the day cancellations' - there are several projects here including a review of pre op processes, including a reduction of appt times to increase throughput and calling patients to remind them of appointments. - Clarity relating to lost time at midday - amendment to management systems to capture 'lunch' for all day sessions, which within Model Hospital was being included as lost time. - Late starts and early finishes requires a deeper dive, there are several reasons being provided which are being investigated for validity, including job plan start times, patients not being ready, pre op failures, patients misunderstanding requirements of surgical preparations i.e. no food within defined time periods. <p>Focus on improvements is ongoing,</p> <p>Also note that within Q3 23/24 we have opened two new theatres at the ALX.</p>	



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

Type	Icon	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)

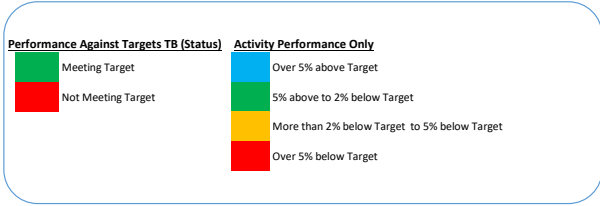
Quality of care, access and outcomes	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark		
												Numerator	Denominator			GEH Latest month vs benchmark	National or Regional					
Cancer	28 day referral to diagnosis confirmation to patients	≥ 75%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%		340	589	58.1%		60.1%	72.0%	Sep 2023				
	Cancer 31 day diagnosis to treatment	≥ 96%	98.0%	98.5%	98.5%	98.7%	96.9%	90.0%	91.8%	96.6%		56	58	98.2%		90.0%	89.7%					
	Cancer 62 days urgent referral to treatment	≥ 85%	40.9%	43.5%	47.3%	61.9%	74.0%	62.5%	53.1%	34.2%		13	38	56.5%		62.5%	59.3%					
	2 Week Wait all cancers	≥ 93%	56.1%	79.3%	78.1%	75.4%	72.8%	66.1%	69.2%	68.5%		444	648	74.2%		66.1%	74.0%					
	Urgent referrals for breast symptoms	≥ 93%	18.9%	57.7%	47.4%	29.8%	34.4%	6.1%	25.0%	16.4%		10	61	45.7%		6.1%	70.8%					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	0	5	6	6	6	6	9	12	15												
	Cancer 62-Day National Screening Programme	≥ 90%	0.0%	100.0%	40.0%	66.7%	33.3%	20.0%	14.3%	33.3%		1	3	42.8%		20.0%	64.6%		Sep 2023			
	Cancer consultant upgrade (62 days decision to upgrade)	≥ 85%	89.5%	86.5%	90.2%	93.1%	87.5%	79.4%	75.9%	85.2%		11.5	14	88.6%		79.4%	74.0%					
	Cancer: number of urgent suspected cancer patients waiting over 62 days	0	57	59	59	45	55	59	76	55												
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	≥ 90%	91.4%	93.4%	93.6%	91.5%	91.2%	87.6%	85.9%	85.7%	87.0%	2,003	2,301	89.1%		91.4%	91.8%	Apr 2023				
Urgent and Emergency Care	A&E Activity	Actual	7,740	8,229	8,384	8,161	7,994	7,942	8,517	8,199	8,314			73,480								
	Ambulance handover within 15 minutes	≥ 95%	13.6%	18.1%	19.7%	18.3%	12.6%	15.0%	12.2%	14.5%	13.7%	191	1,391	15.5%		16.3%	26.0%	Nov 2022				
	Ambulance handover over 60 minutes	0%	1.3%	1.2%	1.2%	2.1%	4.6%	2.7%	6.3%	2.9%	6.0%	83	1,391	3.2%		1.2%	8.0%	May 2023				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Actual	921	991	934	984	975	905	1,014	1,010	1,043											
	Same Day Emergency Care (0 LOS Emergency admissions)	≥ 40%	35.2%	35.6%	39.6%	38.8%	36.0%	41.2%	34.1%	37.2%	44.5%	773	1,736	36.9%		35.2%	35.0%	Apr 2023				
	A&E - Percentage of patients spending more than 12 hours in A&E		6.5%	7.0%	9.1%	6.6%	9.7%	8.3%	10.1%	9.7%	9.1%	759	8,314	8.1%		6.5%	<6.0%					
	A&E - Time to treatment (mean) in mins		81	80	90	90	96	93	93	86	83			88		81	<111					
	A&E - 4-Hour Performance	≥ 95% (FY_2022-23) ≥ 76% (FY_2023-24)	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	6,015	8,199	74.1%		71.7%	71.6%	Sep 2023				

Quality of care, access and outcomes		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-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				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	21	18	17	18	21	18	22	21	22			20		22	25	Apr 2023			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	1	0	0	0	10	8	31	43	98			191				Apr 2023			
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	1.2%	1.7%	1.9%	1.9%	2.2%	1.7%	1.3%	1.1%	0.9%	69	7,797	1.6%		1.2%	8.0%	Apr 2023			
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	67.7%	68.0%	66.7%	65.7%	62.8%	62.8%	63.0%	63.2%	59.8%	10,639	17,799	65.0%		62.8%	57.6%	Sep 2023			
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,556	15,901	16,025	16,075	16,917	16,501	16,426	17,086	17,799										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	127	133	137	158	172	216	275	348	339										
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	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	0	0	0			0							
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	2019/20	91.5%	98.4%	109%	85.8%	98.5%	98.5%	93.1%	103.6%	93.1%	8,518	9,151								
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	2019/20	92.2%	95.1%	109%	91.1%	98.7%	96.5%	105%	100%	94.7%	4,507	4,760								
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	82.3%	84.9%	97.7%	86.7%	88.1%	96.1%	94.1%	87.5%	84.5%	4,507	5,331								
	Total Outpatient Activity (% v 2019/20 baseline)	Chief Operating Officer	2019/20	86.5%	89.5%	99.3%	90.9%	92.7%	91.4%	104%	100%	93.5%	13,618	14,558								
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	92.4%	95.7%	106%	97.0%	98.2%	95.7%	111%	104%	99.7%	13,618	13,660								
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	113%	107%	151%	154%	99.4%	153%	202%	144%	173%	209	121								
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	90.4%	85.1%	119%	119%	77.8%	113%	161%	110%	140%	209	149								
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	83.2%	96.1%	120%	103%	110%	106%	125%	113%	99%	1,403	1,417								
	Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	66.5%	76.9%	96.1%	81.6%	86.8%	84.1%	100%	86.2%	88.8%	1,403	1,580								
	BADS Daycase rates	Chief Operating Officer	≥90%	92.3%	94.4%	90.3%	91.2%	98.9%	97.5%	94.8%	92.0%	94.5%	86	91	93.9%		96.4%	82.0%	Mar 2023			
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	11	22	29	17	30	33	20	31	31			25							
Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	116%	119%	125%	122%	130%	127%	136%	136%	131%	2,094	1,603	126%								
Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	81.3%	97.6%	111%	78.3%	95.2%	95.8%	89.0%	91.3%	93.7%	628	670	92.0%								

Quality of care, access and outcomes		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-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				
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	77.1%	73.8%	79.1%	80.4%	72.6%	80.4%	71.1%	73.2%	75.2%	968	1,287	75.7%							
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	87.4%	90.6%	93.8%	94.5%	92.1%	89.6%	91.3%	86.3%	85.3%	3,281	3,845	91.0%		89.6%	73.7%	Sep 2023			
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	89.6%	92.2%	95.0%	96.2%	92.8%	93.8%	97.7%	96.5%	97.7%	212	217	93.9%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	35.3%	15.4%	26.9%	12.9%	18.8%	9.5%	38.5%	14.3%	38.5%	10	26	22.6%							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	24.2%	34.3%	55.6%	44.9%	44.2%	52.2%	65.0%	53.2%	65.0%	26	40	39.7%							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	94.7%	70.0%	86.7%	88.0%	95.8%	77.3%	8.7%	93.3%	8.7%	2	23	84.9%							
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	173	170	180	204	163	185	185	181	173			1,614							
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:26	1:26	1:27	1:32	1:28	1:30	1:30	1:28	1:29			1:28							
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	5.9%	5.9%	6.3%	6.4%	5.6%	6.1%	6.0%	5.9%	6.7%	966	14,357	6.1%		5.9%	7.8%	Apr 2023			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	75.4%	78.7%	79.3%	77.7%	79.3%	79.8%	78.8%	79.4%	77.5%	12,364	15,960	78.5%							
	Outpatient Activity - Follow Up attendances (% v 2019/20 baseline)	Chief Operating Officer	< 85%	84.1%	86.8%	96.8%	89.5%	89.8%	90.2%	###	100%	93%	9,111	9,798	92.0%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	98.7%	102%	113%	105%	105%	108%	121%	117%	109%	9,111	8,328	108%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	18.0%	18.2%	17.2%	17.6%	16.8%	23.4%	18.7%	17.5%	22.1%	3,690	16,675	18.3%		18.0%	20.0%	Apr 2023			
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		12.3%	15.4%	12.4%	9.3%	11.7%	12.0%	8.1%	8.2%	8.1%	14	173	10.6%							
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	98.5%	99.7%	97.9%	96.9%	98.0%	99.4%	98.7%	99.5%	93.6%	350	374	98.6%		97.9%	81.3%	Jun 2023			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0			0		0	16	Sep 2023			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		1.6%	2.6%	2.7%	1.9%	2.5%	2.4%	2.3%	2.5%	3.2%	38	1,188	2.5%							
	ALoS - D2A Pathway 2	Chief Operating Officer		15.1	17.5	29.5	20.0	26.1	23.4	25.2	25.1	29.5										
	ALoS - D2A Pathway 3	Chief Operating Officer		20.3	17.7	26.3	20.3	27.5	16.0	19.0	21.6	26.3										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.6	5.4	5.0	4.9	5.5	5.1	5.8	5.7	5.5			5.4		5.6	4.5	Apr 2023			
	ALoS - General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	3.3	3.2	2.4	2.6	3.3	2.8	2.3	2.1	2.6			2.7		3.3	2.9				
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	63	350	20.6%		23.1%	23.1%	Dec 2022			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	9.0%	9.5%	8.6%	9.0%	8.2%	7.8%	7.1%	8.5%	9.5%	382	4,042	8.5%		9.0%	7.1%	Apr 2023			

Quality of care, access and outcomes		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-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					
Quality of care, access and outcomes	HSMR - Rolling 12 months	Chief Medical Officer	<100	124	124	117	117	113	113	113	113	113			117		124	100	Mar 2023				
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	111	110	108	107	107	108	111	114	118			TBC		111	101	Apr 2023				
	Never Events	Chief Medical Officer	0	0	1	0	0	0	0	0	0	0			1								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	1	0	0	0	0			1								
	MSSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	3	0	4	9			16								
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	2022/23 (13)	0	1	1	2	1	6	3	2	4			20								
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (18)	2	0	1	0	1	1	0	0	0			5								
Total no of Hospital Acquired Pressure Sores Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0			0									
Safe, High-Quality Care	Serious Incidents	Chief Medical Officer	Actual	2	6	2	1	1	1	0	0	2			15								
	VTE Risk Assessments	Chief Medical Officer	≥95%	97.2%	96.9%	96.9%	96.2%	95.9%	96.1%	96.0%	96.4%	94.1%	3,860	4,100	96.2%		97.0%	95.5%	Jan 2023				
	WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%								
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	≥80.0%	Feb 2023				
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	95.0%	98.7%	91.4%	96.3%	92.9%	96.0%	94.8%	96.4%	95.4%			95.3%								
	Number of complaints	Chief Nursing Officer	2021/22 (352)	10	13	9	8	10	11	14	11	4			90								
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	0	0	0	0	0	0					0							
	Number of complaints referred to Ombudsman - Investigation stage BFWFD	Chief Nursing Officer	0	0	0	2	0	0	0	0	0					2							
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	0	0	0	0	0	2	0	0					2							
	Complaints resolved within policy timeframe	Chief Nursing Officer	≥90%	90.0%	100%	100%	100%	80.0%	81.8%	93.0%	72.7%		8	11	90.9%								
	Friends and Family Test Score: A&E % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	81.4%	82.7%	78.2%	81.1%	79.2%	79.1%	76.6%	80.8%	79.7%	1,374	1,723			79.1%	79.0%	Sep 2023				
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	82.6%	84.2%	86.2%	88.0%	84.4%	84.6%	87.5%	84.4%	85.4%	292	342			84.6%	94.0%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	93.4%	93.8%	94.3%	93.9%	94.2%	95.2%	92.6%	94.9%	93.2%	55	59			95.2%	92.0%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	28.5%	27.7%	27.5%	26.8%	30.3%	30.3%	27.0%	27.9%	27.6%	1,723	6,239			30.3%	10.4%					
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	29.2%	29.4%	27.8%	28.0%	27.2%	28.9%	22.7%	33.4%	31.5%	342	1,086			28.9%	20.5%						
Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	34.5%	21.5%	31.5%	33.3%	25.2%	27.1%	22.0%	28.6%	26.7%	59	221										

**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.



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	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	72.8%	75.4%	75.3%	75.1%		1281	1705	72.3%	•						
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	73.2%	55.3%	55.5%	73.8%		1157	1568	68.1%	•						
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	89.0%	94.8%	97.6%	90.6%		96	106	94.8%	•						
	Cancer 62 Day Standard	Chief Operating Officer	96%			58.2%	64.9%		365	563	62.0%	•						
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%			85.6%	91.1%		720	790	88.7%	•						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	11	13	15	12		12									
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	137.5%	123.6%	119.0%	126.1%	121.1%	74804	61747	127.0%	•						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.2%	99.4%	99.4%	99.6%	99.8%	1243	1253	99.5%	•						
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	89.1%	87.5%	88.2%	89.4%	87.8%	1141	1280	88.1%	•						
Urgent and emergency care	Emergency admissions discharged to usual place of residence	Chief Operating Officer		93.8%	94.4%	95.1%	94.8%	90.2%	2351	2607	93.8%							
	A&E Activity	Chief Operating Officer	PLAN	113.1%	114.5%	117.3%	115.9%	113.0%	7889	6981	112.5%	•						
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	39.3%	46.3%	49.4%	47.6%	38.9%	660	1695	44.2%	•						
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	94.1%	93.5%	95.7%	95.1%	90.3%	984	1090	95.0%	•						
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	0.2%	2.2%	0.4%	1.0%	0.0%	0	1695	0.5%	•						
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	131.4%	134.6%	132.0%	133.6%	152.8%	13244	13890	128.1%	•						
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	42.4%	44.4%	45.6%	45.8%	41.7%	756	1813	42.9%							
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	0.4%	1.3%	0.5%	1.2%	2.5%	196	7922	0.9%							
	A&E - Time to treatment (median)	Chief Operating Officer	-	51	60	62	59	55	55		59							
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	74.2%	72.6%	71.9%	70.3%	67.6%	5358	7922	73.9%	•						
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	95.4%	92.5%	94.3%	92.0%	91.5%	2800	3060	93.5%	•						
	A&E - Time to Initial Assessment	Chief Operating Officer	-	15	16	19	16	18	18		16							
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	0	17	0	4	8	8		29	•						
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.1%	4.1%	4.5%	4.8%	4.5%	344	7660	4.0%								
Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	63.4%	63.2%	63.2%	63.8%	61.7%	20748	33623									
Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	16234	32385	33100	33287	33386	33623	33623										

Quality of care, access and outcomes		Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	905	902	904	884	850	850								
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	269	262	237	141	160	160								
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	1	0	1	0	0								
	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	7623	7084	7788	7270	5407	5407								
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	106% 2019/20 Outturn	119.8%	125.5%	114.5%	113.6%	108.9%	7386	6785	112.8%	•					
	Outpatient Activity - Total	Chief Operating Officer	105% 2019/20 Outturn	105.0%	102.9%	99.3%	103.8%	97.0%	29273	30193	103.9%						
	Elective Activity	Chief Operating Officer	105% 2019/20 Outturn	114.6%	111.8%	99.1%	109.9%	109.4%	3111	2844	107.2%	•					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	75%	78.7%	79.6%	83.5%	82.4%	83.3%	75237	90333	81.2%	•					
	Elective - Theatre utilisation	Chief Operating Officer	85%	84.4%	84.8%	86.9%	86.8%	86.6%	83881	96813	86.6%	•					
	Cancelled Operations on day of Surgery	Chief Operating Officer	0.8%	0.1%	0.1%	0.0%	0.0%	0.0%	0	96441	0.03%	•					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	120% 2019/20 Outturn	98.2%	113.6%	100.5%	105.2%	85.0%	480	565	96.4%	•					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	105% 2019/20 Outturn	160.3%	152.9%	135.4%	123.5%	142.7%	925	648	152.8%	•					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	120% 2019/20 Outturn	225.0%	236.6%	182.8%	208.7%	159.3%	1292	811	211.3%	•					
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	62.0%	69.4%	70.7%	72.6%	70.1%	6460	9212								
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	77.7%	83.1%	69.9%	69.8%	73.6%	148	201	73.0%	•					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	22.4%	22.5%	23.1%	20.9%	24.2%	71	293	21.2%						
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	16	25	28	25	22	22		242						
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	87.4%	88.4%	91.6%	87.4%	90.9%	230	253	90.1%	•					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	14.8%	16.2%	19.1%	18.0%	19.6%	66	336	15.1%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	24.7%	24.6%	25.1%	24.0%	24.4%	58	238	25.8%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	87.7%	89.0%	88.7%	90.0%	89.7%	200	223	88.5%						
	Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	85.8%	111.2%	107.9%	122.0%	120.4%	289	240	107.2%	•					
	Midwife to birth ratio	Chief Nursing Officer	1:27	1:29	1:27	1:28	1:28	1:25	1:25		1:25	•					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q2)	Chief Nursing Officer	46%						751	1372	54.7%	•					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q2)	Chief Nursing Officer	46%						513	996	51.5%	•					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q2)	Chief Nursing Officer	46%						246	492	50.0%	•					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	91.8%	91.3%	93.2%	89.0%	88.7%	258	291	90.4%	•					
	Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	3.35%	6.1%	6.1%	6.0%	6.0%	6.0%	877	14517	6.2%	•				
Outpatient - % OPD Slot Utilisation (All slot types)		Chief Operating Officer	95%	77.0%	76.7%	76.1%	77.1%	76.9%	12795	16638	78.4%	•					
Outpatient Activity - Follow Up (excl AHP, incl AEC)		Chief Operating Officer	85% OP/106% OPP 2019/20 Outturn	107.1%	101.9%	101.5%	110.3%	103.5%	15197	14687	105.15%						
Outpatients Activity - Virtual Total		Chief Operating Officer		21.4%	20.3%	18.8%	20.7%	22.4%	4139	18481	20.7%						
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	8%	3.8%	2.2%	4.5%	2.1%	4.4%	14	317	3.8%	•					
	Occupancy Acute Wards Only	Chief Operating Officer	92%	97.8%	98.1%	95.9%	96.1%	95.2%	10097	10606	97.2%	•					
	Bed occupancy - Community Wards	Chief Operating Officer	90%	101.5%	112.9%	113.7%	106.3%	116.4%	1407	1209	107.2%	•					
	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%	1.2%	1.4%	1.3%	1.5%	1.6%	45	2778	1.5%	•					

Quality of care, access and outcomes									Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark		
Safe, high quality care	ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	33	39	38	31	27	36	979	33	.														
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	6.4	6.9	6.4	7.6	6.2	6276	1017	6.9	.														
	ALoS – Elective Inpatients	Chief Operating Officer	2.5	2.3	1.9	2.1	2.3	2.4	791	324	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	9.1%	10.3%	11.2%	10.4%	9.4%	209	2216	10.38%	.														
	HSMR - Rolling 12 months Jun 22 - May 23	Chief Medical Officer	100							114.5		114.5	.													
	Mortality SHMI - Rolling 12 months Apr 22 - Mar 23	Chief Medical Officer	89-112							102.9		102.9	.													
	Never Events	Chief Nursing Officer	-	1	0	0	0	0	0																	
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0			0	.													
	MSSA Bacteraemia	Chief Nursing Officer	0	0	1	0	1	1	1			8	.													
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	0	3	2	2	4	4			14	.													
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.02	1.21	0.84	0.77	0.83	50	13302	1.18	.														
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	0	0	0	1	0	0			1	.													
	Serious Incidents	Chief Nursing Officer	-	5	4	1	2	0	0																	
	VTE Risk Assessments	Chief Nursing Officer	95%	96.1%	90.6%	80.8%	81.9%	87.0%	1567	1802	89.6%	.														
	WHO Checklist	Chief Nursing Officer	100%	98.5%	98.4%	98.7%	99.1%	99.2%	1578	1591	98.4%	.														
	zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	80%	-	-	-	-	-			0.0%	.														
	Stroke - thrombolysis																									
	zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	80%	-	-	-	-	-	0		0.0%	.														
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.4%	98.3%	98.4%	98.4%	TBC	TBC			98.3%	.													
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	97.7%	97.7%	98.2%	98.3%	TBC	TBC			97.8%	.													
	No. of Complaints received	Chief Nursing Officer	0%	13	7	17	12	15	15	0	120	.														
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	0	0	1	0	0	0	3	.														
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	25.0%	90.0%	77.8%	78.6%	77.8%			69.2%	.														
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	86.4%	82.9%	82.7%	82.4%	86.1%	1629	1893	84.4%	.														
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	96.8%	88.9%	92.1%	94.6%	93.4%	11904	12741	94.4%	.														
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	99.6%	99.5%	99.1%	98.0%	98	100	98.5%	.														
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	0.0%	100.0%	0.0%	100.0%	100.0%	2	2	100.0%	.														
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	0.0%	0.0%	0.1%	0.1%	0.1%	4	4303	2.3%	.														
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	11.1%	16.8%	17.2%	18.1%	13.5%	367	2717	16.3%	.															
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	0.8%	0.6%	0.6%	0.6%	0.6%	2	310	1.5%	.															
Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	0.0%	0.0%	0.0%	0.0%	0.0%	0	7033	0.0%	.															

People									Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Look in	Agency - expenditure as % of total pay	Chief Finance Officer	-	4%	4%	4%	4%	3%	3%															

Quality of care, access and outcomes		Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Finance and Use of Resources		Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	-1036	-1302	-377	680	644	644								
	I&E - Margin (%)	Chief Finance Officer	-	-2%	-2%	-2%	-1%	-1%	-1%								
	I&E variance from plan (£)	Chief Finance Officer	-	-1036	-1302	-377	680	644	644								
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A	N/A	N/A								
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	485	-486	-149	1117	-297	-297								
	Agency - expenditure (£k)	Chief Finance Officer	-	896	1005	836	873	743	743								
	Agency - expenditure as % of cap	Chief Finance Officer	-	108%	122%	101%	106%	90%	90%								
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4617	4672	4272	4325	4661	4661								
	Capital - Variance to plan (£k)	Chief Finance Officer	-	-1319	55	-856	-902	-456	-456								
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	10212	9649	14452	6559	9785	9785								
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	90%	91%	92%	92%	98%	98%								
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	96%	96%	96%	96%	94%	94%								
	Agency - expenditure as % of cap	Chief Finance Officer	-	108%	122%	101%	106%	90%	90%								

Worcestershire Acute Hospitals NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24



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

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

Example

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

Quality of care, access and outcomes													Latest Month		Latest Available Monthly Position		SPCs need to be rebased following review of calendar year outcomes		DQ Mark This will be completed for Mar-24
	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date v Standard	Latest month v benchmark	National or Regional			
Cancer	28 day referral to diagnosis confirmation to patients	75%	67.8%	68.5%	71.8%	71.0%	72.2%	73.8%	76.3%	69.3%	-	1,713	2,471	71.3%		71.9%	Nov		
	2 Week Wait all cancers	93%	84.1%	92.2%	93.2%	85.0%	69.4%	82.2%	94.9%	95.6%	-	2,340	2,448	87.2%		75.2%	Nov		
	Urgent referrals for breast symptoms	93%	86.0%	97.0%	89.2%	55.9%	86.5%	96.6%	98.8%	93.7%	-	48	60	86.7%		65.6%	Nov		
	Cancer 31 day diagnosis to treatment	96%	93.9%	88.5%	94.0%	94.9%	90.0%	87.9%	85.0%	90.3%	-	277	307	91.0%		90.6%	Nov		
	Cancer 31 Days Combined (new standard from Oct 23)	96%	94.5%	90.7%	93.4%	93.3%	89.1%	89.9%	87.2%	90.1%	-	436	490	90.8%		90.1%	Nov		
	Cancer 62 days urgent referral to treatment	85%	55.9%	42.6%	55.1%	54.6%	52.0%	44.2%	52.6%	47.7%	-	180	300	50.8%		59.7%	Nov		
	Cancer 62-Day National Screening Programme	90%	54.2%	45.8%	50.0%	41.0%	50.0%	50.8%	45.7%	60.6%	-	20	23	49.9%		64.7%	Nov		
	Cancer consultant upgrade (62 days decision to upgrade)	85%	98.0%	97.7%	99.2%	100.0%	97.8%	98.6%	70.5%	76.9%	-	75	98	91.2%		78.1%	Nov		
	Cancer 62 days Combined (new standard from Oct 23)	85%	63.9%	51.3%	63.0%	62.1%	61.1%	58.5%	55.3%	56.8%	-	205	360	59.0%		65.2%	Nov		
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	300	309	332	286	300	321	391	389	379							
??	% emergency admissions discharged to usual place of residence	90%	84.4%	86.1%	84.0%	87.3%						2,505	2,757			92.0%	Oct to Sep		
Urgent and emergency care	A&E Activity (any type)	Plan	16,504	18,959	19,177	18,735	17,957	18,427	18,564	17,403	16,960	16,752	18,081	95.9%					
	Ambulance handover within 30 minutes	98%	69.6%	64.9%	66.0%	69.8%	61.7%	57.3%	47.8%	56.0%	53.4%					73%	July		
	Ambulance handover over 60 minutes	0	696	784	779	732	863	1,046	1,272	1,064	1,166					12%	July		
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Plan	95.9%	96.4%	97.3%	99.0%	99.6%	96.5%	98.8%	99.9%	100.3%	4,910	4,893	97.7%					
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%	36%	38%	37%	39%	38%	38%	39%	39%	37%	901	2,223			36%	Oct to Sep		
	A&E - % of patients seen within 4 hours (any type)	76%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	6,846	16,943	65.2%		55.4%	Nov		
	A&E - Percentage of patients spending more than 12 hours in A&E		14.3%	13.3%	13.1%	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	900	5,933	15.1%		5%	Oct to Sep		
	A&E - Time to treatment		133	151	145	126	128	151	155	152	167					01:41	Oct to Sep		
	Time to be seen (average from arrival to time seen - clinician)	<15 minutes	15	16	17	15	16	17	19	16	16					00:22	Oct to Sep		
	A&E Quality Indicator - 12 Hour Trolley Waits	0	317	311	286	295	300	256	211	203	260			2439					
	A&E - Unplanned Re-attendance with 7 days rate	3%	6.9%	7.0%	7.3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	107	5,309	6.9%		8%	Oct to Sep		

Finance and Use of Resources			Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0																		
	I&E - Margin (%)	Chief Finance Officer	≥0%																		
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0																		
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%																		
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0																		
	Agency - expenditure (£k)	Chief Finance Officer	N/A																		
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A																		
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0																		
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan																		
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%																		
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%																		

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	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Latest Month		Year to Date v Standard	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				
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	68.8%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%		650	988	68.0%		71.9%	Nov			
	2 Week Wait all cancers	Chief Operating Officer	93%	81.9%	84.5%	86.2%	83.5%	86.3%	78.7%	86.4%	80.4%		814	1013	83.6%		74.0%	September			
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	50.0%	14.8%	18.2%	47.8%	71.1%	53.8%	71.4%	53.3%		8	15	49.3%		70.8%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	88.5%	74.5%	83.3%	86.7%	92.4%	87.4%	78.4%	80.0%		84	105	83.8%		89.7%	November			
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	87.4%	74.5%	83.6%	87.0%	90.1%	87.4%	77.8%	79.3%		88	111	83.3%		89.5%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		9	13	11	11	6	10	14	9				83						
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	48.1%	50.4%	61.4%	69.1%	69.8%	64.3%	48.4%	64.0%		48	75	59.9%		59.3%	September			
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	0.0%	100.0%					50.0%	100.0%		3	3	80.0%		64.6%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	70.4%	57.1%	75.0%	81.5%	80.8%	70.8%	55.2%	81.0%		9	11	70.7%		74.0%	October			
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	53.0%	56.0%	62.7%	70.8%	72.9%	65.5%	49.7%	78.8%						78.1%				
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	117	112	108	72	87	109	113	126	117										
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2022/23	94%	105%	103%	106%	114%	102%	115%	105%	106%	26042	24459	105%						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	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%	100.0%	100.0%	50.0%	Data being verified					30	35	83.3%		86%	Nov				
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	90.2%	89.7%	90.8%	89.9%	90.1%	91.0%	90.8%	90.8%	91.0%	2460	2702	90.5%		92.1%	Nov to Oct			
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	99%	101%	98%	98%	102%	102%	105%	105%	103%	5991	5815	101%						
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	75.1%	76.2%	81.7%	81.4%	83.1%	76.9%	80.7%	73.0%	73.6%	1249	1537			73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	9.0%	9.0%	4.6%	6.4%	3.7%	9.9%	6.6%	12.1%	13.2%	102	1537	7.6%		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	118%	110%	108%	111%	113%	119%	119%	113%	114%	2515	2203	114%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	40%	39%	41%	40%	42%	44%	45%	40%	37%	788	2117	41.1%		36%	Nov to Oct			
	A&E - % of patients seen within 4 hours	Chief Operating Officer	76%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	3209	5991	56.7%		54.7%	Dec			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		9.7%	14.8%	13.8%	14.0%	17.3%	15.9%	14.3%	16.0%	17.3%	900	5991	17.5%		5%	Nov to Oct			
	A&E - Time to treatment	Chief Operating Officer		01:47	01:51	01:46	02:10	02:09	02:15	01:52	01:34	01:53					01:38	Nov to Oct			
	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	00:41	00:36	00:32	00:33	00:24	00:28	00:25	00:27	00:26					00:21	Nov to Oct			
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	107	225	259	178	213	181	213	253	230			1859							
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	8.6%	7.9%	7.8%	7.8%	8.5%	8.8%				107	5309	8.1%		8%	Nov to Oct				

Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	95%	97%	98%	97%	96%	99%	100%	100%	99%	302	306	98%			94%	Dec			
Bed occupancy - Community Wards	Chief Operating Officer	<92%	94%	95%	96%	94%	97%	96%	97%	100%	99%	76	77	97%							
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	173	181	110	75	109	52	81	49	28			858			3789	Nov			
Patient ward moves emergency admissions (acute)	Chief Operating Officer		9%	8%	7%	7%	11%	7%	9%	9%	8%	114	1285	8%							
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	4.2	4.1	4.1	4.1	4.2	3.7	3.9	4.1	3.8	8185	2146	4		4.5	Nov to Oct				
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.6	3.0	2.5	2.4	3.0	2.2	2.1	1.4	1.8	514	284	2.2		3.1	Nov to Oct				
Medically fit for discharge - Acute	Chief Operating Officer	5%	19.5%	22.5%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	9140	2373			23.1%	Dec				
Medically fit for discharge - Community	Chief Operating Officer	10%	60.4%	58.7%	58.9%	57.9%	45.4%	54.3%	43.6%	39.4%	43.6%	2404	1048								
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	10.1%	11.0%	9.4%	10.8%	10.2%	10.9%	11.3%			512	4539	10.6%		7.4%	Nov to Oct				
HSMR - Rolling 12 months	Chief Medical Officer	<100	109.9	111.1	113.6	115.4	116.8					800	685			99	Nov to Oct				
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	101.8	100.6	101.3	102.6						1220	1190			100					
Never Events	Chief Nursing Officer	0	0	1	0	0	0	0	0	0	0			1							
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0			0							
MSSA Bacteraemia	Chief Nursing Officer		1	1	1	2	0	1	4	4	3			17							
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	5	6	6	1	0	2	3	3	4			30							
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	4	4	4	2	5	1	0	6	3			29							
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0	2	1	3	2	2	1						11							
Serious Incidents	Chief Nursing Officer	Actual	6	8	6	7	6	5						38							
VTE Risk Assessments	Chief Medical Officer	95%	89.6%	90.8%	90.9%	90.5%	90.9%	89.1%	88.5%	89.5%	86.6%	3771	4354	89.6%							
WHO Checklist	Chief Medical Officer	100%			99.8%			99.4%													
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	68.8%	88.6%	87.0%	68.8%	43.8%	44.7%	62.9%	64.3%	48.1%	13	27	65.4%							
Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	57.1%	40.0%	0.0%	100.0%	60.0%	33.3%	100.0%	100.0%	0.0%	0	1	59.4%							
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	86.7%	80.4%	88.9%	77.1%	79.1%	70.0%	85.2%	93.3%	85.0%	17	20	82.1%							
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	In development									0	0								
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	In development									0	0								
Number of complaints	Chief Nursing Officer	2022/23 (253)	23	23	51	41	22	31	38	34	25			288							
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	1	0	0			1							
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	60.0%	50.0%	31.4%	50.0%	41.9%	36.8%	31.4%	52.2%	17.6%	6	34	45.0%							

Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%	0.2%	0.1%	0.1%								
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	76.3%	76.0%	79.6%	72.9%	73.0%	68.2%	71.8%	73.1%	72.9%		
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	90.0%	89.1%	87.4%	86.2%	81.0%	86.8%	85.0%	87.9%	82.0%		
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%	81.8%	100.0%	100.0%								
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	0.0%	100.0%	100.0%	100.0%	94.0%	96.3%	92.9%	89.7%	87.2%		
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	21.0%	21.0%	20.5%	17.0%	20.0%	19.0%	20.0%	19.0%	19.0%		
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	19.0%	20.4%	19.0%	17.0%	15.0%	16.0%	15.0%	15.0%	15.0%		
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	0.0%	0.0%	1.5%	46.0%	46.0%	26.0%	22.0%	32.8%	31.0%		

4	5023	0.1%																	
144	175	86.2%																	
4	4	93.9%																	
		84.5%																	
175	1201	16.8%																	
39	126	22.8%																	

People		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	8.1%	8.4%	8.4%	6.8%	7.5%	8.4%	7.0%	7.1%	6.1%
	Appraisals	Chief People Officer	85%	77.5%	78.6%	79.0%	78.5%	77.1%	75.7%	74.1%	70.9%	72.7%
	Mandatory Training	Chief People Officer	85%	89.7%	89.3%	89.9%	89.4%	89.0%	89.2%	89.1%	89.1%	89.0%
	Overall Sickness	Chief People Officer	3.5%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	12.6%	12.0%	11.5%	11.0%	10.9%	10.9%	10.6%	10.6%	10.3%
	Vacancy Rate	Chief People Officer	5%	7.9%	8.0%	6.3%	5.1%	5.4%	4.6%	4.2%	4.0%	

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%						
2266	3117	76%			76%			
33813	37993	89%			88%			
6110	109476	5%			5%	Aug		
350	3390	10%						
146	3664	6%						

Finance and Use of Resources		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£2,571	-£2,571	-£2,769	-£2,184	-£3,182	-£3,173	-£1,198	£425	-£1,506
	I&E - Margin (%)	Chief Finance Officer	≥0%	-8.9%	-8.9%	-10.8%	-8.4%	-12.0%	-11.9%	-4.2%	1.4%	-5.7%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	£157	£43	-£146	£25	-£1,089	-£1,229	£221	£1,720	-£208
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	0.5%	0.1%	-0.6%	0.1%	-4.1%	-5.5%	0.8%	5.5%	-0.8%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£614	-£635	-£340	-£816	-£1,069	-£878	-£1,056	-£862	-£841
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£1,505	£1,505	£1,323	£1,119	£1,435	£1,410	£1,338	£1,382	£925
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	8.8%	8.8%	7.9%	6.5%	7.9%	8.0%	7.5%	7.3%	5.3%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£57	-£57	-£114	-£287	-£227	-£111	-£409	-£366	£136
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£19	£19	£25	£21	£14	£11	£15	£19	£24
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	95.6%	89.5%	96.4%	87.7%	100.0%	99.1%	99.7%	84.7%	56.2%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	97.9%	97.7%	97.3%	97.8%	98.8%	95.9%	98.4%	84.0%	43.1%

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			
		-£18,729						
-£1,506	£26,327	-5.7%						
		-£506						
		-0.2%						
		-£7,111						
		£11,941						
		8%						
		-£1,492						
		£24						
£10,123	£18,007	88.8%						
£3,609	£372	86.4%						





South Warwickshire
University
NHS Foundation Trust



Worcestershire
Acute Hospitals
NHS Trust



George Eliot Hospital
NHS Trust



Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	7 February 2024		
Title of Report	Group Analytics Update		
Status of report: (Consideration, position statement, information, discussion)	Position statement		
Author:	Haq Khan, Chief Finance Officer GEH		
Lead Executive Director:	Adam Carson, Managing Director SWFT, Haq Khan, Chief Finance Officer GEH		
1. Purpose of the Report	This report provides an update on the progress that has been made with the work on improving analytics across the Group.		
2. Recommendations	To note the progress to date and the issues impacting pace of progress.		
3. Executive Assurance	<p>We have robust governance in place through the Group Analytics Board and the Analytics Delivery Group.</p> <p>Over the last 6 months we have continued to make progress but we are not where we planned to be due to capacity challenges across the Group and a number of competing priorities. Resourcing is likely to become a bigger challenge with the impending EPR implementation across some of the Group partners.</p> <p>Now that we are two years into the implementation of the strategy and with WAHT joining the Group we have taken the opportunity to take stock and commence development of our plan for the next three years. We are doing this with significant engagement and input from informatics colleagues as well as key stakeholders.</p>		

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

**Report to Foundation Group Boards – 7 February 2024
Group Analytics Update**

Introduction

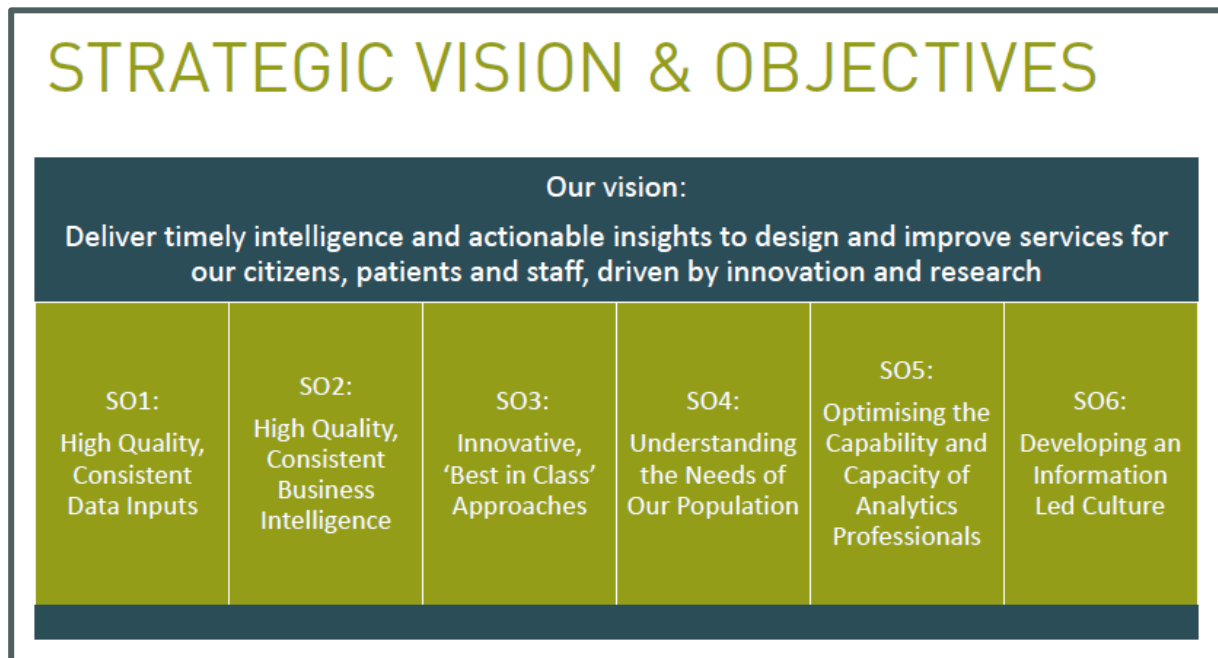
This report provides an update on the progress that has been made with the work on improving analytics across the Group. This work started prior to Worcestershire Acute Hospitals NHS Trust (WAHT) joining the Group so references to the Group in this report exclude WAHT unless expressly stated.

Background

The Group is aiming to:

‘bring together capacity and capability across the group for informatics to contribute to Place and System informatics and Intelligence Cells.’

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



The strategic objectives relate to a five-year strategy. The focus over the first two years has been on immediate priorities such as the standardised Integrated Performance Report (IPR), getting the basics right through the implementation of Power BI to support automation, user self-service and more advanced analytics as well as developing the capacity and capability

within the teams. This means that some of the more advanced strategic objectives such as “S03 - Innovative ‘Best-in-Class’ Approaches” which include the introduction of Artificial Intelligence and Robotic Process Automation are not currently being worked on and will form part of longer-term development plans.

Forward Plan

Now that we are two years into the implementation of the strategy and with WAHT joining the Group we have taken the opportunity to take stock and commence development of our plan for the next three years. We are doing this with significant engagement and input from informatics colleagues as well as key stakeholders.

The three workshops to date with informatics colleagues have explored current and future challenges, priorities and what good look likes. A key output of the discussion to date is the desire to develop an information led culture. We have spent some time exploring what this means and have developed the following working definition to enable us to frame a programme of work.

Decisions at all levels, from individual patient care to strategic planning, are made using **comprehensive data analysis** based on **available accurate trusted data** combined with **corporate, operational and clinical intelligence** by **data literate** individuals with an **understanding of analytical techniques, with overall Trust Board support for the approach.**

We will explore this further in the next workshop on 6 February 2024 that will focus on the stakeholder perspective. This workshop will include representation from Managing Directors, Chief Operating Officers, Chief/Deputy Finance Officers, Chief Clinical Information Officers, Chief Nursing Informatics Officers/Chief Digital Nurses, GAB members alongside senior informatics colleagues. The aim is to understand what key stakeholders would like from the informatics functions and agree a shared set of priorities that we can focus on across the Group over the next few years.

Supporting and resourcing the analytics improvement work across the Group will become an even bigger challenge with the impending Electronic Patient Record (EPR) implementations at George Eliot and South Warwickshire and the continuing phased implementation at WAHT.

However, the scale of the Group opens up opportunities for us to explore the development and retention of specialist skills which will be essential to delivering our ambition to create an information led culture built on best-in-class tools and techniques.

Progress to Date on Existing Projects

Competing priorities and resource constraints have resulted in slower progress than we had planned. Some highlights are listed below:

1. Analytics capacity and capability (In Progress) (SO5)
 - We are encouraging membership of professional networks in particular the Association of Professional Healthcare Analysts (APHA).

- NHSE and APHA launched the National Competency Framework for Data Professionals in Health and Care (NCF) in October 2023. We will be using this to support the development of our informatics functions.
 - The recently established Group Informatics Forum provides an informal network for sharing good practice and learning from each other. It has served as a particularly useful forum for bringing WAHT on board and learning from some of their good practice, e.g. the WREN portal that makes finding reports easier and their bespoke dynamic demand and capacity model.
2. Implementation of an analytics and business intelligence tool (In Progress) (SO2)
 - Microsoft Power BI has been implemented across the Group alongside the Azure cloud environment with support from SCC. WAHT have been using Power BI for several years.
 - We are exploring whether it would be beneficial for WAHT to join the support contract we have with SCC.
 - Developing useful dashboards is more challenging than expected, despite training being provided. As part of the support contract SCC have been providing some additional support to informatics colleagues to supplement the Microsoft provided training.
 - WAHT have several Power BI reports deployed alongside some of the other reporting tools in use. There are a small number of Power BI reports deployed across the other 3 organisations.
 - All 4 organisations are developing Power BI reporting roadmaps. These will highlight opportunities for collaboration and joint working.
 - We continue to work on developing Centres of Excellence across the Group with support from SCC.
 3. Standardised IPR format across the Group (Complete) (SO2)
 - The standardised Group format for the IPR is now well established and has been adopted by WAHT.
 4. Foundation Group Boards Performance Report (Complete) (SO2)
 - A reporting format was developed for the first Foundation Group Board that took place on 10th August 2022 and has been refined since with additional metrics added as we complete deep dives.
 - The project is complete with further refinements and support for deep dives being managed as business as usual.
 5. Review of FPE Packs (In Progress) (SO2)
 - Some standardisation has been agreed and implemented including agenda, performance summary and the exception/improvement report format.
 - Work is continuing in exploring the opportunities to standardise the look and feel of the data packs.
 6. Data Quality Kitemarks (In Progress) (SO1)
 - A data quality kitemark methodology has been agreed.
 - Good progress is being made in applying the data quality kitemarks to the IPR metrics. We are slightly behind plan due to operational pressures and now expect to complete the application of kitemarks to the IPR metrics in June 2024 (original deadline was March 2024).

- WAHT use a different kitemark methodology to the rest of the Group.
- A Group data quality strategy is being developed. We are aiming to present this to GAB in April 2024.

7. Group Analyst

- The postholder commenced in October. This role will relieve some pressure from the four informatics functions in supporting the Foundation Group Board analytics as well as developing a data sharing solution across the Group.
- The post will also support with consistency of metrics to enable easy Group comparisons.

Conclusion

Much of the work to date has been focussed on infrastructure, standards, and standardisation. These are important foundations for the next phase which will focus on developing an informatics led culture (SO6) where analytics is everybody's business and analytics play a central role in supporting operational, tactical, and strategic decisions. Developing the analytics capacity and capability beyond the informatics/analytics functions is a key element of this (SO5). We are in the process of developing a plan to implement the next stage of our strategy through a series of workshops with informatics colleagues and key stakeholders from across the Group.

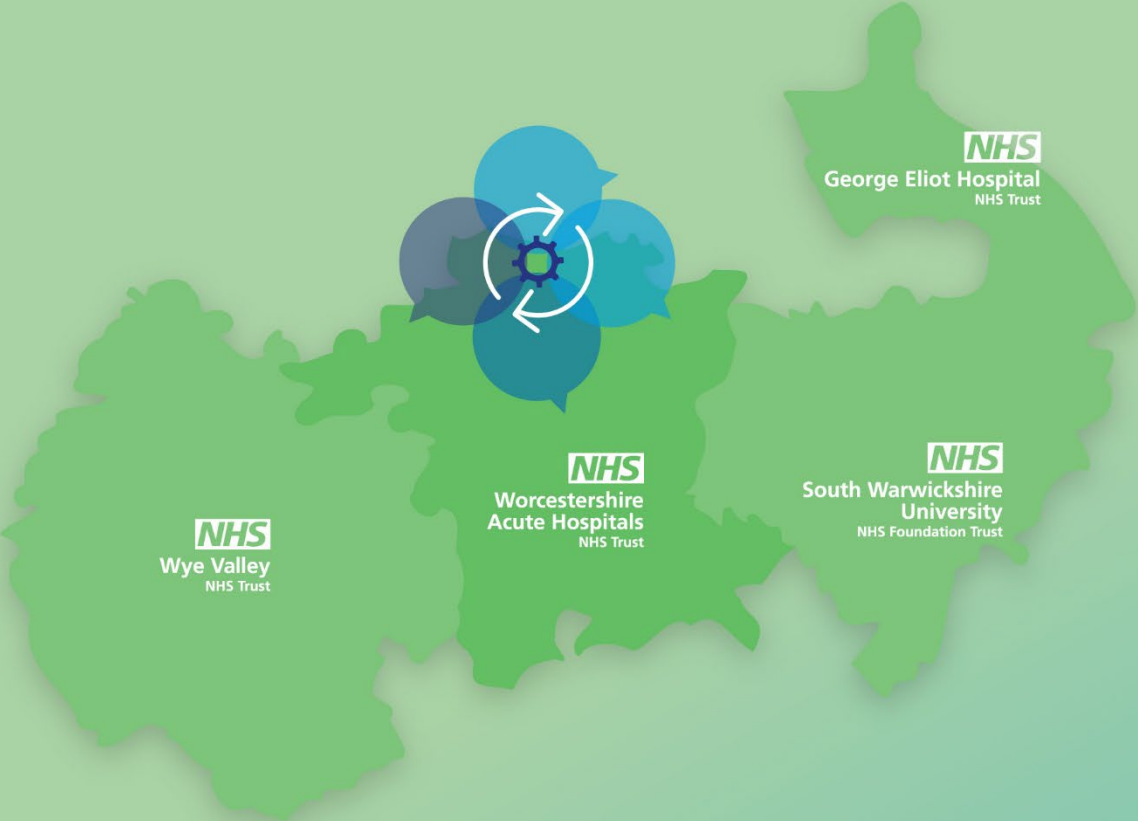
Moving forwards the key constraint will continue to be resourcing. This will become more acute with the impending EPR implementation at a number of organisations across the group.

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

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

Report to	Foundation Group Boards	Agenda Item	6.3
Date of Meeting	7 February 2024		
Title of Report	Mutual Aid for Elective Care Patients Deep Dive		
Status of report: (Consideration, position statement, information, discussion)	This report is for information and discussion.		
Author:	Harkamal Heran, Chief Operating Officer of SWFT Andrew Parker, Chief Operating Officer of WVT Robin Snead, Chief Operating Officer of GEH Helen Lancaster, Chief Operating Officer at 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 Helen Lancaster, Chief Operating Officer of WAHT		
1. Purpose of the Report	<p>To provide the Foundation Group Board with a current update on the work the Trusts are doing on expanding Mutual Aid across the Foundation Group.</p> <p>The report sets out a summary of how the Trusts have supported each other to minimise long waiter breaches. Mutual Aid has been and will continue to be both a short- and longer-term solution to ensuring waiting lists are equalized as practicably possible across the Trust. The report highlights both the challenges and opportunities presented by Mutual Aid and how the Trusts are working together to reduce the number of long waiters in many specialities.</p>		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings.		

Mutual Aid Benefits of Working in a Foundation Group



Introduction

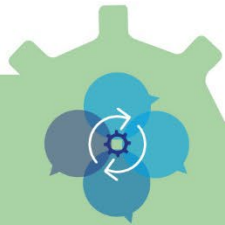
With high waiting lists, collaborative working, as a Foundation Group, has huge benefits to our patients; it offers opportunities for learning and creates ideas for new initiatives. Mutual Aid, whilst it has its challenges, has a lot of benefits too.

As a Group Operational team, meetings have been held to explore other services where we can support each other; what is clear is the desire to support each other with mutual aid.

When mutual aid is successful...

Longer term arrangements are, and can be, formalised amongst the Group Trusts creating a sustainable solution. Examples of where this has happened is in Dermatology and Orthodontics.

Thus, enabling our longer-waiting patients to be seen much sooner and as a Group we offer a solution to complex patients requiring specialist care can access a range of services.



Activity

As an Operational Foundation Group Team, fortnightly meetings have been introduced to explore services where we can support each other. What seems apparent, is clear is the desire to support each other with mutual aid.

Support Arrangements in place and in negotiation within the Group	Support already delivered			
	In negotiation			
	SWFT	GEH	WAHT	WVT
T&O				
Ophthalmology				
Urology				
General Surgery				
Breast Surgery				
Dermatology				
ENT				
Gynaecology				
Colorectal Surgery				
Vascular Surgery				
Plastic Surgery				
Orthodontics; Max Fax and Oral Surgery				
Pathology				



Successes

Processes:

- Moving patients to alternative sites has been established quickly and learnings of efficiencies used as a format to replicate for other mutual aid requests, for any speciality
- Effective mobilisation of has supported reduced waiting times for patients
- Excellent support offered between Trust colleagues
- Opportunities for joint appointments
- Virtual education classes

Patients:

- Excellent patient feedback received about services
- Ability to discharge patients earlier or a clock-stop following first appointments
- Working collaboratively to give the best service for patients
- Waiting list targets



Successes: A Patient's Story

Patient story:

ITV News: **“Patient 'amazed' as surgery wait drops from three years to two weeks”**

A hip operation patient has told of how she went from waiting three years for her surgery to two weeks:

[Patient 'amazed' as surgery wait drops from three years to two weeks | ITV News Central](#)

A patient who lives on the Welsh border managed to secure her hip replacement in a matter of weeks - thanks to a hospital trust partnership.

It comes as the trust now has no patients spending more than two years on its waiting lists, for operations such as hip and knee operations.

"When I got there, there was no waiting and I had my pre op, I was told the op would be two weeks later. I said 'you're joking'"

SWFT's partner trusts, Wye Valley and George Eliot, can send over patients therefore ending their three-year wait for a hip replacement.



NHS
Wye Valley
NHS Trust

NHS
Worcestershire
Acute Hospitals
NHS Trust

NHS
George Eliot Hospital
NHS Trust

NHS
South Warwickshire
University
NHS Foundation Trust

Challenges

Patients:

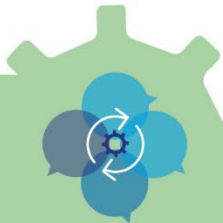
- Providing consistent pre and post op care if patients transfer mid-pathway.
- Initial ability to despatch staff to patients, however, as the services became busier this was not possible and resulted in asking patient to attend elsewhere or virtually.
- Patients who are resident in Wales, with a different commissioning base has caused some issues claiming the income from the Welsh NHS system
- Patient's not wanting to travel for their treatment, especially for major surgery, with people saying it is too far and they didn't want to be away from family/relatives, and then the return trip home, and repeat follow-up visits for post op care.

Processes:

- Agreeing a standardised clinical criteria for listing for surgery – this would avoid a change in surgical plans and wasted capacity
- Clearance of 65 and 78 week waits, more pressure on limited capacity
- Contacting patients and administrative challenges
- Managing patient expectations if mutual aid offer is unsuccessful or the patient is assessed as unable to travel

Workforce:

- Mutual Aid, administratively, can be very time consuming, as booking teams are small and difficult to resource

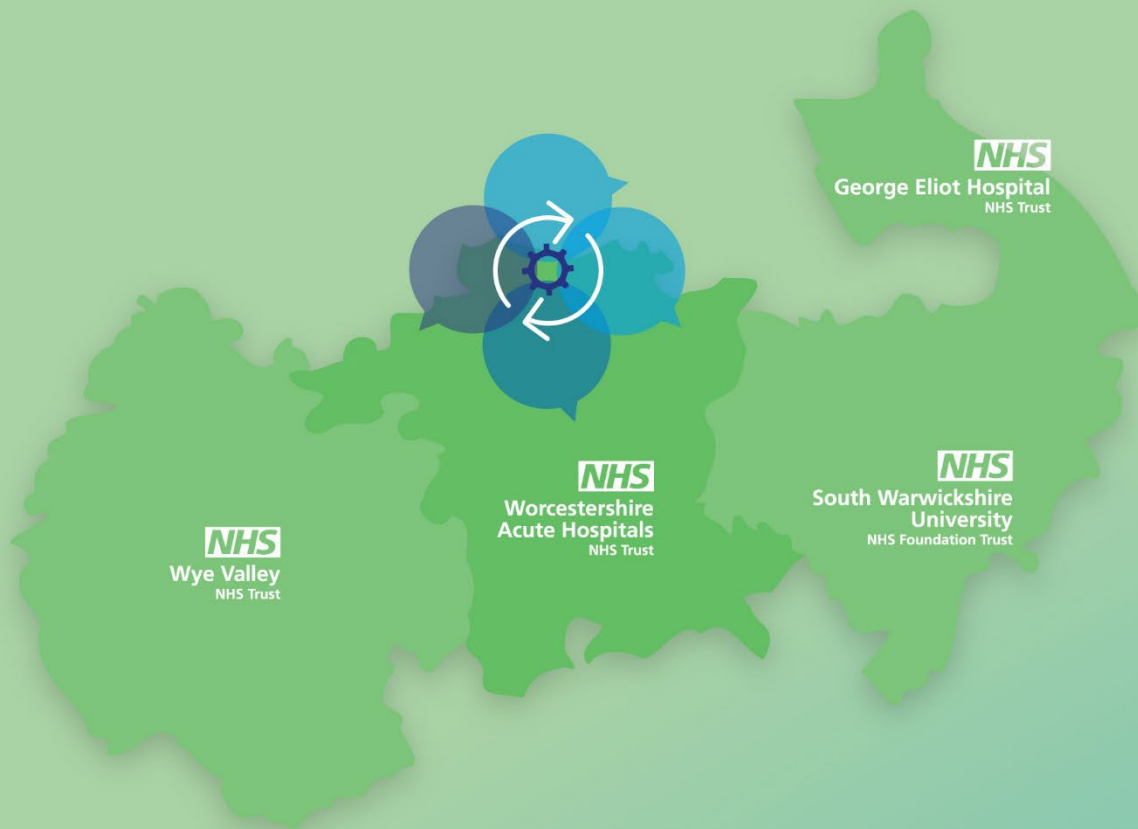


What's next?

- Waiting list harmonisation at a Group level
- Waiting lists continue to rise
- Patients are more deconditioned
- Evolving services
- Continued operational Group bi-weekly meetings for improving performance opportunities
- Explore opportunities for post-op care to be carried out closer to patient's home
 - *Urology network across Group; GEH have insourcing on board for Urology and may have capacity to support WAHT non cancer patients once their own long waiters treated after January*
 - *GEH to offer ankle procedures to WAHT*
 - *GEH looking at how can offer support the first appointment for ENT with SWFT with patients in north Coventry post codes from April onwards that are approaching higher waits for first appointments.*
 - *SWFT to continue to support Wye Valley with orthopaedics*
 - *SWFT to continue to work with GEH to establish and strengthen links with ENT*
 - *WAHT to look at support SWFT's 200 orthodontic and oral surgery patients in 65=week risk cohort through Eden contract*
 - *WAHT to support GEH with some reverse arthroplasties*
 - *Current 78-week risk with WAHT ENT, with potential for SWFT to offer insourcing weekend support for less complex procedures only. Conversely WAHT may be able to support SWFT with paed ENT (again less complex and day case only)*
 - *WVT to offer less complex general surgery to WAHT*



Report to	Foundation Group Boards	Agenda Item	6.4
Date of Meeting	7 February 2024		
Title of Report	Safer Staffing Overview		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Jeanette Halborg, Deputy Chief Nursing Officer GEH, Emma Smith, Associate Chief Nursing Officer WVT, Ellie Ward, Deputy Chief Nursing Officer SWFT, Sue Smith, Deputy Chief Nursing Officer WAHT.		
Lead Executive Director:	Natalie Green, Chief Nursing Officer GEH, Lucy Flanagan, Chief Nursing Officer WVT, Fiona Burton, Chief Nursing Officer SWFT, Sarah Shingler, Chief Nursing Officer WAHT.		
1. Purpose of the Report	To provide the Foundation Group Board with a Group overview of inpatient nurse staffing.		
2. Recommendations	The Foundation Group Board is asked to receive and note this report.		
3. Executive Assurance	<p>This report provides assurance that safe staffing was reported from all 4 Trusts for Quarter 3 with consistent fill rates being reported on the 'safer staffing return'. Also to note, there has been no correlation between staffing incidents and reported patient harm.</p> <p>All 4 Trusts have opened additional capacity/ surge beds and have continued to utilise boarding spaces in Quarter 3 resulting in unplanned spend on temporary staffing. Additional capacity and high acuity in Emergency Departments is also driving a temporary workforce demand.</p> <p>Vacancy rates for Registered Nurses are reducing across the Foundation Group with some variation in Healthcare Assistant vacancy rates.</p> <p>Work is ongoing across the Foundation Group to ensure controls are in place for use of bank and agency, specifically high cost agencies.</p>		



Safer Nurse Staffing

Fiona Burton – CNO SWFT
Lucy Flanagan – CNO – WVT
Natalie Green – CNO – GEH
Sarah Shingler – CNO - WAHT

National Context – Safer Nurse Staffing

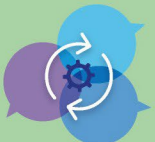
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Implement Care Hours per Patient Day

Develop local quality dashboard for safe sustainable staffing

Measure and Improve

- Patient outcomes, people productivity and financial sustainability -
- Report investigate and act on incidents (including red flags) -
- Patient, carer and staff feedback -

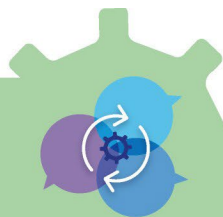


Safer Nurse Staffing Dashboard

Staffing dashboard	SWFT			WVT			GEH			WAHT		
	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23
Number of beds	384	384	384	386	386	386	360	360	360	805	805	853
Vacancy rates RN (%)	12.67%	12.03%	11.78%	2.4%	1.3%	0.4%	14.9%	14.53%	12.93%	5.1%	4.59%	4.54%
Vacancy rates HCA (%)	7.96%	7.12%	6.87%	2.7%	3.1%	3.8%	2.4%	0.7%	3.87%	11.67%	10.89%	10.39%
Safer staffing return (Unify) overall	102%	104%	103%	110%	111%	112%	114.4%	115%	110.2%	99.5%	100.5%	98.5%
CHPPD overall	8.3	8.6	8.5	8.1	8.1	8.2	6.6	6.7	6.9	9.1	8.9	8.6
Incidents / red flags	52	29	20	21	11	23	21	4	6	32	31	37
Overall NHSP/bank & Agency requests & fill RN (%)	93%	94%	92%	92.6%	93.2%	91.4%	89%	90%	89%	89%	91%	85%
Overall NHSP/bank & Agency requests & fill HCA (%)	88%	91%	89%	95%	89.4%	88.2%	84%	85%	89%	86%	89%	86%
Agency / bank spend RN (%)	20%	21%	19%	14.4%	13.3%	14.4%	23%	23%	22%	17.05%	16%	15%
Agency / bank spend HCA (%)	18%	19%	23%	21.6%	20.8%	25%	22%	21%	23%	26%	24%	23.2%
Sickness RN (%)	6%	6.5%	7%	6.7%	6%	6.5%	6.8%	6.9%	7.4%	6.67%	6.2%	6.88%
Sickness HCA (%)	Combined	Combined	Combined	8.4%	7.7%	7.6%	Combined	Combined	Combined	8.7%	8.7%	9.06%
Quality indicators:												
Falls with harm in month (per 1000 bed days SWFT)	0.84	0.77	0.83	1	4	3	0	0	0	0	0	0
Hospital acquired pressure ulcers	0	0.2	0.13	71	58	55	60	48	42	25	22	29
Friends and family recommended %	94%	94.6%	95.3%	91%	92%	92%	88%	84%	85%	96.83%	97.5%	95.77%

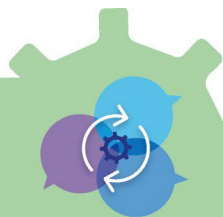
Exceptions and Escalations – Fiona Burton CNO SWFT

- The 384 core beds exclude Maternity, our CERU head injury unit and Feldon as part of the stroke pathway with UHCW. In October, November and December 2023 SWFT opened an average of 20 escalation (extra capacity) beds a day. This requirement to 'one up' or increase beds over their usual number on Wards was to maintain safety by facilitating patient movement out of ED and has resulted in unplanned spend on temporary staffing.
- The majority of higher cost agency at SWFT is driven by paediatric nursing in the acute and community teams, whereby there are limited agencies who can provide this specialist cover. There remains an ongoing need to provide mental health nurses to vulnerable patients including CYP with mental health disorders whilst they are awaiting an inpatient mental health bed or Tier 4 bed. The cost for RMNs for the 6 months June to December 23 was £283k.
- Quality improvement projects and reintroduced Matron controls have significantly reduced requests for 1:1 care.
- The figures for bank/ agency spend are combined but it should be noted that in December 23 there was no agency spend for HCAs and approximately half the RN shifts were covered by bank staff.
- Turnover for both registered and unregistered nursing has reduced since April 23 by 4-5 %.
- Registered nurse vacancies continue to decline from a peak of 18% in November 2022 and for HCAs is down from 16% in April 2023. This is against a background of increasing WTEs due to approved business cases to improve staffing in areas like ED and new services opening such as Medical day Case Unit.
- There was no correlation between staffing incidents and patient harms. Falls with harm and pressure ulcers with care omissions remain low and are reported per 1000 bed days.



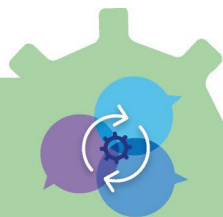
Exceptions and Escalations – Lucy Flanagan CNO WVT

- The equivalent of 31 additional and escalation beds have been open during this period driving a temporary workforce demand of 40wte in December.
- Throughout this period we have had an average of 17 boarders per day with up to 35 at times of extreme pressures – when required additional staff will be booked to maintain patient safety
- A large proportion of Emergency Department staffing is unfunded and equates to 24wte
- In year service developments with no funding stream equate to 20wte
- Recent Trust Management Board paper to increase funded establishment and recruit substantively where appropriate to do so has been agreed
- Time out allowance lowest in the group - 18% for health care support workers and 21% for Registered Nurses. Minimum recommended level is 22% and would equate to an additional 10.45wte Registered Nurses and 33 wte HCA's.
- Care hours per patient day drops to 6.9 average based on funded establishment
- Bank provision is in house and we have relatively few bank workers
- Despite a strong vacancy position for registered nurses the factors above are driving a high level of agency demand



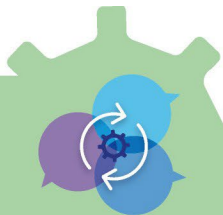
Exceptions and Escalations – Natalie Green CNO GEH

- Total funded beds = 360 for Oct, Nov, Dec 2023. Actual beds open funded & unfunded = 373 in Oct, 373 in Nov, 387 in Dec 2023
- Average numbers of Boarding patients per day = 8 Oct, 10 Nov, 5 Dec 2023
- Overall total = **381** in Oct, **383** in Nov, **392** in Dec 2023 (Excludes Maternity and Neonates)
- All additional unfunded capacity across the Trust has, in the main, been staffed through NHSP bank or agency.
- All staffing gaps for the next 24 hours are risk assessed daily through the safe staffing meeting and will be escalated appropriately.
- All red flag incidents and patient harms are reviewed by the senior team – there has been no correlation between staffing levels and reported harm.
- There has been no off-framework agency use in the Trust since July 2023. Agency is not used for HCSW shifts.
- We continue to reduce expenditure of NHSP and Agency costs and the visibility of shifts to agencies. Hourly rates have been reduced over the last 6 months moving towards the agreed national agency cap.
- Agency is predominately used in the Intensive Care Unit, Emergency Department, Childrens Assessment Unit and Theatres.
- 8 cohorts of 10 IEN have arrived at GEH cohort 9 arrived January 2024 and 1 more cohort is due in February 2024. Totalling 110wte IEN.
- Domestic RN recruitment on average has totalled between 3 – 7 a month.



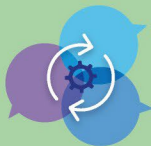
Exceptions and Escalations – Natalie Green CNO GEH...cont

- Percentage of Maternity leave for Oct 4.4%, Nov 3.8% Dec 3.4%. This remains a cost pressure as there is no provision in establishments for cover. Sickness is above the 4% accounted for in the 21% establishment uplift and study leave is closely monitored however the 3% uplift does not cover all requirements especially with a junior workforce.
- The current nursing workforce across the Trust is relatively junior. This is due to a combination of IEN throughout the year, newly qualified nurses domestically recruited and HCSW working in the NHS for the first time.
- Retention data demonstrates that leavers in Oct = RNx10, 5x HCSW, in Nov = RNx6, 5x HCSW and in Dec = RNx8, 9x HCSW. Retention is the focus for 2024 with flexible working being a big move across the Foundation Group.



Exceptions and Escalations – Sarah Shingler CNO WAHT

- Number of G&A beds
 - October/November 2023: 805 (includes ICCU, Paediatrics & Neonates). Plus 28 boarding spaces and 8 ED corridor care spaces
 - December 2023: 853 to include 2 winter wards (48 beds). Plus 20 surge beds, 28 boarding spaces, 18 ED corridor care spaces
- Bank and agency - Winter wards, surge beds, boarding spaces and ED corridor care are reliant on temporary staff. In addition, temporary staff are also required for GRAT nurses and waiting room nurses in ED.
- Safer Staffing Return (Unify) data consistently above 95% required fill rate
- Care Hours Per Patient Day (CHPPD)
 - The figures are within the national range of 6.33 to 15.48
- Nurse to bed ratios
 - Some variance from NICE guidance of 1:8 for adult inpatient wards (range from 1:4.25 to 1:9.5)
 - Lower range (1:4.25 – 1:5.5) due to specialty eg chemo inpatients, oncology, stroke, head and neck
 - Higher range (1:8.5 – 1:9.5) due to smaller ward templates, surgical specialty on night shifts
 - All ward templates and staffing models will be reviewed following 2nd acuity and dependency study in March 2024
- Incidents / red flags – consistent reporting demonstrated with no associated patient harm
- Quality indicators – no concerns to escalate, although to note is the increase in HAPUs and the reduction in F&F recommended score





South Warwickshire
University
NHS Foundation Trust



Worcestershire
Acute Hospitals
NHS Trust



George Eliot Hospital
NHS Trust



Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	
Date of Meeting	7 February 2024		
Title of Report	Equality Update - NHS Equality Delivery Scheme (EDS 2022)		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Sara MacLeod, Operational Director of People & Workforce, GEH Elva Jordan-Boyd, Deputy Chief People Officer, SWFT Rich Luckman, Assistant Director, People & Culture, WAHT Daniela Locke, Deputy Chief People Officer, WVT		
Lead Executive Director:	GEH & SWFT – Gertie Nic Philib, Chief People Officer WAHT – Tina Ricketts, Chief People Officer WVT – Geoffrey Etule, Chief People Officer		
1. Purpose of the Report	Trusts are required to publish their EDS 2022 reports on their website. These reports present the Trusts' findings and actions against the three domains identified in EDS 2022.		
2. Recommendations	Foundation Group Boards are asked to receive and note these reports.		
3. Executive Assurance	<p>Foundation Group Boards can be assured that all four Trusts publish their EDS 2022 reports annually in accordance with requirements.</p> <p>All four Trusts are committed to ensuring an equitable and inclusive workforce and will continue to work through actions to address any gaps identified.</p>		

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

Report to Foundation Group Board – 7 February 2024

Equality Update NHS Equality Delivery Scheme (EDS 2022)

Executive Opinion and Assurance

Trusts are required to publish their EDS 2022 reports on their website on an annual basis. Foundation Group Boards can be assured that all four Trusts are complying with this requirement.

Executive Summary

This report outlines the ratings against the three Domains within EDS 2022 for each of the four Trusts within the Foundation Group.

The report gives an overview of the requirements of EDS 2022 and provides assurance that all four Trusts are achieving the standards expected.

Recommendation

Foundation Group Boards are asked to receive and note this report.

Gertie Nic Philib
Chief People Officer, GEH/SWFT

Tina Ricketts
Chief People Officer, WAHT

Geoffrey Etule
Chief People Officer, WVT

1. Background

The Equality Delivery System (EDS) was first launched for the NHS in November 2011 as a system to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

It was refreshed in November 2013 (EDS2) with a wider review undertaken in 2022, taking account of the new system architecture. The review also took into account the impact of Covid-19 on different population groups and was co-produced in collaboration between NHS England, NHS Improvement and the NHS Equality and Diversity Council (EDC).

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS 2022 is aligned to NHS England's Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all. EDS 2022 implementation by NHS provider organisations is mandatory in the NHS Standard Contract.

2. Scope of EDS 2022

The EDS comprises 11 outcomes spread across 3 Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership

It is an improvement tool for NHS organisations, in collaboration with patients, public, staff, staff networks and trade unions, to review and develop their services, workforce and leadership. The outcomes are each evaluated, scored and rated using available evidence and insight. The ratings then provide assurance or point to the need for improvement.

Each outcome is scored and rated as follows:

Undeveloped activity – organisations score 0 for each outcome	Those who score under 8 , adding all outcome scores in all Domains, are rated Undeveloped
Developing activity – organisations score 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all Domains, are rated Developing
Achieving activity – organisations score 2 for each outcome	Those who score between 22 and 30 , adding all outcome scores in all Domains, are rated Achieving
Excelling activity – organisations score 3 for each outcome	Those who score 31 and above , adding all outcome scores in all Domains, are rated Excelling

Scores are then added together to provide an overall score, or an EDS Organisation Rating.

2.1 Domain 1: Commissioned or provided services - Executive Lead: Chief Nursing Officer

NHS organisations are required to identify three services that they commission and/or provide for patients for assessment in Domain 1. For each service, the following 4 outcomes should be tested with reference to local evidence and insight in discussion with service users, patients, the public, community groups and VCSE organisations:

- 1A: Service users have required levels of access to the service
- 1B: Individual service user's health needs are met
- 1C: When service users use the service, they are free from harm
- 1D: Service users report positive experiences of the service

As Domain 1 measures 3 services, the scores are averaged for each outcome to determine the overall rating.

2.2 Domain 2: Workforce health and wellbeing – Executive Lead: Chief People Officer

The health of our NHS workforce is critical and NHS organisations are now encouraged to monitor the health of their workforce, support self-care and build health literacy among their staff. Domain 2 is measured through engagement with staff, staff networks, chaplaincy and trade unions to gain evidence and insight against the following outcomes:

- 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
- 2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source
- 2D: Staff recommend the organisation as a place to work and receive treatment

2.3 Domain 3: Inclusive leadership – Executive Lead: Chief People Officer

Within NHS organisations, it is the senior leadership that sets the culture and tone and determines how inclusive the organisation is. Domain 3 comprises 3 outcomes that are a test of commitment and inclusive leadership.

- 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
- 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
- 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

3. Findings

The full reports for each Trust will be shared on their respective websites. However, the table below identifies the ratings for each organisation.

	GEH	SWFT	WAHT	WVT
Domain 1: Commissioned or provided services				
1A	2.5	3	3	1
1B	2.5	2.5	2	1
1C	2.5	2.5	2	1
1D	2	3	2	1
Domain 1 overall rating	9.5	11	9	4
Domain 2: Workforce health & wellbeing				
2A	2	2	2	2
2B	2	2	2	2
2C	2	2	2	2
2D	2	3	2	1
Domain 2 overall rating	8	9	8	7
Domain 3: Inclusive Leadership				
3A	2	2	2	2
3B	2	2	1	2
3C	2	2	2	1
Domain 3 overall rating	6	6	5	5
Total	23.5	26	22	16

As can be seen, GEH, SWFT and WAHT are all **Achieving** EDS 2022 with some areas **Excelling**. One area at WAHT is **Developing**. WVT are **Developing** Domain 1 but are **Achieving** in the other two Domains. There are no areas at any of the Trusts in the Foundation Group that are **Undeveloped**.

4. Next Steps

For each Domain, each organisation now needs to complete an action plan to support the move from achieving to excelling and each Trust has different aspects where they can share learning. Rather than implement additional action plans, it is intended that actions already identified in response to the EDI Improvement Plan, Workforce Race Equality System and Workforce Disability Equality System will combine to create a single Equality, Diversity and Inclusion action plan for each Trust.

Once developed, these action plans will be shared across the Foundation Group in order for us to work collaboratively on delivery of improvements.

Report to	Foundation Group Boards	Agenda Item	7.1
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Boards Schedule of Business		
Status of report: (Consideration, position statement, information, discussion)	For approval and discussion		
Author:	Chelsea Ireland, Foundation Group EA		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	For approval of the 2024/25 Schedule of Business for the Foundation Group Boards meeting.		
2. Recommendations	<p>The Foundation Group Boards is asked to discuss and approve the Foundation Group Boards schedule of business for 2024/25.</p> <p>Key things to note are:</p> <ul style="list-style-type: none"> - Foundation Group Boards Workshop agenda item's to be identified. - The updates on Tertiary Relationships, Job Planning, Fragile Services and Group Digital Transformation are to be confirmed as to when they will be presented to the Foundation Group Boards. - The paper submission deadlines have been included at the bottom of the schedule of business for ease and future diary planning. 		
3. Executive Assurance	N/A		

Foundation Group Boards Schedule of Business for 2024/25

Report	May-23	Aug-23	Nov-23	Feb-24	Presenter
Standing Items for Each Meeting	✓	✓	✓	✓	
Apologies for Absence	✓	✓	✓	✓	
Declarations of Interest	✓	✓	✓	✓	
Minutes of the Meeting held on (relevant date to be inserted)	✓	✓	✓	✓	
Matters Arising and Actions Update Report	✓	✓	✓	✓	
Questions from Members of the Public and SWFT Governors	✓	✓	✓	✓	
Quarterly Reports for Noting and Information					
Foundation Group Strategy Committee Minutes	✓	✓	✓	✓	Group Chairman
Foundation Group Strategy Committee Report	✓	✓	✓	✓	Group Chairman
Quarterly Reports for Assurance					
Foundation Group Performance Report (leave longer for this on the agenda)	✓	✓	✓	✓	Managing Directors - Damian Rogers, Kevin Shine and Hema Raju produce the performance data
Overview of Big Moves and Key Discussions from FGB Workshop	✓	✓	✓	✓	Group Chairman / Group Chief Executive
Safe Staffing Overview (to include Nurse Per Bed Ratio)	✓	✓	✓	✓	Chief Nursing Officers
Key Items for Discussion/Deep Dives					
Current forward plan: - May 2024 - Urgent and Emergency Care (including VW, LoS, demand management and D2A pathways) - August 2024 - Elective Productivity Revisit (including theatre utilisation, HVLC lists, OPD, PFU etc) - November 2024 - HR Productivity (including agency, turnover, recruitment times, vacancies, skillmix etc)	✓	✓	✓	✓	Relevant Executives
Productivity and Clinical Effectiveness (PACE) Progress Monitoring	✓	✓	✓	✓	Chief Operating Officers
Quarterly Reports for Approval					
Bi-Annual Reports for Noting and Information					
Bi-Annual Reports for Assurance					
Group Analytics Update		✓		✓	Managing Director WVT and Chief Finance Officer GEH
Foundation Group Objectives Progress Monitoring		✓		✓	Managing Directors
Group Digital Transformation Update (to be confirmed with Vikki Lewis)	✓		✓		Chief Digital Officer WAHT
Fragile Services Update (to be confirmed with David Mowbray)					
Tertiary Relationships Update (to be confirmed with David Mowbray)					
Group Job Planning (to be confirmed with David Mowbray)					
Bi-Annual Reports for Approval					
Annual Reports for Noting and Information					
Annual Reports for Assurance					
Gender Pay Gap			✓		Chief People Officers
Equality Update Report	✓			✓	Chief People Officers
Annual Reports for Approval					
Calendar of Meetings			✓		Group Chairman
Schedule of Business				✓	Group Chairman
Fit and Proper Persons				✓	Trust Secretary / Company Secretary
Board Committee's Terms of Reference				✓	Trust Secretary / Company Secretary
Foundation Group Objectives				✓	Chief Strategy Officers

Dates for Submission				
Deadline for papers	23-Apr	30-Jul	29-Oct	28-Jan
Meeting dates	01-May	07-Aug	06-Nov	05-Feb

Key:

Public

Confidential

Foundation Group Boards Workshop Schedule for 2024/25

Meeting Date	Subject/Items	Presenter	Submission Date for Presentations/Papers
01 May 2024	1. Guest Speaker 2. Update on Big Move - 'Be a Very Flexible Employer' 3. Update on Big Move - 'Create Resilience in the Domiciliary Care Marketplace' - Integration Front Runner and Work in Herefordshire through the BCF MOU	1. 2. Chief People Officers 3. Sophie Gilkes and Jennie Bannon (Warks) and Jon Barnes (WVT)	24 April 2024
07 August 2024	1. Guest Speaker 2. Update on Big Move - 'Embed Prevention in Every Service' 3.	1. 2. Managing Directors with Duncan Vernon 3.	31 July 2024
06 November 2024	1. Guest Speaker 2. Update on Big Move - 'Lead the NHS on Carbon Reduction' 3. Update on Big Move - 'Home First - Supported by Technology and Collaboration'	1. 2. Chief Strategy Officers with Sustainability Leads 3. Chief Operating Officers with Support from Andy Laverick and Vikki Lewis	30 October 2024
05 February 2024	1. Guest Speaker 2. 3.	1. 2. 3.	29 January 2024

Report to	Foundation Group Boards	Agenda Item	8.1
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Strategy Committee Annual Report 2022/23		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Sarah Collett, Trust Secretary for SWFT and GEH, on behalf of Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	<p>The report provides an overview of the Committee's business during 2022/23. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly.</p> <p>The report was scheduled for the Committee meeting in August 2023, but the meeting was cancelled and then due to sickness absence, the report was not available for the Committee meeting in October 2023. Future reporting will be brought back in line with the Committee's Schedule of Business.</p>		

Report to	Foundation Group Strategy Committee	Agenda Item	7.3
Date of Meeting	16 January 2024		
Title of Report	Foundation Group Strategy Committee Annual Report 2022/23		
Status of report: (Consideration, position statement, information, discussion)	For discussion		
Author:	Sarah Collett, Trust Secretary for SWFT and GEH, on behalf of Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.		
2. Recommendations	The Foundation Group Strategy Committee is asked to consider its Annual Report for 2022/23, prior to submission to the Foundation Group Boards in February 2024.		
3. Executive Director Assurance	<p>The report provides an overview of the Committee's business during 2022/23. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly.</p> <p>The report was scheduled for the Committee meeting in August 2023, but the meeting was cancelled and then due to sickness absence, the report was not available for the Committee meeting in October 2023. Future reporting will be brought back in line with the Committee's Schedule of Business.</p>		

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

Report to Foundation Group Strategy Committee – 16 January 2024

Foundation Group Strategy Committee Annual Report 2022/23

1. Introduction

In 2017 the Foundation Group was formed when South Warwickshire University NHS Foundation Trust (SWFT) formalised its collaboration with Wye Valley NHS Trust (WVT). In June 2018, George Eliot Hospital NHS Trust (GEH) joined the Foundation Group. In 2022 Worcestershire Acute Hospitals NHS Trust (WAHT) joined the Foundation Group as an associate member and subsequently became a full member of the Foundation Group from August 2023, which is outside the reporting period of this report but an important point to note.

The Foundation Group Strategy Committee (FGSC) is established under Board delegation of each Trust of the Foundation Group with approved Terms of Reference which are reviewed annually and any requests for amendment are made to the Board of each Trust.

During 2022/23, the Committee consisted of the Group Chairman, Group Chief Executive, a Non-Executive Director (NED) from each Trust, Managing Director from each Trust, Chief Medical Officer from each Trust, Chief Strategy Officer from each Trust, the Group Strategic Financial Advisor and Board level representatives of associate members. Other officers from each Trust may be invited to attend for appropriate agenda items.

The Committee has met on four occasions during 2022/23 and meetings continue to be held on a quarterly basis. In August 2022 the Foundation Group Boards Workshop and Foundation Group Boards meeting replaced the previous twice yearly development sessions. These meetings bring together the full members within the Foundation Group to share best practice and performance data. A schedule of attendance at meetings during 2022/23 is attached (Appendix A).

The NED from each Trust reports in writing to their respective Board on key issues considered by the Committee following every meeting. In addition to this, the approved Minutes of the meetings are also submitted to the confidential section of the individual Board of each Trust.

As part of the annual review of the Terms of Reference, amendments were approved by each Board in April 2023.

2. Principal Areas of Review

The Terms of Reference set out Strategic Financial and Operational Planning as the key duty for the Committee which includes the following responsibilities:

- developing strategy and investment plans, including finance, IT, estates, and commercial development;

- overseeing processes which benchmark clinical outcomes and productivity across the Group supporting the implementation of best practice solutions;
- developing new working models for corporate functions;
- developing new business models to progress the development of integrated health and care;
- developing and executing a communications strategy;
- developing and maintaining business development capacity and capability across the Group;
- determining the framework that supports each provider's organisational objectives and targets;
- developing and supporting achievement of operating, business, efficiency and delivery plans;
- identifying, reviewing and mitigating strategic risks;
- proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies, and
- overseeing service transformation and pathway redesign.

3. FGSC – Review of Effectiveness

The FGSC has been active during the year in carrying out its duty in providing the Board of each Trust with assurance relating to the Foundation Group's strategic financial and operational planning. The Committee also advises the Boards of each Trust on all matters relevant to identifying and sharing best practice at pace.

The Committee has undertaken a formal review of its effectiveness during 2022/23 and a separate report has been submitted to the Committee on the responses received, which was subsequently submitted to the Boards of each Trust. It can be confirmed that the Committee met on four occasions during April 2022 to March 2023 and achieved an attendance rate of 80%. It should be noted that 80% is considered to be a good rate of attendance, however this is a slight reduction compared to last year's 81.5% attendance rate.

The Committee achieved its aim by delivering the duties set out in its Terms of Reference and referred to in section two of this report.

4. Areas of Particular Note

During the year the Committee has had the opportunity to review the proposals to expand the Foundation Group through the full membership of WAHT in advance of Board approval and to consider strategic financial and operational planning opportunities as part of collaborative working across the Foundation Group. Examples of these are detailed below but it should be noted that the list is not exhaustive:

- Productivity improvement opportunities;
- Digital working, including Scan4Safety which is a programme focused on improving patient safety;
- Quality, Service Improvement and Redesign;
- Clinical teaching and training;
- Levelling Up;
- Group Procurement;
- Ward Accreditation;

- Research, and
- Medical and Dental Leadership Strategy.

Looking forward into 2024/25, the Committee continues to focus on development opportunities for strategic financial and operational planning. Also identifying and sharing best practice at pace across the Foundation Group and externally.

5. Conclusion

The Committee is of the opinion that this Annual Report demonstrates compliance with the requirements of its Terms of Reference and that there are no matters the Committee is aware of at this time which have not been disclosed properly.

6. Recommendation

The Foundation Group Strategy Committee is asked to consider its Annual Report for 2022/23, prior to submission to the Foundation Group Boards in February 2024.

Sarah Collett

Trust Secretary for SWFT and GEH

(on behalf of Chelsea Ireland, Foundation Group Executive Assistant)

Appendix A

Foundation Group Strategy Committee
Attendance 2022/23

	31 May 2022	30 August 2022	29 November 2022	28 February 2023
Members				
Russell Hardy (Chair)	✓	✓	✓	✓
Charles Ashton (Chief Medical Officer at SWFT)	✓	✓	✓	X
Glen Burley (Group Chief Executive)	✓	✓	✓	✓
Andrew Cottom (NED at WVT)			✓	✓
Anne Coyle (Managing Director at SWFT)	X	✓	✓	✓
Alan Dawson (Chief Strategy Officer at WVT)	X	✓	✓	✓
Anita Day (Chair at WAHT)	✓ (attended in capacity as Deputy Chair)	✓	✓	✓
David Eltringham (Managing Director at GEH)	✓	✓	✓	
Catherine Free (Chief Medical Officer at GEH until end of February 2023 and Managing Director at GEH from March 2023)	✓	✓	✓	✓
Sophie Gilkes (Chief Strategy Officer at SWFT)	✓	✓	✓	X
Matthew Hopkins (Chief Executive at WAHT)	X	X	✓	X
Julie Houlder (NED representative at GEH)	✓	X	✓	✓
Richard Humphries (NED at WVT)	✓	✓		
Jane Ives (Managing Director at WVT)	X	✓	✓	✓
David Moon (Group Strategic Financial Advisor)	X	✓	✓	✓
David Mowbray (Chief Medical Officer at WVT)	X	✓	✓	✓
Jo Newton (Chief Strategy Officer at WAHT)	X	✓	✓	✓
Sir David Nicholson (Chairman at WAHT)	X			
Jenni Northcote (Chief Strategy Officer at GEH)	X	✓	X	✓
Simon Page (NED at SWFT)	✓	✓	✓	✓
Naj Rashid (Chief Medical Officer at GEH)				✓
Committee Attendance Rate	53%	89%	94%	83%

Report to	Foundation Group Boards	Agenda Item	8.2
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Strategy Committee Report from the Meeting on the 16 th January 2024		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group EA		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on the 16 January 2024.		
3. Executive Assurance			

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

Report to Foundation Group Boards – 7 February 2024

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

1. Group Job Planning

The Committee received an update from the Group Medical Advisor on job planning. Individual job plans look at a variety of things including objectives to be achieved by the consultant, work the consultant does (including their private practice), necessary recourses, flexibility for external commitments and cost. The Group Medical Advisor explained that each Trust in the Group had individual Job Planning policies in place however Group Job planning based on clinical capacity and demand wasn't happening and expressed the importance of this starting to enable demand vs capacity mismatches getting identified earlier and gaps bridged.

The Group Medical Advisor summarised that, based on his research, he didn't feel that switching to a standardised policy across the Group would cause any productivity gain, however, what would be beneficial would be working to resolve the differences in the implementation of the policies and focusing on demand and capacity, and monitoring outputs. It was agreed that training on Job Planning would also be provided to General Managers and Clinical Directors, with the Chief Medical Officer's and Group Medical Advisor creating a webinar style session. The Chief Medical Officer's would also look to set up a Group-wide mediation and review process.

2. Group Digital Data and Technology Scope Proposal

The Group Chief Executive introduced the Group Digital Data and Technology Scope Proposal by explaining that since WAHT joined the Foundation Group, the Group had gained the knowledge in Digital Data and Technology at an executive level role. This provided an opportunity to fix some of the problems being experienced elsewhere in the Group, particularly around managing the outsourced arrangements. The Group Chief Executive continued that he had had therefore asked Vikki Lewis, Chief Digital Transformation Officer of WAHT to pull a proposal together where she would move into a more Group level role overseeing Digital Transformation.

The Chief Digital Transformation Officer of WAHT presented the proposal to the Committee which included benefits and an insight into future workplans. She explained that she had been speaking to the Group Strategic Financial Advisor and there was a recognition that when each Trust moved into different delivery models with different partners, there was a slight loss of the expert client voice that sat inside each organisation; the proposal would resolve that issue. The Chief Digital Transformation Officer of WAHT added that as part of the proposal, strengthening the programme of work done by the Group Strategic Digital Advisor would be included as well as developing further the work of the Group Analytics Board and informatics across the Group. The

Committee discussed informatics in general and the importance of including place partners to avoid duplication of work and utilising resources.

The Committee were in support of the proposal, however highlighted the need to be careful with the conversions work. The Committee will receive digital updates from the Chief Digital Transformation Officer of WAHT twice a year.

3. 2024/25 Workplan Discussion

The Committee discussed its forward plan for business to be discussed at future meetings. It was agreed that the following items would be added to the Committee's schedule of business:

- Group Data and Technology Executive Role and Digital Updates
- Group Objectives
- Tertiary Relationships
- Fragile Services across the Group
- Productivity

The Group Chairman recommended adding a financial benefit element to each of the work plans to know where to put resources.

4. Quarterly Progress Update of Foundation Group Objectives for 2023/24 and Foundation Group Draft Objectives for 2024/25

The Group Chief Executive provided an update on the position of the Foundation Group Objectives. Each Trust's Board were looking at the 2024/25 objectives, and WAHT had their 10 Point Plan and Financial Recovery Plans going to WAHT Board for approval also. The Group Chief Executive explained that when all of that had completed through Trust Boards, he would be able to identify shared objectives and choose the 2024/25 Group Objectives.

Each of the Chief Strategy Officer's from GEH, SWFT and WVT provided an overview position update. The Group Chief Executive explained that as part of WAHT's 10 Point Plan they would be testing the Group's 'Big Moves' and refreshing their own strategy.

5. Foundation Group Strategy Schedule of Business 2024/25

The Committee reviewed and approved the 2024/25 schedule of business subject to the amendments discussed in the meeting of the 16th January 2024 be added.

6. Foundation Group Strategy Committee Terms of Reference

The Committee reviewed and approved the recommended changes to the Terms of Reference.

7. Foundation Group Strategy Committee Annual Report 2022/23

The Committee reviewed and approved the 2022/23 Foundation Group Strategy Committee annual report.

8. Operational Flow – WAHT

The Group Associate Medical Director provided a presentation to the Committee on operational flow in WAHT with a detailed presentation on the Care Coordination Centre which aims at providing an alternative access to care than the Emergency Department. The Group Associate Medical Director summarised with an overview of potential opportunities that working together provided including creating a care navigation hub, speciality advice and navigation for all professionals from one site, commission services like consultant connect as a Foundation Group and use the current project team to expand all four sites.

A discussion took place with a lot of thanks from the Committee to the Group Associate Medical Director. It was felt that West Midlands Ambulance Service (WMAS) were an important part of the process and was important to keep them involved.

Recommendation

The Foundation Group Boards is asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 16 January 2024.

Chelsea Ireland
Foundation Group EA