

# Foundation Group Boards

Thu 02 May 2024, 13:30 - 16:45

## Agenda

---

### 1. Apologies for Absence

Chizo Agwu (Chief Medical Officer WVT, Tom Morgan-Jones deputising), Paul Capener (Associate Non-Executive Director GEH), Julie Houlder (Vice Chair GEH), Simone Jordan (Non-Executive Director GEH), David Moon (Group Strategic Financial Advisor), Dame Julie Moore (Non-Executive Director WAHT), Andy Parker (Chief Operating Officer WVT, Sarah Assinder deputising) and Jo Rouse (Non-Executive Director WVT).

---

### 2. Declarations of Interest

13:30 - 13:35      *Russell Hardy*

---

### 3. Minutes of the Meeting held on 7 February 2024

13:35 - 13:40      *Russell Hardy*

📄 Agenda Item 3 - Minutes of the Meeting held on 7 February 2024.pdf (16 pages)

---

### 4. Matters Arising and Actions Update Report

13:40 - 13:45      *Russell Hardy*

📄 Agenda Item 4 - Matters Arising and Actions Update Report.pdf (2 pages)

---

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

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

---

### 6. Performance Review and Updates

#### 6.1. Foundation Group Performance Report

13:50 - 14:15      *Managing Directors*

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

#### 6.2. Deep Dive into Urgent and Emergency Care (including Virtual Wards, Length of Stay, Demand Management and Discharge to Assess)

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

📄 Agenda Item 6.2 - Deep Dive into UEC.pdf (13 pages)


#### 6.3. Safe Staffing Overview (to include Nurse per Bed Ratio)

14:30 - 14:40      *Chief Nursing Officers*

📄 Agenda Item 6.3 - Safe Staffing Overview.pdf (9 pages)

## 6.4. Implementation of the Sexual Safety Charter

14:40 - 14:50 *Chief People Officers*

 Agenda Item 6.4 - Implementation of the Sexual Safety Charter.pdf (5 pages)

---

## 7. Item's for Approval


### 7.1. Annual Review of Board Committee Terms of Reference

14:50 - 15:00 *Sarah Collett / Erica Hermon*

 Agenda Item 7.1 - Annual Review of Board Committee Terms of Reference.pdf (23 pages)

### 7.2. Group Digital Transformation Update

15:00 - 15:10 *Vikki Lewis*

 Agenda Item 7.2 - Group Digital Transformation Update.pdf (3 pages)

---

## 8. Items for Information

### 8.1. Foundation Group Strategy Committee Report from the Meeting on 16 April 2024

15:10 - 15:15 *Russell Hardy*

 Agenda Item 8.1 - FGSC Report from the 16th January 2024.pdf (4 pages)

### 8.2. Fit and Proper Persons Test Annual Declarations

15:15 - 15:25 *Sarah Collett / Erica Hermon*

 Agenda Item 8.2 - Fit and Proper Persons Test Annual Declarations.pdf (3 pages)

---

## 9. Any Other Business

15:25 - 15:30

---

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

15:30 - 15:35 *Russell Hardy / Erica Hermon*

---

## Adjournment to Discuss Matters of a Confidential Nature

---

## 11. Apologies for Absence

Chizo Agwu (Chief Medical Officer WVT, Tom Morgan-Jones deputising), Paul Capener (Associate Non-Executive Director GEH), Oliver Cofler (Associate Non-Executive Director SWFT), Julie Houlder (Vice Chair GEH), Simone Jordan (Non-Executive Director GEH), David Moon (Group Strategic Financial Advisor), Dame Julie Moore (Non-Executive Director WAHT), Andy Parker (Chief Operating Officer WVT, Sarah Assinder deputising) and Jo Rouse (Non-Executive Director WVT).

---

## 12. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

---

## 13. Confidential Minutes of the Meeting held on 7 February 2024

15:50 - 15:55 *Russell Hardy*

 Agenda Item 13 - Confidential Minutes of the Meeting held on 7 February 2024.pdf (7 pages)

---

## 14. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

Please note the action update report has been added for completeness, however there are no outstanding actions.

 Agenda Item 14 - FGB Confidential Actions Update Report - 2 May 2024.pdf (1 pages)

---

## 15. Foundation Group Litigation Benchmarking

16:00 - 16:15 *Glen Burley*

 Agenda Item 15 - Foundation Group Litigation Benchmarking.pdf (64 pages)

---

## 16. Items for Information

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

16:15 - 16:20 *Russell Hardy*

 Agenda Item 16.1 - FGSC Minutes from 16 January 2024.pdf (11 pages)

---

## 17. Any Other Confidential Business

16:20 - 16:25 *Russell Hardy*

---

## 18. Items for Approval

### 18.1. Electronic Patient Records (EPR) Update (GEH/SWFT Only)

16:25 - 16:45 *Dan Millman / Alan Bannister / Jo Bangoura*

 Agenda Item 18.1 - EPR Update - SWFTGEH Only.pdf (8 pages)

---

## 19. Date and Time of the Next Meeting

The next Foundation Group Boards Meeting will be held on Wednesday 7 August 2024 at 13.30 via Microsoft Teams.

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

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

Present:

Russell Hardy	(RH)	Group Chairman
Chizo Agwu	(CA)	Chief Medical Officer WVT
Charles Ashton	(CAs)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Richard Colley	(RC)	NED SWFT
Neil Cook	(NC)	Chief Finance Officer WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Paramjit Gill	(PG)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WHAT (present from minute 24.013)
Julie Houlder	(JH)	NED and Vice Chair GEH
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Chief Digital Information Officer WAHT
Kim Li	(KL)	Chief Finance Officer SWFT
Anil Majithia	(AM)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Dame Julie Moore	(JM)	NED WHAT
Simon Murphy	(SM)	NED and Deputy Chair WAHT
Simon Page	(SP)	NED and Vice Chair SWFT (present from minute 24.009)
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Naj Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Nicola Twigg	(NT)	NED WVT
Sue Whelan Tracy	(SWT)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
------------	------	---

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

**Public Minutes of the Foundation Group Boards Meeting  
 Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

Julian Berlet	(JBe)	Deputy Chief Medical Officer WAHT (present from minute 24.012)
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Richard Haynes	(Rha)	Director of Communications WAHT
Mark Hetherington	(MH)	ANED GEH
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for the Chief Finance Officer)
Rosie Kneafsey	(RK)	ANED GEH
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KL)	Communications Officer WAHT
Michelle Lynch	(ML)	ANED WAHT
Jo Newton	(JN)	Director of Strategy and Planning WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH/SWFT
Richard Oosterom	(RO)	ANED WAHT
Peter Orton	(PO)	Communications Officer WAHT
Jackie Richards	(JR)	ANED GEH
Tina Ricketts	(TR)	Director of People and Culture WAHT
Jo Rouse	(JRo)	ANED WVT
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
Leigh Tranter	(LT)	Communications Manager SWFT
Jules Walton	(JW)	Deputy Chief Medical Officer WAHT

There were six SWFT Governors, and two guest observers in attendance. There were no members of the public in attendance.

**MINUTE**

**24.001**

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from: Sarah Collett, Trust Secretary GEH/SWFT; Simone Jordan, NED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Katie Osmond, Chief Finance Officer WVT; Bharti Patel, ANED SWFT; and, David Spraggett, NED SWFT.

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

**24.002**

**DECLARATIONS OF INTEREST**

The Chief Finance Officer for GEH declared that he had been made the appointed NED for Innovate Healthcare Services Ltd.

**ACTION**

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

Dame Julie Moore (NED WAHT) declared that she had been appointed as Chair of Health Data Research UK.

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

24.003

**GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.

**Resolved** – that the GEH public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.

24.004

**SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.

**Resolved** – that the SWFT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.

24.005

**WAHT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.

**Resolved** – that the WAHT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.

24.006

**WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.

**Resolved** – that the WVT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.

24.007

**MATTERS ARISING AND ACTIONS UPDATE REPORT**

24.007.01

Chairman's Remarks

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

**Public Minutes of the Foundation Group Boards Meeting  
 Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

<u>MINUTE</u>		<u>ACTION</u>
	<p>The Group Chairman started the meeting by informing the Foundation Group Boards of the sad passing of Winston Crasto, Consultant and Clinical Director of Medicine for GEH. He explained how Winston was a loved colleague and would be greatly missed by all who worked with him. The Group Chairman passed on his sincere condolences to Winston's family.</p> <p><b><u>Resolved</u> – that the position be noted.</b></p>	
24.007.02	<p><u>Foundation Group Performance Report (minutes 23.058 and 23.080.01 refers)</u></p> <p>The Managing Director for WVT confirmed that the cancer diagnosis following ED attendance data had been received. This would be included in the next Foundation Group Performance Report at the May 2024 meeting.</p> <p><b><u>Resolved</u> – that the cancer diagnosis from ED attendance be included in the May 2024 performance report.</b></p>	MDs
24.007.03	<p><u>Deep Dive into Additional Performance Measures – Theatre Productivity (minute 23.060 refers)</u></p> <p>The Chief Operating Officer for WVT confirmed that work was ongoing to record theatre utilisation data by cost per minute rather than by a percentage. He confirmed that this should be available in time for the May 2024 meeting.</p> <p><b><u>Resolved</u> – that the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.</b></p>	COOs
24.007.04	<p><u>Gender Pay Gap Annual Report (minute 23.084 refers)</u></p> <p>The Chief Operating Officer for SWFT/GEH confirmed that a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristics had been shared with the individual organisations.</p> <p><b><u>Resolved</u> – that the position be noted.</b></p>	
24.008	<p><b><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></b></p> <p>The Group Chairman provided an overview of the Foundation Group Boards Workshop and Cyber Security Training that had taken place in the morning prior to Foundation Group Boards. He explained that there had been a session on productivity from Lord Patrick Carter of Coles, and an important progress update on South Midlands Pathology which would improve pathology services for patients.</p> <p>The Group Chairman took the time to urge the public and members of the Foundation Group Boards to protect themselves online by updating their</p>	

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

passwords, using a password manager where possible and not using the same or easily guessed passwords.

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

**24.009**

**FOUNDATION GROUP PERFORMANCE REPORT**

The Managing Director for WVT presented the WVT update on performance to the Boards. She explained that the Emergency Department (ED) continued to be an area of concern, however performance was average compared nationally. With that said there had been an unannounced Care Quality Commission (CQC) visit in December that raised serious concerns about safety and reinforced that a congested ED was not a safe ED. The Managing Director for WVT explained that WVT's ED had been the subject of continuous redesign since Covid-19 but that the CQC had identified that the pathway didn't work effectively and consistently when faced with a congested department. She assured the Boards that WVT had responded to the initial safety concerns, partly by increasing the staffing level, but also by implementing operational digital dashboards. The Managing Director for WVT continued that the main cause of the congestion through ED was due to what was going on outside ED. She explained that a summit with the senior clinical teams and managers in the Trust had taken place to investigate why the department had become so busy since Covid-19, going from a 20 bed deficit to nearer a 60 bed deficit on a daily basis. The Managing Director informed the Boards that there were three main drivers: a growth in demand; a growth in length of stay; and, the medically fit for discharge (MFFD) cohort changing. She added that the prioritisation moving forward to address these issues would be industrialising Virtual Wards and implementing simplifying access into the community services, maximising Same Day Emergency Care (SDEC) and working with colleagues around Discharge to Assess (D2A) pathways. Added to this was the need to look at the broader demand and capacity analysis against the acute bed capacity.

The Managing Director for WVT also highlighted that WVT's faster diagnosis standard had improved further since the figure in the Boards report and was now at 73 per cent in December and WVT had maintained that for January 2024. She went on to explain that this was nearing national average and would also start to improve the 62 day referral to treatment target for cancers. The Managing Director concluded by expressing that she was proud that despite the congestion in the hospital and ED, the Trust had managed to maintain their mortality statistics and were best in the Foundation Group in this area. She did provide the Boards with a warning that WVT's mortality indicators would be affected over the next 6-12 months once the SDEC coding was changed in April 2024.

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



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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

Mr Oosterom (ANED WAHT) queried about what it would take to scale up Virtual Wards. The Managing Director for WVT explained that it was about implementing it across all of the Trust's specialties but also aligning it more effectively to the community urgent response team and the right clinical advice at the right point of a patient's pathway. The Group Chief Executive added that following conversations with one of the National Urgent and Emergency Care Leads, there was recent analysis in the Health Service Journal (HSJ) that virtual wards were not that cost effective, however this was due to the scaling issue. One of the suggestions was to use Virtual Wards as a way of getting all patients home first more rapidly, and all specialties or wards have a cohort of patients that they are caring for in the community. He explained that this would help facilitate the earlier discharge and in turn improve outcomes. The Group Chief Executive felt that Virtual Wards was a big opportunity and something that the Foundation Group should be using to avoid admission as much as possible.

The Managing Director for SWFT presented the SWFT update on performance to the Boards. He highlighted that ED had been a challenge for SWFT following a difficult winter, which had resulted in a drop in ED performance especially ambulance hand over time and 4hr performance. However, SWFT remained well within national average for ED performance and the drop had been due to a number of factors. The Managing Director for SWFT went on to explain that these factors included an increase in attendances to ED, around 20 per cent of ambulance activity being from out of area, occupancy had remained high in the hospital which had also impacted flow through ED. He highlighted that despite these challenges the Trust remained in a better place compared to previous winters which demonstrated the learning that had taken place. The Managing Director for SWFT took the time to thank community teams for their support in diverting patients away from ED and supporting with some of the urgent care needed within the community. He explained that this was reflected through the intention to award the Trust with the new Lead Provider for Community Integrator Services in Warwickshire.

The Managing Director for SWFT highlighted the work that had taken place to sustain the 28 Day Faster Diagnosis Standard in Cancer Services, which had been sustained despite a large increase in two week wait (2ww) referrals. He explained that work was ongoing in the system regarding the Referral to Treatment (RTT) standards and remained a focus area. The Managing Director for SWFT thanked the work of the Trust's Theatre's, Endoscopy and ENT teams for sustained and increased theatre utilisation.

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

Mrs Whelan Tracy (NED SWFT) informed the Managing Director for SWFT that she was continuing to be made aware of information suggesting that there were safety concerns from patients in a South Warwickshire area still waiting their first Oncology appointment. She queried whether there was any assurance around this matter that could be given and whether it had been raised with the CQC. The Managing Director for SWFT explained that this did remain an area

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

of concern and focus for SWFT, however the concerns were not being seen through complaints but that didn't mean it was not being picked up or focused on. He assured the Boards that the Trust always have and continue to maintain dialog with the CQC over cancer and cancer issues. The Chief Nursing Officer for SWFT added that she met with the CQC on a monthly basis informally and shared the Trust's concerns about oncology during these meetings. She added that there was a monthly System Quality Review Meeting which was a formal meeting where she had also repeatedly raised her concerns over Oncology for the Trust and the system, and the CQC were supporting the Trust with those conversations.

The Managing Director for GEH presented the GEH update on performance to the Boards. She started by informing the Boards that GEH's ED performance remained challenged, and performance was expected to drop following a particularly challenging few weeks. The Managing Director for GEH expressed her apologies to GEH patients for the pressures faced and thanked the teams at GEH for ensuring safe care in such challenging circumstances. The Managing Director for GEH went on to discuss the mortality indicators for GEH and the Standard Hospital Mortality Indicators (SHMI) between August and July 2023 which were higher than expected, however this had returned back into normal range. She explained that previously staff sickness levels had been a challenge and whilst this was still an area of focus, absence was starting to reduce across the Trust. The Managing Director for GEH informed the Boards that Cancer performance was the Trust's biggest challenge despite the ED challenges, and the faster diagnosis standard had been affected significantly in December 2023. She explained that this was due to the fragility in the Urology workforce but also the high number of 2ww referrals into Breast Cancer. The Managing Director for GEH took the time to thank both SWFT and University Hospitals Coventry and Warwickshire (UHCW) who had supported GEH with this work. She assured the Boards that these had now improved and that the Trust was aiming to get to 75 per cent by March 2024 which was the national standard.

The Managing Director for GEH added that Elective work continued to improve and despite the challenges Elective work had maintained throughout January and into February 2024. She noted that RTT had slipped however work was underway to determine what could be done in house and what they needed to link in with partners on.

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

Mr Zamman (NED GEH) queried whether mortality rates were being monitored by deprivation considering that the Foundation Group were focusing on health inequalities and prevention. The Managing Director for GEH assured Mr Zamman that mortality was measured in two different ways, and they do take into account deprivation as part of that measure.

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

The Managing Director for WAHT presented the WAHT performance update to the Boards. He started with ED and explained that the Trust were working with community partners to develop their single point of access which was part one of the Trust's strategy to grow SDEC areas. The Managing Director for WAHT explained that ambulance handover delays continued to be a problem, especially at weekends and a large focus continued to be on improving this. The Managing Director for WAHT highlighted that flow continued to be an issue for WAHT and was the main issue driving metrics down, however the underlying reason of the issues relating to flow stemmed from the Frailty Model and General Medicine. A significant amount of work was taking place to restructure these areas in the short and medium term. The Managing Director for WAHT added that Cancer performance remained a key area to improve for WAHT with concerns specifically around Urology and Dermatology. He continued that WAHT had commissioned an external review into Urology to look at a pathway design and the report following this review had just been received back. WVT had been supporting WAHT with Dermatology and the Managing Director for WAHT expressed his thanks to those teams and highlighted the benefit of the Foundation Group, especially around improving fragile services. He concluded by informing the Boards that Elective work continued to be challenged however the Trust was looking into mutual aid options and internal capacity.

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

The Group Chief Executive highlighted that one of the challenges at the moment is ensuring we are delivering on the 76 per cent performance during March and there is a lot of effort from all Trust in the group on that. But this report has a lot of informative information to highlight variation across the trust. Variation is quite stark in the theatres utilisation across the group so he encouraged the COOs to make connections with the teams that are leading on this to ensure each trust was getting value out of that capacity as it will not only help financially but improve performance.

The Group Chairman took the time to apologies to WAHT employees for the current staff car parking set up. He offered assurance that discussions and work were taking place behind the scenes to try and resolve staff parking issues as priority and that in the meantime WAHT staff would not be being charged for car parking. The Group Chairman also thanked all of the Foundation Group's front line teams for their continued efforts to provide safe, effective care.

**Resolved – that**

- A) The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice, and**
- B) the Foundation Group Performance report be received and noted.**

**COOs**

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE  
24.010**

**ACTION**

**GROUP ANALYTICS UPDATE**

The Chief Finance Officer for GEH informed the Boards that progress continued to be made with Group Analytics Programme, however this had slowed down due to the pressures faced across the Foundation Group. He highlighted that the Group Analytics Board had been developing the capacity and capability of the informatics function, and the key element had been developing the Group Informatics Forum which enabled Informatics colleagues to share best practice between themselves. The Chief Finance Officer for GEH explained that Power BI had also been implemented as part of the Foundation Group's reporting tools to give access to the latest reporting technology. Each Trust were at different stages of developing reporting dashboards through Power BI, however developing them had been more challenging than envisioned and work was taking place to try and streamline the process. The Chief Finance Officer for GEH informed the Boards that work continued regarding making sharing data across the Foundation Group easier, which in turn would help the Informatics teams with their workload. The Chief Finance Officer for GEH highlighted was the adding of kite marks to the metrics, the deadline to complete this work had been pushed back slightly from March 2024 to June 2024. Finally he took the time to thank colleagues for attending the Informatics Workshops and thanked WAHT Informatics colleagues for joining the Group Analytics Board and Informatics team so seamlessly, and expressed what a welcomed member of the Group they were.

Moving forward the Group Analytics Board would start to focus on developing an information led culture across the Foundation Group, which would start with developing teams and using informatics to drive decision making.

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

Mr Oosterom (ANED WAHT) thanked the Chief Finance Officer for GEH for a comprehensive overview and expressed how important the Informatics work was to ensure operational excellence. He explained that there seemed to be an issue with lack of resources to support each Trust's change programmes across the Foundation Group and was there a way to draw on everyone's skills across the Group to solve this. The Chief Finance Officer for GEH expressed that there had been discussions regarding how to utilise collective expertise across the Foundation Group in terms of analytics. The Group Chief Executive offered additional assurance that the Chief Digital Transformation Officer for WAHT would be supporting that work moving forward following a discussion at Foundation Group Strategy Committee which was detailed in the Foundation Group Strategy Committee report in the meeting papers.

Mr Murphy (NED WAHT) queried whether AI and Robot automation not being a priority in regard to upcoming work would have an impact. The Chief Finance Officer for GEH explained that AI hadn't been a priority for the last couple of years, however moving forward it does need to be picked up again and is something we are looking into regarding how that links in with the digital

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

agenda. The Chief Digital Transformation Officer for WAHT explained that AI was broader than analytics and would be being picked up through the innovation work that was on the upcoming digital agenda.

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

**24.011**

**MUTUAL AID FOR ELECTIVE PATIENTS DEEP DIVE**

The Chief Operating Officer for SWFT explained that, post Covid-19, waiting lists had increased substantially and recovering this had been a challenge. As a way of resolving the recovery challenge there had been a national push to look into mutual aid across systems and regions to bring down backlogs. Working as a Foundation Group had been beneficial and had been easier to facilitate and progress patients. The Chief Operating Officer for SWFT explained that a monthly Foundation Group Operational Group had been set up to discuss any operational issues, but it also meant that each Trust could understand each other's priorities and upcoming work. She continued, that further to this there was a fortnightly mutual aid meeting where specialties that needed support would be discussed and appropriate processes but in place. However, in addition to this, the meetings had also enabled the operational teams across the Foundation Group get to know each other and build working relationships. This had resulted in solutions being put in place in a timelier manner, and therefore supported the reduction of waiting times for patients which had been key.

The Chief Operating Officer for WAHT shared a patient success story from ITV News with the Boards. The success story shared how a patients surgery waiting time had reduced from 3 years to 2 weeks, and the Chief Operating Officer for WAHT explained that it highlighted why using resources across the Foundation Group better was the right way forward for patients. She went on to explain that putting the process in place to enable mutual aid across the Foundation Group wasn't easy and there were challenges that still needed to be resolved, these included being able to provide consistent pre-operative care for patients transferred mid-pathway, asking patients to travel or attend virtual appointments due to being unable to dispatch staff to patient areas following the increase in services demand, claiming income from the Welsh NHS system for patients who reside in Wales, and a lot of patients were not wanting to travel for treatment especially for major surgery due to the distance home, being away from friends and family and the post-op follow up visits. The Chief Operating Officer for WAHT informed the Boards that processes were also proving challenging, such as agreeing a standardised clinical criteria for listing for surgery, clearance of the 65ww and 78ww, contacting patients and administrative challenges, and managing patient expectations if the mutual aid offer was unsuccessful or the patient was unable to travel.

The Chief Operating Officer for WAHT highlighted that harmonisation of waiting lists at a Group level was the focus moving forward. She explained that waiting lists continued to rise and harmonising these across the Foundation Group would enable these to be managed more effectively and get patients seen

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

quicker. The Chief Operating Officer for WAHT added that the Foundation Group Operational meetings would continue to take place for improving performance opportunities, and to explore whether post-operative care could be carried out closer to the patient's home if their treatment/operation took place out of area.

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

The Group Chairman thanked all the Chief Operating Officers, Chief Medical Officers and Chief Nursing Officer's from across the Foundation Group for the time and effort being put into make this work for patients.

The Group Chief Executive expressed that it was interesting to see the reciprocation between the organisation to address the back logs. However, he highlighted that eventually the goal should be that each organisation was optimising their capacity and meeting local catchment area volumes, so patients weren't being asked to travel.

Mrs Martin (NED WVT) emphasised the importance of working with community colleagues to support patient transport needs which could help with uptake when mutual aid was out of area for the patient.

**Resolved** – that the Mutual Aid for Elective patients deep dive be received and noted.

**24.012**

**SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)**

The Chief Nursing Officer for WAHT presented the safe staffing overview to the Boards. She explained that over recent months the Chief Nursing Officers from across the Foundation Group had been working together to standardise the Key Performance Indicators (KPIs) around safe staffing and standardise how these were reported.

The Chief Nursing Officer for SWFT explained that Nurse staffing at SWFT had been a challenge for the last three months, with on average 20 extra beds requiring staffing. On top of this she explained that SWFT were seeing higher acuity patients requiring additional staff. There had also been more mental health patients needed to be cared for in an acute setting would require additional staff due to the lack of tier 3 mental health provisions, SWFT were in contact with the Coventry and Warwickshire system colleagues to resolve these pathway issues. The Chief Nursing Officer for SWFT continued that the Trust had seen a higher than usual vacancy rate in paediatric nursing, and work was taking place to find a solution. Despite this SWFT agency spend had reduced and this was due to the focus around recruitment and retention that had taken place and challenging the use of agency Nurses which came at premium cost. The Chief Nursing Officer for SWFT assured the Boards that

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

there had been no correlation in the harm related to unsafe staffing which was reassuring to the Trust but also the public.

The Chief Nursing Officer for WVT provided an overview for WVT, explaining that staffing levels were safe however this was not being achieved at the best value for money or quality of care due to having to rely heavily on agency and temporary workforce. She added that this was due to budgets not aligning with the establishments, despite vacancy's being low. Due to this there was a need for 20 whole time equivalents (wte) on top of current staffing levels to ensure patient safety was met. This was a continuous issue and had been for around two years due to the bed occupancy remaining high. Therefore a paper had been submitted to the Trust's Management Board to align budgets with the establishment needs and recruit substantive nurses, and in turn improve value for money and quality of care.

The Chief Nursing Officer for GEH explained that GEH along with the other Trust's in the Foundation Group, had extra patients being bedded above planned figures. This was averaging around 32 extra a day, and required 28wte Nurses and 14 Health Care Support Workers (HSWs) to ensure patient safety was met. Despite these challenges she was pleased to report that the Trust's agency spends had reduced and they hadn't had to use off framework agencies since July 2023. The Chief Nursing Officer for GEH explained that the Trust's specialist area's used the most agency staff, however this was still higher than ideal and moving forward there would be a focus on staff retention. She informed the Boards that staffing levels were considered daily and as part of all incidents reported, and she was pleased to report that despite staffing challenges and bed occupancy, harm levels had not been affected. Finally, the Chief Nursing Officer for GEH explained that the dashboard in the report showed GEH's care hours per patient as the lowest in the group and offered assurance that she was working with her teams to improve those levels.

The Chief Nursing Officer for WAHT echoed the other Chief Nursing Officer's challenges with bed occupancy and staffing challenges. However, she was pleased to report that there had been a reduction month on month in regard to agency spend and she had been linking in with WVT on how to improve WAHT's vacancy rates. The Chief Nursing Officer for WAHT highlighted that WAHT had not had any falls with harm and was proud of the Trust's harm indicators in general at the moment. Moving forward over the next four to eight weeks there would be a focus on nurse to bed ratios and how to improve that figure, as well as looking at the opportunities with Registered Nurse Associates (RNAs) and skill mix reviews.

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

The Group Chief Executive thanked the Chief Nursing Officers for an interesting report and explained how fascinating he had found the comparison across the Foundation Group on Nurse Staffing. He explained that going forward it would be good to see Bank Staff and Agency Staff separated in terms of temporary

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

workforce. This was due to Bank Staff being essential to managing rotas in a good way, whereas Agency were wanting to be avoided. The Group Chief Executive expressed that the Safer Staffing toolkit was also something to be mindful of, as this didn't consider the experience of staff but just the number of staff. He also noted that it was interesting to see areas that had a low vacancy rate but were still requiring additional staff, which would indicate that the staffing budget for that area was too low.

The Managing Director for GEH queried with the Chief Nursing Officer for GEH whether the incident figure was correct in the dashboard. She queried this due to the Trust having the highest vacancy rate and lowest care hours per patient. The Chief Nursing Officer for GEH agreed that the figures seem incredibly low for November and December 2023. She felt this was due to several factors, one being improving the vacancy rate around that time, but also it was likely that there had been under reporting of incidents on Datix.

**Resolved** – that the safe staffing overview including nurse per bed ratio be received and noted.

24.013

**EQUALITY UPDATE – NHS EQUALITY DELIVERY SCHEME (EDS 2022)**

The Group Chairman took the time at the start of the EDS update to say thank you to the Director of People and Culture at WAHT as this would be her last Foundation Group Boards before leaving WAHT. He thanked the Director of People and Culture at WAHT for the phenomenal efforts that she had put in for several years at WAHT and wished her well in her future endeavours.

The Chief People Officer for GEH/SWFT presented the EDS update to the Boards. She explained the EDS is well known in the NHS since 2011. It was updated most recently in 2022 and was essentially an improvement framework to improve services for patients but also staff to create and open and inclusive culture, meeting obligations under The Equality Act 2010 and the Public Sector Equality Duty. She explained that there were 11 outcomes across three domains that were required to be reviewed and published from March 2024. The three domains were Commissioned or Provisioned Services, Workforce Health and Wellbeing and Inclusive Leadership. The Chief People Officer for GEH/SWFT informed the Foundation Group Boards that it was set out in the basis of the guidance that key stakeholder groups should be included, with a wide frame variety of people inputting including the public, patients, staff, trade unions, HR professionals and staff networks. She assured the Boards that the work had been undertaken in each Trust and was pleased to report that there were no areas across the Foundation Group with underdeveloped activity against the EDS. The Chief People Officer for GEH/SWFT added that there was plenty of opportunity from the review to share and learn across the Foundation Group to improve equality system.

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



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

**Public Minutes of the Foundation Group Boards Meeting  
 Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

Mrs Whelan Tracy sought assurance that the three services reviewed in the EDS report captured citizens from identity groups which were harder to reach. The Chief People Officer for GEH/SWFT confirmed that she would look into this further, however assured the Boards that the review would continue to expand each year capturing both community and acute services as part of the review.

The Managing Director for WVT queried whether the thresholds and criteria were being applied in the same way across the Group, and it was agreed that this would be picked up outside of the meeting.

The Managing Director for WAHT recommended that a peer network be set up as part of the EDS review as it would be very easy to have a biased view against your own service and organisation.

**Resolved – that**

- A) the Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group, and**
- B) the Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased, and**
- C) the Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach, and**
- D) the Equality update be received and noted.**

**CPOs**

**CPOs**

**CPOs**

**24.014**

**FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS 2024/25 FOR APPROVAL**

The Foundation Group Boards approved the 2024/25 Foundation Group Boards Schedule of Business and noted that it would continue to mature as the meeting developed.

**Resolved – that Foundation Group Boards Schedule of Business for 2024/25 be approved and ratified.**

**24.015**

**FOUNDATION GROUP STRATEGY COMMITTEE ANNUAL REPORT 2022/23**

The Foundation Group Boards received and noted the Foundation Group Strategy Committee Annual Report for 2022/23.

**Resolved – that the Foundation Group Strategy Committee Annual Report for 2022/23 be received and noted.**

**24.016**

**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 16 JANUARY 2024**

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting on the 16 January 2024. The Group Chairman highlighted in particular the Group Job Planning discussion and how to move forward with job plans focused on demand and capacity. The Group Chairman also drew attention to the Group Digital Scope Proposal that would see the Chief Digital Transformation Officer for WAHT take on a Group leadership position in digital transformation moving forward.

**Resolved** – that the Foundation Group Strategy Committee report from the meeting held on the 16 January 2024 be received and noted.

24.017

**ANY OTHER BUSINESS**

There was no further business discussed.

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

24.018

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

24.018.01

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

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

*'Is it considered appropriate for there to be more Executives appointed jointly to different Trusts to develop more Group actions, or is the appointment of executives to single Trusts the best way to deliver improvements in each of the Group Trusts?'*

The Group Chief Executive explained that the Foundation Group model worked across the four Trusts because accountability sat with the individual Chief Officer's of each Trust. He continued that whilst there were Group level roles, these were advisory, and accountability still sat with the individual Chief Officer's the same way it does when an individual Chief Officer leads on something on behalf of the Foundation Group.

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

24.019

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

24.020

**APOLOGIES FOR ABSENCE**

24.021

**DECLARATIONS OF INTEREST**

24.022

**GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

24.023

**SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

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

**Public Minutes of the Foundation Group Boards Meeting  
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE**

**ACTION**

24.024 **WAHT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**

24.025 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON THE 1 NOVEMBER 2023**

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

24.027 **STAFF SURVEY**

24.028 **FOUNDATION GROUP OBJECTIVES**

24.029 **FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 18 OCTOBER 2023**

24.030 **ANY OTHER BUSINESS**

24.031 **DATE AND TIME OF NEXT MEETING**

The next Foundation Group Boards meeting would be held on 1 May 2024 at 1.30pm via Microsoft Teams.

Signed \_\_\_\_\_ (Group Chairman)  
Russell Hardy

Date: 1 May 2024

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

**PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING -  
2 MAY 2024**

<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>LEAD</b>	<b>COMMENT</b>
<b>ACTIONS COMPLETE</b>			
24.013 (07.02.2024) Equality Update – NHS Equality Delivery Scheme (EDS 2022)	The Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group  The Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased.	G Nic Philip / G Etule / A Koeltgen	Completed  Completed and peer network to review EDS reports from 2024 onwards
<b>ACTIONS IN PROGRESS</b>			
23.080.01 (01.11.2023), 23.058 (02.08.2023) and 24.007.02 (07.02.2024) 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	Update from Foundation Group Boards on the 7 February 2024 – that the data had been received and would be included in the May 2024 meeting report.
23.060 (02.08.2023) and 24.007.03 (07.02.2024) 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.
24.009 (07.02.2024) Foundation Group Performance Report	The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice.	H Heran / R Snead / A Parker / H Lancaster	

24.013 (07.02.2024) Equality Update – NHS Equality Delivery Scheme (EDS 2022)	The Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach.	G Nic Philip / G Etule / A Koeltgen	Work in progress with EDI lead officers
<b>REPORTS SCHEDULED FOR FUTURE MEETINGS</b>			

<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	6.1
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Foundation Group Performance Report		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For information		
<b>Author:</b>	Damian Rogers, Head of Information - Wye Valley NHS Trust (WVT)		
<b>Lead Executive Director:</b>	Jane Ives, Managing Director - WVT Adam Carson, Managing Director - South Warwickshire University NHS Foundation Trust (SWFT), Dr Catherine Free, Managing Director - George Eliot Hospital NHS Trust (GEH) Stephen Collman, Managing Director - Worcestershire Acute Hospitals NHS Trust (WAHT)		
<b>1. Purpose of the Report</b>	Assurance and oversight of Group Performance		
<b>2. Recommendations</b>	The Foundation Group Boards are invited to review this report as assurance.		
<b>3. Executive Assurance</b>	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)

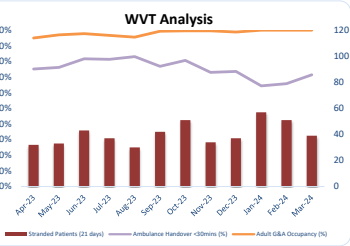
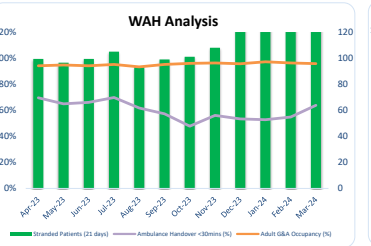
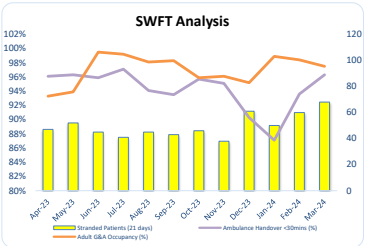
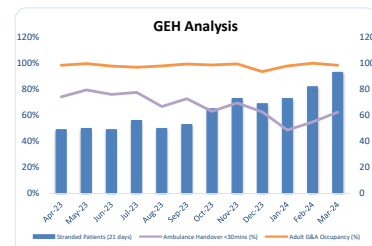
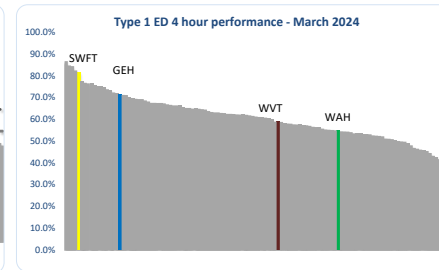
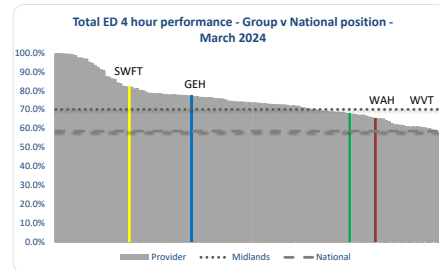
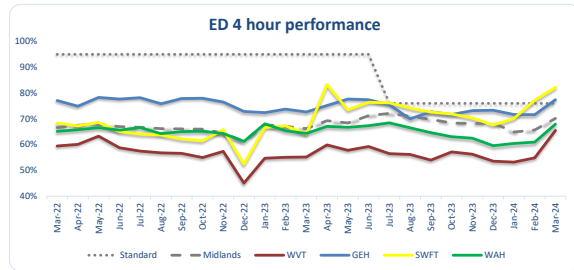
## Worcestershire Acute Hospitals NHS Trust(WAH)

	Indicator	Standard	Latest Data		Benchmark	Latest Data	Wye Valley NHS Trust(WVT)				South Warwickshire University NHS Foundation Trust (SWFT)				George Eliot Hospital NHS Trust(GEH)				Worcestershire Acute Hospitals NHS Trust(WAH)			
			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%	Mar-24	National 74.2%	Mar-24	65.5%	56.3%			82.2%	74.6%			77.4%	74.1%			68.0%	64.6%			
	Ambulance Handovers < 30 mins (%)	98%		Midlands 70.1%	Mar-24	71.5%	75.3%			96.3%	94.3%			62.4%	67.3%			63.8%	59.8%			
	Ambulance Handovers < 60 mins (%)	100%			Mar-24	87.8%	88.4%			99.3%	99.1%			87.0%	93.2%			77.2%	74.4%			
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%			Mar-24	45.4%	42.6%			44.2%	42.9%			45.5%	38.4%			41.9%	39.0%			
	General and Acute (G&A) Occupancy(Adult)	< 90%	Mar-24	National 94.9%	Mar-24	100.0%	98.3%			97.5%	97.0%			98.5%	98.2%			95.8%	95.3%			
MFFD	% of occupied beds considered fit for discharge				Mar-24	19%				19%				20%				12%				
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<100	Nov 2022 to Oct 2023	National 100.0	Nov 2022 to Oct 2023	Within expected range 101.6				Within expected range 104.9				Higher than expected 110.0				Within expected range 103.9				
Work force	Staff Sickness	<5%	Nov-23	National 5.3%	Mar-24	4.0%				5.2%				4.8%				5.8%				
Cancer	Cancer 62 day waits	0			Feb-24	121				115				37				366				
	28 day referral to diagnosis confirmation to patients	75%	Feb-24	National 78%	Feb-24	78.6%				75.6%				76.9%				69.5%				
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				948				756				247				2536				
	RTT 78 week waiters (English Only)	0			Mar-24	7				0				0				27				
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Feb-24	National 56.7%	Feb-24	55.3%				60.4%				60.1%				54.3%				
Theatres	Theatre Utilisation (Capped)	85%	Feb-24	National 78%	Mar-24	79.8%	77.3%			84.8%	82.4%			75.5%	74.0%			81.7%	82.8%			
	Theatre Utilisation (Uncapped)	85%	Feb-24	National 82%	Mar-24	84.7%	82.7%			87.0%	85.5%			80.5%	81.7%			84.5%	85.6%			
	% Starting on time (early or within 5 minutes)				Mar-24	11.1%	9.4%			47.9%	32.5%			6.5%	5.2%			17.8%	12.0%			

# Foundation Group Key Metrics

## Emergency Department (ED) 4 hour Performance

Trust	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	Jan-24	Feb-24	Mar-24	YTD
GEH	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%	71.7%	71.6%	77.4%	74.1%
SWFT	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%	70.1%	77.2%	82.2%	74.6%
WAH	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%	60.5%	61.0%	68.0%	64.6%
WVT	59.5%	60.1%	63.3%	58.8%	57.5%	56.8%	56.6%	55.0%	57.4%	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%	56.3%



Analysis / Current Performance:	
<p><b>Wye Valley NHS Trust (WVT)</b></p> <p>4hour(hr) Emergency Access Standard [EAS] - A significant improvement in the Trusts 4hr EAS in March. The Trust used March as a "Test of Change" month to utilise additional short term funds to trial and evaluate new ways of working that will support our Valuing Patient Time Urgent and Emergency Care Programme for 2024/2025.</p> <p>Our work streams included:</p> <ul style="list-style-type: none"> <li>- Senior Nurse patient Navigation at the our Emergency Department(ED) Reception to the correct patient pathways.</li> <li>- Additional focus on minor illness and minor injuries. Including the use of a General Practitioner to support patient treatment and flow.</li> <li>- Increase capacity within our Medical, Surgical and Gynaecology Same Day Emergency Care(SDEC) units.</li> <li>- Increased "hot clinic" capacity within our Ear, Nose and Throat clinics.</li> <li>- Increasing Outpatient Parenteral Antimicrobial Therapy [OPAT] utilisation.</li> <li>- Acute Floor rapid transfer team to support patient moves across ED / SDEC/ Diagnostics and inpatient wards.</li> </ul> <p>Our results in March 2024 not only saw a significant improvement in our All Types and Type 1 4hr EAS but:</p> <ul style="list-style-type: none"> <li>- Minors Performance, 92% for March 2024, our best since March last year.</li> <li>- Paediatrics performance, 97% for March 2024, our best performance for more than two years.</li> <li>- Average Time to Triage of 23 minutes and Time to be Seen and treatment started 60 per cent within an hour, both our best performance for more than two years.</li> <li>- A reduction in the time patients waited in ED for over 12 hours reduced to its lowest level for more than two years – 12% spending greater than 12hrs in ED (January 24 was 18%).</li> <li>- 460 patients streamed to our General practitioner (GP) within ED - of which 97% were seen, treated and discharged within 4 hours.</li> </ul>	<p><b>George Eliot Hospital NHS Trust (GEH)</b></p> <p><b>4-Hour Performance</b></p> <p>GEH has seen Emergency Department (ED) attendances rise significantly. Despite High attendances and high bed occupancy, 4 hour performance has improved. GEH achieved an Emergency Access Standard [EAS] of 76%.</p> <p><b>Ambulance Performance</b></p> <p>The total number of ambulances being conveyed has remained relatively static for the past 12 months. High attendances and limited flow from ED have led to a more challenged ambulance position. ED continue to have success with managing variations in demand to support timely ambulance turnaround.</p>
<p><b>South Warwickshire University NHS Foundation Trust (SWFT)</b></p> <p>4 Hour Performance – Quarter 4(Q4) Performance for South Warwickshire University NHS Foundation Trust (SWFT) increased to over 76.6% meeting the national target and up 6.6% from Quarter 3 (Q3). The increase in performance was due to a number of schemes put into place as part of the incentive scheme. Nationally, SWFT is in the top 10 performing Trusts for All Types and in top 5 for Type 1 attends. SWFT was in the top three most improved trusts for 4 hour performance across financial year 2023/2024 compared with 2022/2023. This was despite a 12.1% year on year growth in Accident and Emergency (A&amp;E) attends over winter.</p> <p>Conversion rates remain around 28% and some weeks we have seen an increase in out of area patients. This is mainly caused by pressures around the system and additional Intelligent Conveyancing (IC)'s coming to SWFT. Bed Occupancy remained high and there was particular focus in March 2024 to identify discharges which also helped flow.</p> <p>Same Day Emergency Care(SDEC) areas continue to be used and had to be bedded in some days due to the additional challenges in Emergency Department(ED).</p> <p>Ambulance performance - South Warwickshire University NHS Foundation Trust (SWFT) was the only adult acute trust in the region to achieve the 90% of handovers within 30 minute for winter, with delays significantly improved compared against winter 22/23. This is in spite of continued with high levels of unsafe 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. SWFT saw 23.5% more ambulance arrivals from WMAS during winter 2023/24 compared with 2022/23.</p>	<p><b>Worcestershire Acute NHS Trust (WAH)</b></p> <p><b>4 hour performance</b> - Statistical process charting indicates that performance is significant cause for concern, but in March performance is showing signs of improvement (Type 1 and 3), despite March having the highest volume of attendances in 2023-2024.</p> <p>Our March performance evidences the improvements we have seen in Urgent and Emergency Care. The number of ambulance waiting over 60-minute outside of our hospitals has reduced for the third month in a row and the associated 'lost hours' continue to reduce even more rapidly. The number of people who attended our Emergency Departments in March 2024 was one of the highest on record (53.5k seeking emergency and urgent care, of which 37.5k initially attended our emergency departments. Despite this, we continued improvement of the 4 hours EAS to 68%.</p> <p>We still need to go further on patient flow and that will continue to be a significant priority into 2024/25 through the Hospital Flow programme with further improvements planned into 2024/25 relating to an overall reduction in length of stay, particularly for our emergency admissions and significant reduction in reduction of lost bed days for patients awaiting onward care.</p> <p><b>Ambulance performance</b> - Statistical process charting indicates that performance has high variation and without change will not meet the target of 0, but performance during the last four months has been improving and is now back within the control limits (that have a wide range).</p> <p>During the quarter, 30% (11,205) of all Type 1 attendances are conveyed by ambulance, across the quarter 26.5% of these were handed over more than 60 minutes after arrival, but there was improvement to 22% in March 2024.</p> <p><b>Non admitted, Not referred</b> - We continue to have high volumes of non admitted and not referred, this equates to 42% of all patients seeking urgent and emergency care at our hospitals. The single point of access for GP referred and ambulance conveyances (Cat 3 and 4) is in place to maximise 'right care, right setting', and this has shown benefits in diverting some patients to same day emergency care and emergency outpatients rather than the Emergency Department front door.</p>



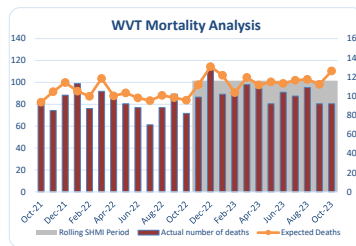
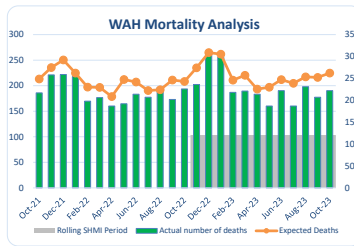
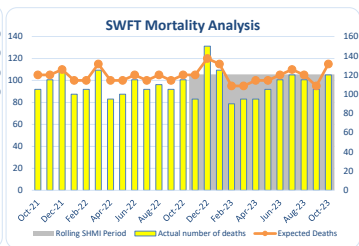
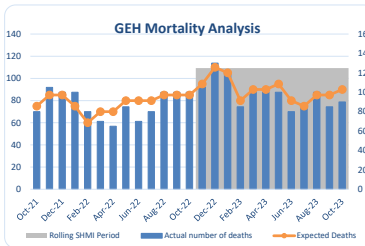
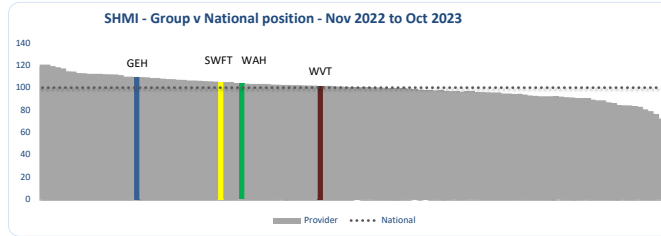
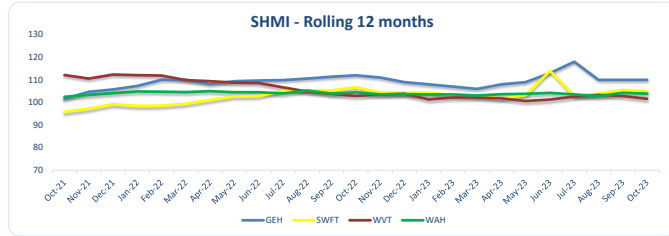
# Foundation Group Key Metrics



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

30 54

Trust	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
GEH	101.61	104.69	105.75	107.3	110.05	110.04	108.09	109.38	109.68	109.86	110.58	111.4	112	111	109	108	107	106	108	109	113	118	110	110	110
SWFT	95.89	97.18	99.26	98.46	98.62	99.43	101.12	102.6	102.8	105.1	105.37	105.29	106.66	104.46	104.26	104.31	103.33	102.9	101.71	103.24	113.96	102.9	103.81	105.49	104.91
WAH	102.48	103.37	104.1	104.87	104.76	104.6	104.99	104.54	104.5	104	105.26	103.94	104.44	103.57	103.7	103.51	103.56	103.08	103.63	103.8	104.21	103.51	102.85	104.26	103.87
WVT	112.15	110.58	112.34	112.1	111.89	109.87	109.39	108.77	108.57	106.66	104.8	103.78	102.88	103.46	103.8	101.34	102.19	102.21	101.81	100.64	101.26	102.62	103.35	102.84	101.60



### Analysis / Current Performance:

#### Wye Valley NHS Trust (WVT)

Latest nationally reported **Summary Hospital-level Mortality Indicator (SHMI) (NHS Digital)** from December 2022 to November 2023 shows Wye Valley NHS Trust at **102.1**. A more encouraging position is reflected in the provisional HES-based SHMI, which for the 12 month period from January 2023 to December is **97.7**.

Our **mortality outlier groups** report a similar position to the previous month with Heart Failure and fractured neck of femur (fNOF) learning at 'higher than expected' levels. The on-going work, including feedback from mortality reviews, will be reported and monitored through the Learning from Deaths Committee.

Other surveillance systems across the Trust have highlighted that our local mortality rate for Clostridioides difficile (C-Diff) patients is higher than the national average. The latest reported WVT rate is 18.9%, against the national average 13.7%. To support the Infection and Prevention Control (IPC) team, the mortality and Medical Examiner reviews of the cases are being used to identify any potential learning or issues to be addressed.

The latest **Clinical Coding KPI's** (January 2023 – December 2023) indicate a small reduction in the Depth of Coding, which has fallen below both the peer and National means. Palliative care coding continues to report significantly lower levels than the National average, however the co-morbidity scores have reported a sizeable rise this month and are well above the expected levels.

**Crude mortality rate** for March 2024 was 1.24% for all admissions, which includes both planned and unplanned admissions to the Trust, equating to 77 deaths. Please note that this does not include Emergency Department deaths.

The first **Learning from Deaths' Committee** will be held on the 16th May at which representatives from those key areas will report on their latest data, feedback from reviews, and an update on their progress with any key improvements.

**Extended perinatal mortality** and stillbirth mortality rates continue to report at low levels with the latest data indicating both rates are at 2.38 deaths per 1000 live births. There was one stillbirth reported in March 2024, which contributed to the small rise from the previous month. The latest reported rates are still well below our expected peer mean.

The National rollout of the **Medical Examiner Service** has been delayed till September 2024. Further engagement with our primary care colleagues continues with GP surgeries planned to come on-board over the coming months. Our aim is to be fully rolled out across Herefordshire by August 2024, which will allow time to develop and refine the processes, in preparation for the National Go Live. In addition to the rollout, the team are in the process of streamlining our services to ensure there is capacity available for the forthcoming additional demand, which includes the implementation of the new In-Phase system to support their workflows.

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

The Summary Hospital-level Mortality Indicator (SHMI) has remained stable at 1.04 and although this is above peer it is within the national control limits which is more meaningful. The Mortality Surveillance Committee continues to oversee a number of work streams including continued audits, improved coding, working with our benchmarking partner to improve HSMR data accuracy. The Mortality Dashboard is now live and allows consistent and timely compliance to appropriate reviews and proactive access to any emerging themes to allow remedial measures ahead of its impact on our data.

Depth of coding has improved and regular meetings between the governance team and the coding team allows for continual improvement and accuracy of coding. Audits are on going to establish if there are any care issues involved in our outlier conditions. Audits are presented at the Deteriorating Patient Group and no care issues have been identified thus far. Current audits cover MI, AKI and Sepsis.

Working closely with our benchmarking partner CHKS allows us to closely monitor changes in mortality, identify trends and to respond quickly. The SWFT Mortality Dashboard has been developed and is now live. This will provide a repository for mortality reviews with associated mortality parameters and will improve learnings from deaths. Structured Judgment Review (SJR) process has been updated in the Mortality Dashboard and is now consistent with that proposed by The Royal College of Physicians.

Despite the ongoing challenges of providing a good safe service for all patients, clinical teams remain committed to the Trust's strong Governance Framework. Auditing performance, completion of SJR's, introducing new pathways continue to flourish. A recent rise in the Hospital Standardised Mortality Ratio (HSMR) data has triggered a re-review of the palliative care coding to ensure it is accurate. However, thus far the review has not identified any care failings. The small size of our palliative care team has meant that some work completed has not always been recorded and coded as it should.

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

The Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) are within the expected range when compared to England at 110 and 100 respectively however the Standardised Mortality Ratio (SMR) is an outlier at 107.3 (down from 112.3 previously reported).

Previously, the report presented in February 2024 highlighted the total number of in-hospital deaths in the HSMR basket had significantly reduced in comparison to the number of deaths in SMR, which had remained consistent. Following further analysis, the changes were attributed to a significant increase in the use of Residual Codes – unclassified and a change in the coding process. For assurance to the Board, this has now been rectified and data for the Trust has been resubmitted through the Secondary User Service (SUS) and Hospital Episodes Statistics (HES) data. Following the resubmission HSMR remained within the expected range. This will continue to be monitored at the Mortality Deteriorating Patient Group (MDPG).

The Medical Examiners reviewed 99% of all deaths in February and 98% of families were contacted. Learning from families highlighted long waiting times in ED and communication as areas for improvement. However, there were lots of positive feedback received relating to Nason Ward, Accident and Emergency (A&E), Bob Jahn and the care that their loved ones received. This learning has been shared with the relevant areas.

Learning from deaths taken from the structured judgement reviews highlighted there was prompt recognition of safeguarding issues which were acted upon, good recognition of the deteriorating patient, and good communications across multidisciplinary team (MDT) such as the Speech and Language Therapy (SALT) team and learning disabilities team. All learning has been shared via the 'Theme of the Month' and via the Directorate Level Learning from Deaths information packs.

#### Worcestershire Acute NHS Trust (WAH)

Our current Summary Hospital-level Mortality Indicator (SHMI) for the 12 months to November 2023 is 1.0452 and as 'as expected'.

Please note - Changes to SHMI model from May 2024 will impact the rebased performance. In short: -Covid-19 activity will be included if the discharge date is on or after 1 September 2021.

- Hospice sites within non-specialist acute trusts will be excluded. -In the site level breakdown of the data, a SHMI value will only be calculated for a subset of sites.

-The methodology for identifying the primary and secondary diagnoses for spells consisting of multiple episodes will be updated. -Activity with an invalid primary diagnosis will be moved to a separate diagnosis group.

This is likely to result in making any comparisons with previous months erroneous/misleading. The worse case scenario is that our expected deaths value shifts negatively or that a number of conditions suddenly flag as having a higher than expected SHMI.

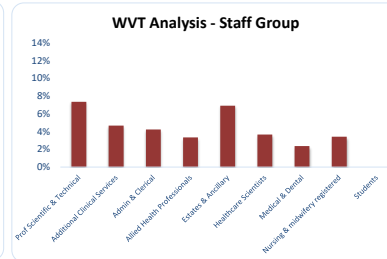
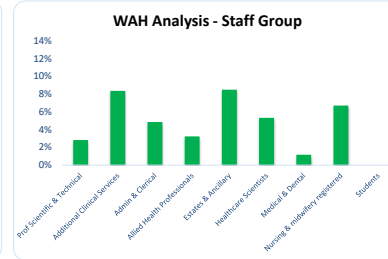
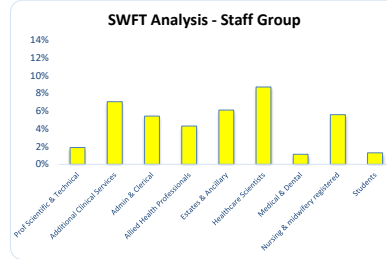
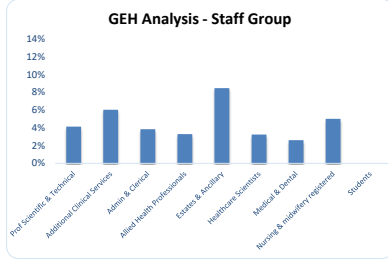
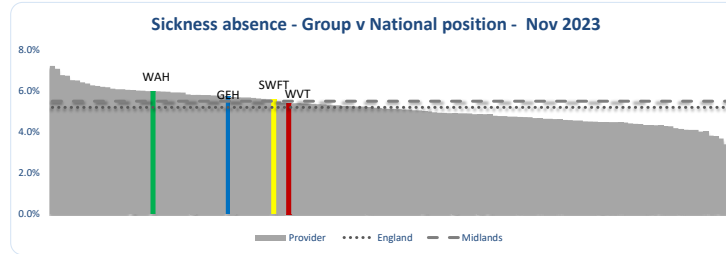
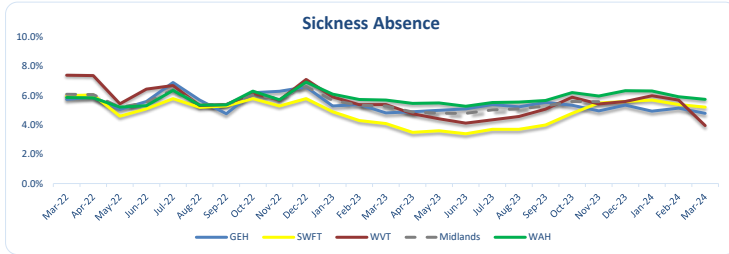
This will be understood by May FG Board meeting.

# Foundation Group Key Metrics



## Sickness Absence All Staff Groups

Trust	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	Jan-24	Feb-24	Mar-24
GEH	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%	4.9%	5.2%	4.8%
SWFT	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%	5.6%	5.7%	5.4%	5.2%
WAH	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%	6.3%	5.9%	5.8%
WVT	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%	6.0%	5.7%	4.0%



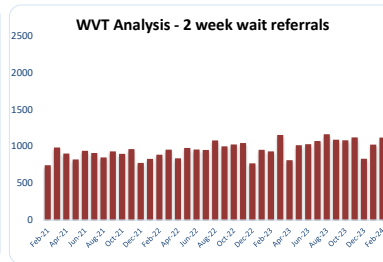
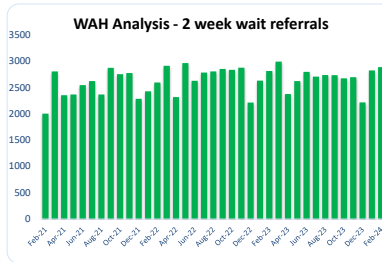
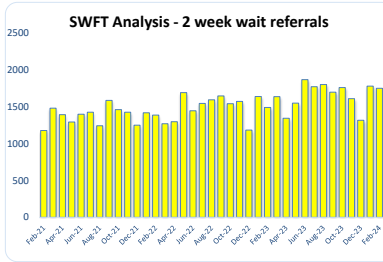
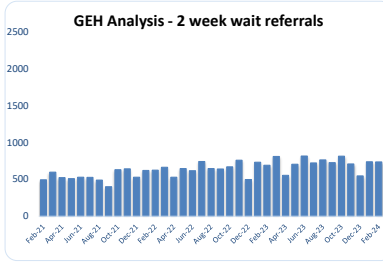
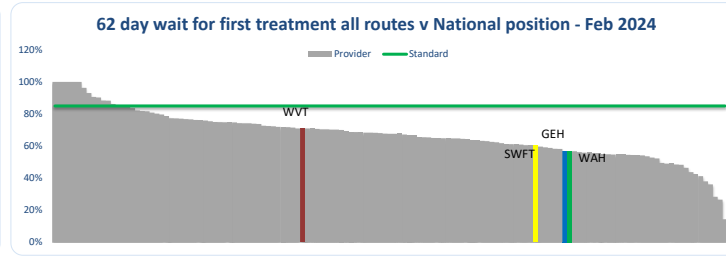
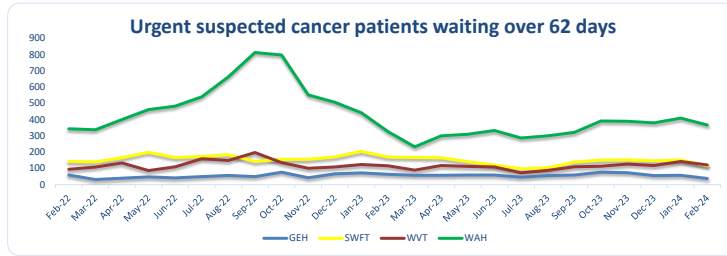
Analysis / Current Performance:	
<p><b>Wye Valley NHS Trust (WVT)</b></p> <p>As we approach spring, our ongoing concerted efforts in managing sickness absence effectively is yielding benefits and we are starting to see a reduction in sickness absence across the Trust.</p> <p>Sickness absence has dropped to 4.0% in March and we should see a reduction in absence over the next few months. The main reasons for sickness absence are mental health conditions, gastro problems, musculoskeletal (MSK) and long term conditions. Human Resource(HR) teams supported by Occupational Health(OH), the staff physiotherapist and staff mental health &amp; wellbeing nurse 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.</p> <p>To ensure close monitoring, support and management of sickness absence, divisional teams will continue to present detailed absence reports at Finance and Performance Executive (F&amp;PE) meetings with absence heat maps, costs, number of sickness reviews and percentage(%) of return to work interviews conducted. These reports are important to show concrete actions being taken to support employees and manage sickness absence effectively across WVT.</p> <p>Considerable work continues to be done to enhance the wellbeing staff support offer including fast track Occupational Health referrals, wellbeing training, more psychological and team based wellbeing support for staff.</p> <p>A comprehensive WVT health &amp; wellbeing strategy (Helping You To Help Yourself) has been introduced offering support and calling on staff to take more ownership and responsibility for their wellbeing.</p>	<p><b>George Eliot Hospital NHS Trust (GEH)</b></p> <p>Sickness absence has reduced in quarter 4, reporting in March at 4.8%, with the highest rates of absence among Estates &amp; Ancillary staff.</p> <p>There continue to be resources in place to support Hotel Services with their recruitment strategy to enable improved recruitment and retention, reduce the overall vacancy position, and ease pressure on existing colleagues. Further recruitment days are being planned for the domestic workforce alongside the Facilities Management team.</p> <p>Wellbeing offers continued to be offered to staff and are regularly communicated as part of the monthly Health and Wellbeing Newsletter outlining the interventions on offer. A health and wellbeing kiosk, accessible to staff is available to enable health checks including weight, body mass index (BMI) and blood pressure measurements. Wellbeing conversations are actively being utilised by colleagues and line managers and are seen as a positive step to improve engagement. The Health &amp; Wellbeing Team are also doing regular walkabouts to ensure that all staff know how to access the variety of offers available to them helping to see those staff that work unsociable hours.</p> <p>The New Sickness Policy is due to be launched over the coming months with supporting toolkits and Frequently Asked Questions (FAQ) to support line managers in the application of the policy. In addition to the management development toolkit sessions, extra sessions on the practicalities of the new policy will be introduced with managers being able to book onto sessions.</p>
<p><b>South Warwickshire University NHS Foundation Trust (SWFT)</b></p> <p>Sickness has begun to decrease following an increase over the winter period, which peaked in January and has reduced in February but remains above the Trust target of 3.8%, it is anticipated this reduction will continue as we move into Spring.</p> <p>Since December there has been a 0.2% decrease in the overall sickness absence rate, as a result of a reduction in short term sickness absence.</p> <p>In February the top reason for sickness continues to be Stress/Anxiety/Depression (29.80%) followed by back problems and other musculoskeletal issues (14.26%) and Cold/Cough/Flu (13.27%), these three categories account for 57.33% of all sickness absences.</p>	<p><b>Worcestershire Acute NHS Trust (WAH)</b></p> <p>Monthly sickness absence reduced by 0.18% in month to 5.75% which is 0.13% worse than last March. Sickness remains high in all clinical divisions, but all have improved this month with the exception of Urgent Care.</p> <p>Absence due to stress remains higher than pre-pandemic with Women and Childrens an outlier with 38.81% of the Division's in month absence being attributed to S10, followed by Surgery (35.75%).</p> <p>Women and Childrens are showing as outliers for long-term sickness (3.75%) and Estates and Facilities for short term (4.03%).</p> <p>Human Resource Business Partner (HRBP)'s are working closely with Divisions to support the management of sickness levels down to below the Collaborative Group target of 4%.</p>

# Foundation Group Key Metrics



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

Trust	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	Jan-24	Feb-24
GEH	59	31	39	47	41	49	56	49	76	42	66	72	63	57	57	59	59	45	55	59	76	73	55	57	37
SWFT	143	139	165	199	166	173	184	142	155	155	170	204	169	167	165	141	120	97	103	138	151	152	146	151	115
WAH	343	337	400	461	482	540	663	812	797	551	506	441	325	232	300	309	332	286	300	321	391	389	379	409	366
WVT	94	107	133	86	109	159	148	197	135	100	108	123	115	89	117	112	108	72	87	109	113	126	117	142	121



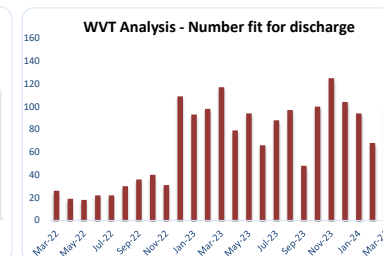
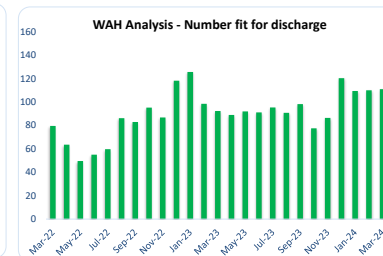
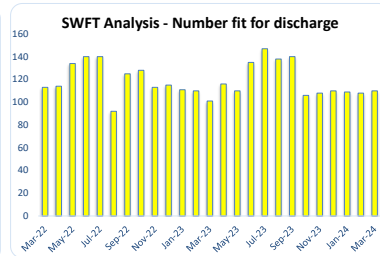
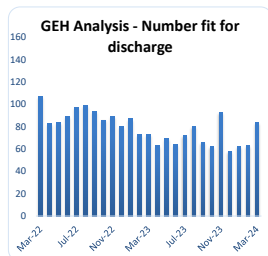
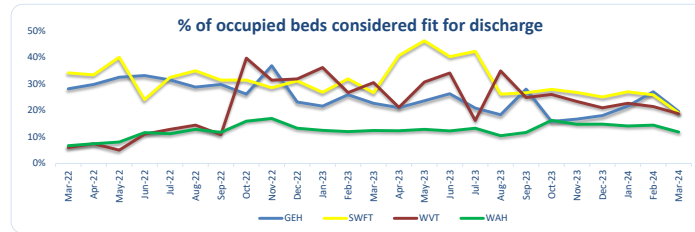
Analysis / Current Performance:	
<p><b>Wye Valley NHS Trust (WVT)</b></p> <p>Cancer referrals for the trust remain high and have seen an increase of 1031 urgent suspected referrals compared to last year, and continue to be a significant increase since pre-COVID. The main specialities where we have seen an increase are Breast, Skin, Colorectal and Urology. Despite the implementation of the new Faecal Immunochemical Test (FIT) pathway, delays have been encountered in primary care settings due to outdated referral forms within the clinical cell. This issue has been escalated, and corrective measures are underway, expected to be implemented in the coming weeks. Anticipated outcomes include a potential reduction in referrals following the resolution of this administrative bottleneck.</p> <p>There is one main speciality driving almost half of our delays in patients awaiting over 62 days for treatment. This is Urology and is the main areas of focus to get our 62 days breaches reduced to our Fair Share number. Previously we shared that skin was a concern and around a third of our delay concerns, with plans previously explained the department were able to reduce the patients to 14 above 63 days in February. The target for the end of March was to reduce our fair share number to 71, WVT managed to get this number down to 58 for the end of year position.</p> <p>WVT maintains its weekly cancer patient tracking list (PTL) meetings involving operational and clinical teams. During these meetings, waiting times are looked at across all pathways along with the identification of delays within each service. Themes within each service are integrated and new actions are made and initiatives are implemented by the Cancer Transformation Manager and specialities.</p>	<p><b>George Eliot Hospital NHS Trust GEH</b></p> <p>The Trust has seen a continual increase in Two Week Wait (TWW) referrals with February 2024 being slightly higher than the year-to-date average of circa 720 referrals being received each month compared to 2022 where there was circa 650. The Trust has seen a decrease in the number of patients over 62 days in February to 37 patients with January having 57 patients. This ensures that we are delivering against the fair share trajectory of 56. 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 PTL shared decision-making (aka MADE) event for the most pressured sites in February. As a result of this, Urology and Colorectal were able to considerably reduce their longest waiting patients. In terms of 104 days; February saw 6 patients and this was a reduction on January's 7 patients breaching this target. There are plans to hold further MADE events for April. With the 2nd phase of the Community Diagnostic Centre(CDC) now open this will support the delivery of one-stop cancer clinics supported with diagnostics on the day reducing the length of the pathway and visits for the patients.</p> <p>Note:- Cancer data runs one month in arrears.</p>
<p><b>South Warwickshire University NHS Foundation Trust (SWFT)</b></p> <p>For Quarter 4: 62 days cancer waiting time performance, we have submitted performance for January (61.2%) and February (60.3%). March 2024 is currently looking to show a significant improvement, although slightly below the 70% trajectory.</p> <p>62 days cancer waiting time performance Issues: Approximately two-thirds of SWFT's 62 day performance is attributable to breast, skin and urology. Breast performance has suffered recently due to delays in diagnostics that are required to be carried out at University Hospitals Coventry &amp; Warwickshire (VAB-Vacuum-Assisted Core Biopsy/VAE-Vacuum-Assisted Excision). For skin, there are currently significant issues with Outpatient Appointment (OPA) capacity for first appointments. Lengthy delays for surgery under Ear-Nose-Throat (ENT) is also affecting skin performance. Urology performance is poor (Jan 26.2% &amp; Feb 39.4%) with many delays due to extended waits for transperineal biopsies.</p> <p>SWFT continues to see high volumes of urgent suspected cancer referrals. There was some decline towards the end of 2023 with December historically being lower than the rest of the year. However, numbers have picked up again with just less than 1,600 such referrals received in March 2024.</p> <p>SWFT achieved the March 2024 trajectory set for the 62 day fair share backlog.</p>	<p><b>Worcestershire Acute NHS Trust (WAH)</b></p> <p>The Trust unvalidated position for 62 days cancer cancer waiting time performance in Mar-24 is 58% with 154 recorded breaches and 369 patients treated. Our full year performance is 58% having provided first treatment to 3,898 patients. The NHESE requirement for 24/25 is to achieve 70% by Mar-25. At the end of March there were 141 patients waiting over 62 days (against a planned position of 190). Of those patients waiting, 44 were waiting over 104 days. The Trust achieved the target set through the NSHE "fair shares" ambition. The 62-day backlog continues to be driven by skin and urology, with 98 (70%) of patients still waiting being attributable to those two specialities. Many of the drivers for performance align to the Faster Diagnosis Standard (FDS) performance. In addition, there are challenges with treatment capacity in some specialities driven by a combination of access to appropriate theatre capacity and clinical vacancies. Oncology capacity is impacting performance in a number of tumour sites – additional capacity clinics continue to support delivery. Longer term workforce plan in development. Strategic partnerships to be explored to support sustainability.</p> <p>Tumour site level improvement standards being developed to ensure at least 70% of patients within cancer start their treatment within 62 days by the end of 2024. In addition, the Trust will continue to reduce the number of patients over 62-day by the end of 2024/25 and eliminate 104-day waits for all tumour sites by the end of September 2024. Validation Support and guidance from NHS England national team informing alterations to local validation process in line with cancer guidance improved Cancer tracking and confirm and challenge support by Cancer Recovery Director Revised fair share allocation at tumour site level – all tumour sites (excluding urology) on target to deliver end of year target.</p>

# Foundation Group Key Metrics



% of occupied beds considered fit for discharge

Trust	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	Jan-24	Feb-24	Mar-24
GEH	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%	21.6%	27.0%	19.5%
SWFT	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%	27.0%	25.8%	19.0%
WAH	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%	14.1%	14.4%	11.8%
WVT	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%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%



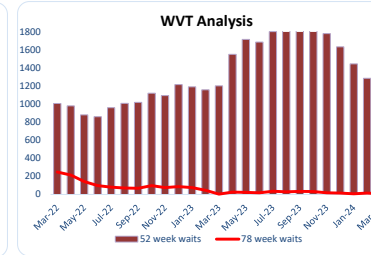
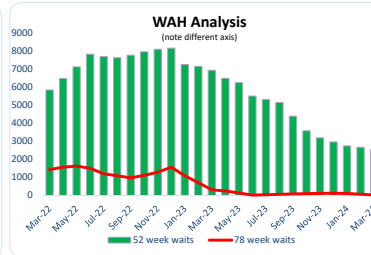
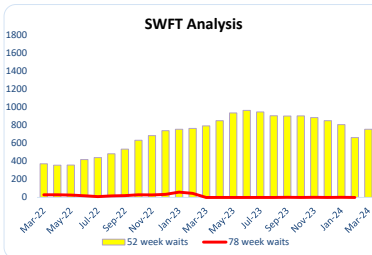
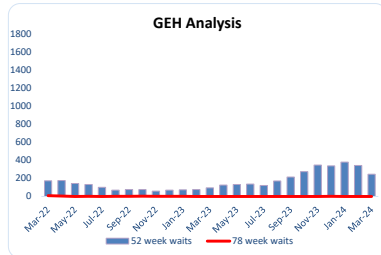
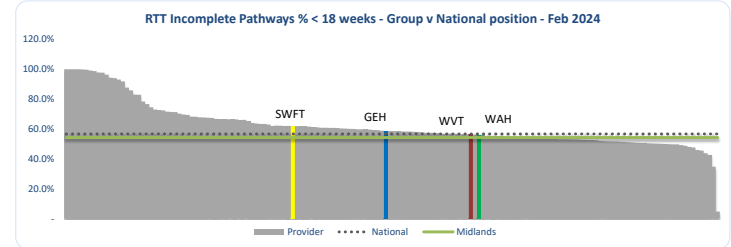
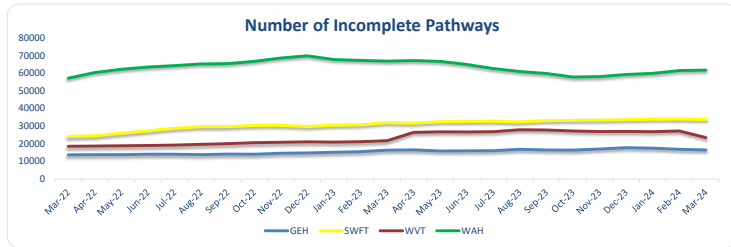
Analysis / Current Performance:	
<p><b>Wye Valley NHS Trust (WVT)</b></p> <p>We continue to see challenges related to delayed discharges. However, there is progress with the Discharge to Assess [D2A] "Sprint" and Board now being established with improvements during March of Herefordshire Pathway 1 delays and the reduction in the time between referral and actual discharge decreasing. Delays for Powys discharges have been a significant concern over the last few months and this is being driven by Adult Social Care delays which is causing delays locally, but also within Powys Health Board, which is leading to an increase to Powys health delays. We are now working with Regional support of the Local Government Association Care and Health Improvement Advisor to help facilitate discussion with Powys Adult Social care and our local One Herefordshire partners.</p> <p>Recent weeks has seen a steady reduction in our 21 Day Long Length of Stay [LOS] and a reduction in Herefordshire discharge delays.</p> <p>Over the coming months our D2A plans include:</p> <ul style="list-style-type: none"> <li>- Focus on bedded D2A capacity LOS</li> <li>- D2A Dashboard implementation across the system</li> <li>- Review of Therapy input pre-discharge to reduce prescriptive nature of calls and ensure we move to a true D2A model</li> </ul>	<p><b>George Eliot Hospital NHS Trust (GEH)</b></p> <p>19.5% of the patients occupying beds in the trust do not meet the criteria to reside, majority of the patients are on pathways 1-3 waiting for either a package of care or placement. The trust has held Monthly MADE's with representatives from Health and Social Care, Specialty Consultants, Ward Managers and Operational leads.</p> <p>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.</p> <p>Ongoing daily calls with Health and Social care reviewing individual patients .</p> <p>Escalation to the system of patients with behavioural issues being declined by multiple care homes with no discharge destination agreed increasing 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.</p> <p>Due to the number of medically fit patients not reducing on pathways 1-3; the Week commencing 15/4, the trust and social care and community colleagues have come together to be part of a system collaboration discharge event to review issues and delays and put actions in place to resolve these issues over a week reducing the number of patients waiting for support at discharge and also to agree a long term strategy.</p>
<p><b>South Warwickshire University NHS Foundation Trust (SWFT)</b></p> <p>There has been a step change in the Medically Fit For Discharge (MFFD) numbers over the past six months, with a drop being seen since the end of Q2 2023/24 where the numbers stood at 140, whereas they now sit at around 110. The percentage of beds occupied by patients fit for discharge has also fallen to its lowest level in March 2024, and was only at 19%.</p> <p>The reduction is in large part to the review of processes around the collection and recording of the criteria to reside and medically fit for discharge data. Following some recent work, SWFT has now arrived at a typical pathway split as follows – Pathway 0 = 68%, Pathway 1 = 20%, Pathway 2 = 7% and Pathway 3 = 5%.</p> <p>Focus continues to energise specific areas, developing relationships to support discharge and flow into the community eg: domiciliary care with out of area colleagues to gain traction with these patients, and the OPMU are also now involved in the review work around the collection and robustness of the MFFD data. Further, there will be increased focus on the Criteria To Reside data, as it is now being included within the new Faster Data Flows, with Discharge Ready Date now being seen as a key piece of information for NHS England.</p>	<p><b>Worcestershire Acute NHS Trust (WAH)</b></p> <p>The Trust consistently ranges between 80 - 110 patients daily who do not have a criteria to reside and are medically fit for discharge. The impact of this is most seen at the front door with patients who have a DTA waiting for beds to become available, experiencing long delays within the EDs. We currently have 56 beds open as escalation and boarding is much more frequent than we want for our staff and patients.</p> <p>Within the Patient Flow Programme we have a dedicated project to reviewing the Long length of stays (inc those medically fit) and patients who are medically fit but are experiencing delays generated by their requirements for ongoing healthcare beyond the Acute.</p> <p>Improving the length of stay across the sites will have a significant contribution towards our productivity gain and our CIPI programme.</p>

# Foundation Group Key Metrics



## Referral to Treatment (RTT) List Size - English

Trust	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	Jan-24	Feb-24	Mar-24	% change v Mar-23
GEH	13753	13870	13891	14107	14101	13826	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	0.4%
SWFT	24207	24583	25987	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33,764	5.5%
WAH	57151	60345	62196	63485	64284	65264	65420	66703	68628	69832	67744	67208	66840	67122	66658	64904	62647	60945	59787	57856	58058	59242	59900	61458	61,753	-7.6%
WVT	18606	18765	18897	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	23,520	8.0%



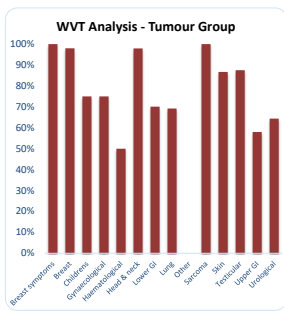
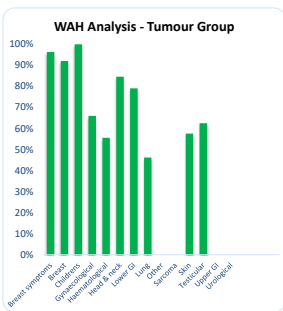
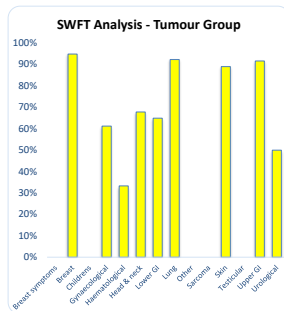
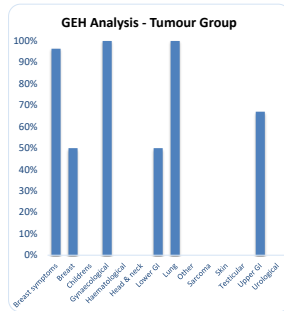
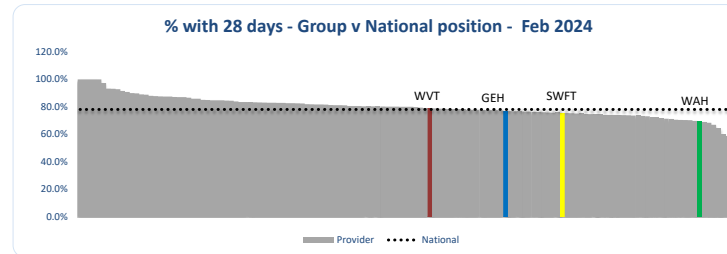
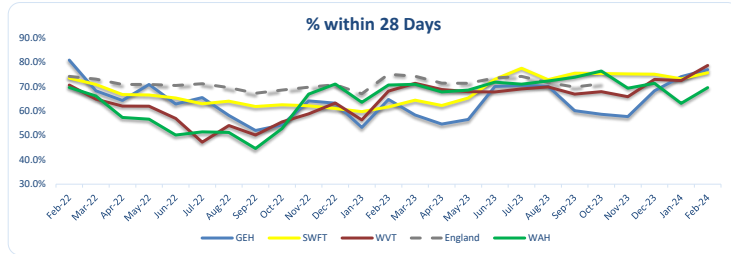
Analysis / Current Performance:	
<p><b>Wye Valley NHS Trust (WVT)</b></p> <p>The Trusts clinical and operational teams worked extremely hard to ensure we had a minimal number of 78 week breaches for elective treatment. But despite challenges in the year related to Industrial Action, Workforce and Winter Pressures we had a small number of patients waiting beyond 78 weeks at the end of 2024/25. In total we had 9, 7 English and 2 Welsh patients. These 9 patients were 3 patients awaiting Cornea tissue for surgery and 6 Orthopaedic patients.</p> <p>The number of patients waiting 65 weeks for elective treatment totalled 103 at the end of March. These equated to 75 English and 28 Welsh patients. Although we did not hit our own trajectory of 50 patients, again this is a significant reduction when we had almost 2000 patients that would of breached 65 weeks in March 2024 at the end of November 2023.</p> <p>We also set ourselves an internal target of see all new 52 week non-admitted patients by the end of March 2024. Again this cohort was 828 patients at the end of December 2023 and we managed to see all, bar 20 of these patients, by the end of March 2024.</p> <p>Out Value Weight Activity, which measures activity comparison against 2019/20 based on, not just activity numbers, but complexity and treatment, remains one of the highest in the Region with the most recent data, for the first week in March, showing we have delivered over 125% of 2019/20 activity and the highest in the Region</p> <p>Our next challenge is to see all our 40 week non-admitted patients by the end of July 2024 and ensure we have no patients breaching 65 weeks for treatment by the end of August 2024.</p>	<p><b>George Eliot Hospital NHS Trust (GEH)</b></p> <p>Referral to Treatment (RTT) performance has improved in March to 60.1% from February. This has largely been owing to capacity issues and routine patients being delayed due to cancer patients and AE patients taking priority. Whilst the waiting list had increased from 16,426 in March 2023 peaking at 17,799 referrals in December 23, this figure has now reduced to 16,484 in March 2024 and progress is being made into reducing the waiting list size through robust tracking. There are currently 247 patients over 52 weeks this had peaked to 381 in January. Issues with capacity have also been impacted by industrial action in the past 2 quarters, however, we only had 8 65-weeks breaches at the end of March 24. We have had no 104 weeks breaches.</p>
<p><b>South Warwickshire University NHS Foundation Trust (SWFT)</b></p> <p>The Trust's overall Referral to Treatment (RTT) performance has reduced over the winter period and into early Spring, which is driven by a continued increase in the number of referrals coming into the Trust. The March 2024 position was 60.4%, however, the focus from NHS England remains on reducing the number of patients who have been waiting for the longest period of time.</p> <p>As at the end of March 2024 SWFT had no patients waiting over 78 week waits, with number of patients waiting more than 65 weeks continuing to reduce to just 81, with the majority of these being patients who are on an Orthodontics pathway, and SWFT are working with its commissioners and NHS England in terms of producing a plan to ensure that the patients are treated as soon as possible.</p> <p>There continues to be excellent progress in terms of the elective recovery, both in terms of the in-patient and day case activity, but also SWFT has seen an increase in the number of first out-patient attendances recently, which have all been close to 110% of the activity performed in 2019/20.</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 67.4% in January 2024, and this has now risen to 78.1% 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><b>Worcestershire Acute NHS Trust (WAH)</b></p> <p><b>Referrals (validated)</b></p> <p>Compared to Q4 22/23, we have seen a 8.6% more referrals in Q4 23/24 with March 24 being the highest ever month for e-Referral Service (e-RS) referrals. In addition we receive circa 1000 per month Referral Assessment Services (RAS) element of referrals of which 10% are returned to the referrer advising no requirement for Acute services. We also progressed 8,400 requests for Advice and Guidance.</p> <p><b>Referral To Treatment Time (validated)</b></p> <p>The RTT Incomplete waiting list at the end of March 2024 has shown a 8% improvement on the previous year end. We continue to see a reduction in the longest waits, but we did not reduce our maximum wait to 65-weeks by the end of March 2024 as planned. Realistically, for some specialities there is still significant work to do in 2024/25</p> <p>RTT validated submission for Mar-24 is 2,536 patients waiting over 52 weeks, of whom 587 were waiting over 65 weeks, 27 over 78 weeks and there were no patients waiting over 104 weeks. Specialities of greatest concern for 65-weeks include Ear Nose Throat(ENT), Oral Surgery, Dermatology and General Surgery.</p> <p><b>Factors that have impacted the waiting list:</b></p> <p>Delayed opening of additional theatre capacity at the Alexandra Hospital site – capacity fully open in December 2023</p> <p>ENT and Oral &amp; Maxillofacial surgery – workforce availability and impact of medical outliers on surgery beds at Worcestershire Royal site</p>

# Foundation Group Key Metrics



## 28 Day Faster Diagnosis Standard (FDS)

Trust	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	Jan-24	Feb-24
GEH	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%	57.7%	68.2%	74.0%	76.9%
SWFT	73.4%	70.8%	66.7%	66.5%	65.3%	62.9%	64.0%	61.8%	62.5%	62.1%	61%	59.70%	61.60%	64.4%	62.2%	65.3%	73.0%	77.4%	72.8%	75.4%	75.3%	75.1%	75.0%	73.1%	75.6%
WAH	69.6%	66.1%	57.3%	56.6%	50.1%	51.4%	51.2%	44.6%	52.8%	66.9%	71%	63.50%	70.60%	70.9%	67.8%	68.5%	71.8%	71.0%	72.3%	73.8%	76.3%	69.3%	71.3%	63.1%	69.5%
WVT	71%	65%	62%	62%	57%	47%	54%	50%	56%	59%	63%	56%	68.1%	71.3%	68.8%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%	72.9%	72.4%	78.6%



Tumour Group	WVT	GEH	WAH	SWFT	England
Breast symptoms	100.0%	96.4%	96.3%		93%
Breast	98.0%	50.0%	92.1%	94.8%	91%
Childrens	75.0%		100.0%		89%
Gynaecological	75.0%	100.0%	66.0%	61.2%	67%
Haematological	50.0%		55.6%	33.3%	60%
Head & neck	97.9%		84.6%	67.8%	79%
Lower GI	70.1%	50.0%	79.1%	64.9%	66%
Lung	69.2%	100.0%	57.6%	92.3%	83%
Other			62.5%		61%
Sarcoma	100.0%				69%
Skin	86.7%		0.0%	89.0%	85%
Testicular	87.5%				82%
Upper GI	58.0%	67.0%	0.0%	91.6%	78%
Urological	64.4%	0.0%	0.0%	50.0%	59%

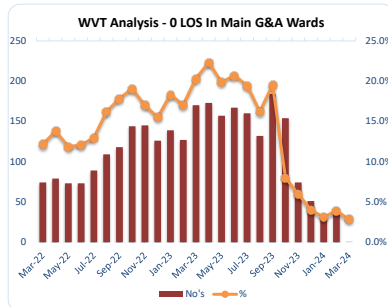
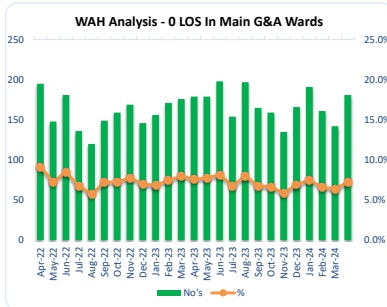
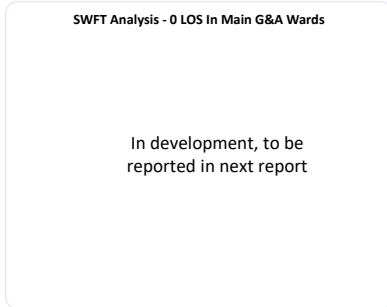
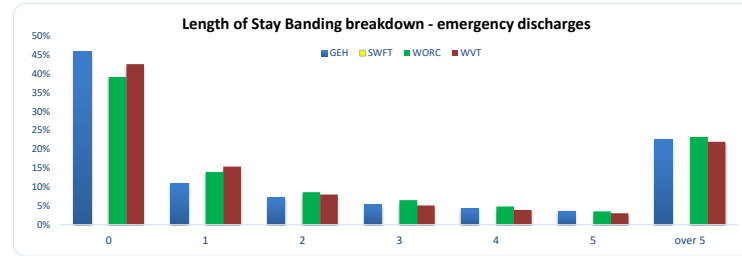
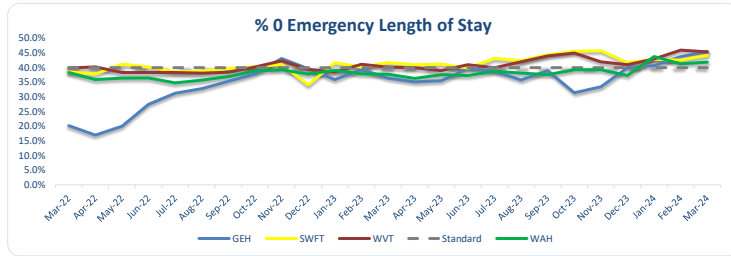
Analysis / Current Performance:	
<p><b>Wye Valley NHS Trust (WVT)</b></p> <p>Faster diagnosis standard (FDS) performance has increased in February and we achieved over the target at 79%, we anticipate to see 81% in March.</p> <p>Histopathology and Radiology Magnetic Resonance Imaging (MRI) scan and computed tomography colonography (CTC) capacity remain a challenge in order to improve our FDS further, but following the last report endoscopy has shown improvement where majority of procedures are booked within 7 days.</p> <p>There has been a delay in launching text messaging to patients with benign results ahead of letters due to clinical functions team within our electronic patient records, we hope to have this completed by May where we will be able to get signed off through our governance routes. This will be trialled with Gastroenterology and Skin and then we will replicate this across all specialities.</p> <p>Radiology scan to reporting times have improved as they continue to use telemedicine for cancer reporting, on average all reports are being returned within 48 hours. There have been concerns with MRI and CTC capacity but there were plans put in place for a second MRI scanner on site to increase capacity and additional CTC lists have been arranged.</p>	<p><b>George Eliot Hospital NHS Trust (GEH)</b></p> <p>GEH has seen an improvement in the FDS 28-day standard in Quarter 4. Additional capacity being funded by the Integrated Care Board (ICB) helped in Gynaecology, Urology, Breast and Lower gastrointestinal (LGI) cancers. The Trust achieved 74.0% in January against this standard and 76.9% for February, it is expected that the 75% target will be met for March 2024. Successes were due to a robust action plan to ensure that this target was met by March 2024, coupled with increased training on the Faster Diagnosis rules suite and the validation of all breaches by a team leader. The mutual aid for breast cancer patients in December 2023 assisted in correcting this position and enabled us to clear the backlog. Upper gastrointestinal(GI) and Breast cancer tumour sites achieved 75% for February, with improvements in Gynaecology at 74.1% and LGI at 66%. With the 2nd phase of the Community Diagnostic Centre(CDC) now open, this will support the delivery of one-stop cancer clinics supported with diagnostics on the day reducing the length of the pathway and visits for the patients.</p>
<p><b>South Warwickshire University NHS Foundation Trust (SWFT)</b></p> <p>For Quarter 4 28 Day Faster diagnosis standard (FDS) – Performance has been reported for January (73.1%) and February (75.6%). Whether March performance will achieve the required 75% is uncertain, pre-validation performance is currently 73.3%.</p> <p>FDS performance is consistently above the operational standard in breast, skin and upper GI. However, there are concerns that skin performance will deteriorate as there are currently significant issues with Outpatient Appointment (OPA) capacity for first appointments, in some cases patients waiting longer than 28 days. Lower GI has seen a significant increase over the past 12 months with February performance at 64.9%. Lower GI represented the largest cohort of FDS patients in February so is key to the Trust achieving FDS consistently.</p>	<p><b>Worcestershire Acute NHS Trust (WAH)</b></p> <p>Our Statistical Process Control Charts (SPC charts) show this metric is not changing significantly. The target lies within the process limits so we know that the target may or may not be achieved as our performance has been inconsistent. There were 2,747 new GP referrals for suspected cancer in Mar-24 and there were 32,033 referrals over the course of 23/24. Our Trust unvalidated performance against the 28-day Faster Diagnosis Standard is currently 76% for Mar-24 which means we achieved the NHSE year-end target (this was set at 75% for Mar-24 and it is set at 77% for Mar-25). The Trust informed 2,409 patients of their diagnosis with 578 breaches of the 28-days standard. Our full year performance was 71% having informed 29,744 patients of their diagnosis with 8,735 breaches.</p> <p>FDS performance recovered in March 2024 having seen a dip in last 4 months as a result of delays in the skin pathway, particularly in advising patients of their diagnosis</p> <p>Four tumour sites did not achieve the faster diagnosis standard – Haematology (impacted by late referrals from other tumour sites and impact of small overall numbers), Lung (new patient capacity – annual leave and bank holiday), Gynaecology (increased demand and backlog clearance), Urology (delays in clinical triage, streamline opportunities in diagnosis pathway)</p> <p>The Trust remains in Tier 1 (national escalation) for cancer performance.</p> <p>Whilst urology position is below target – it does represent an improvement of five percentage points compared to February and demonstrates the impact of additional LAMP biopsy capacity (supported by Cancer Alliance funding) and improvements in management of patient pathways.</p>

# Foundation Group Key Metrics



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

Trust	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	Jan-24	Feb-24	Mar-24
GEH	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%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%
SWFT	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%	42.9%	42.6%	44.2%
WAH	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%	37.30%	43.80%	41.30%	41.87%
WVT	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%	42.0%	41.0%	43.0%	46.0%	45.40%



### Analysis / Current Performance:

#### Wye Valley NHS Trust (WVT)

During our March "Test of Change" to support the delivery of the 4hour(hr) Emergency Access Standard [EAS] improvements we made various changes to support an increase in the volume of patients managed through a Same Day Emergency Care [SDEC] pathway. The Navigation at our Emergency Department reception supported this increase along with increasing capacity through our Medical SDEC, by maximising our Virtual Ward to follow up patients and streaming patient elsewhere, and increase the operational capacity of both our Surgical and Gynaecology Assessment Areas across 7 days of the week.

This resulted in the highest number of patients we have seen via a SDEC pathway with over 180 patients additional then January 24.

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

Ongoing work to improve 0 Length of stay continues. The reconfiguration of the site starting in April will enable the trust to have a fully functioning Frailty unit including an assessment area and increased capacity in Surgical Assessment Unit (SAU) to facilitate Early Pregnancy Assessment Units (EPAUs) and Gynaecology Assessment Unit (GAU) patients. Work is ongoing to increase the number of patients streamed to Same Day Emergency Care (SDEC) over the weekend by ensuring the opening times meet the demand from the emergency department.

#### South Warwickshire University NHS Foundation Trust

#### Worcestershire Acute NHS Trust (WAH)

The additional capacity for same day emergency care that has opened over the year has contributed towards the improving zero length of stay improvement. The use of virtual wards will enable us to discharge patients who require treatment but do not need to fully occupy an Acute beds, the first Virtual ward (VW) will come on line in the coming weeks.

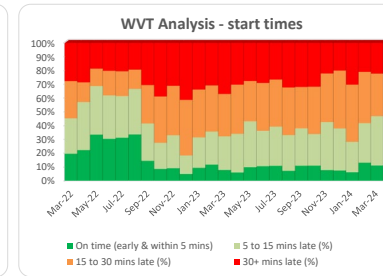
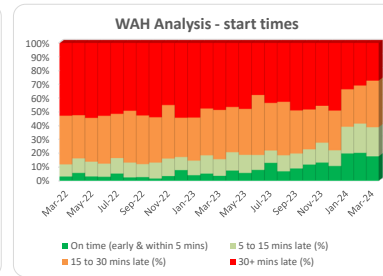
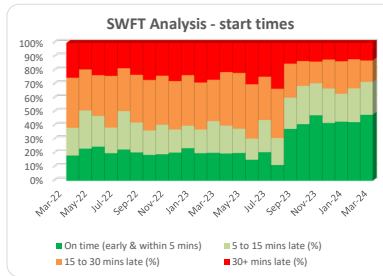
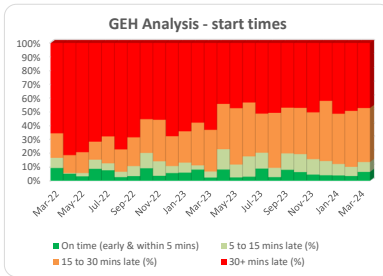
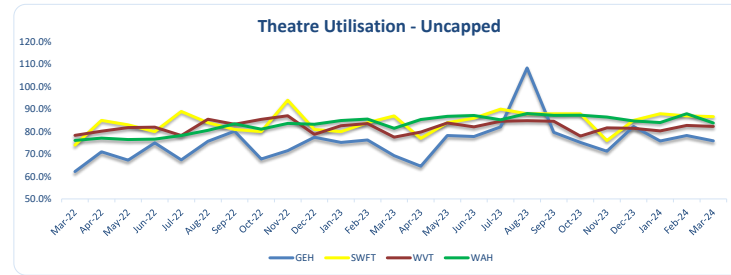
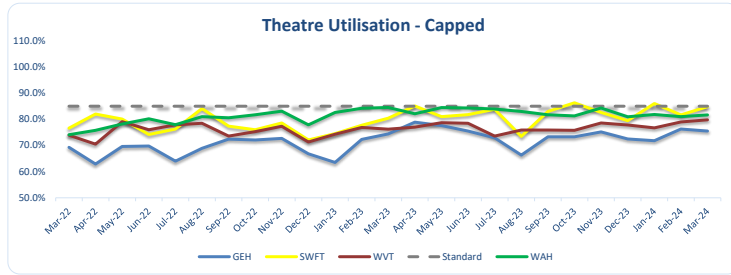
A Frailty SDEC and a Cardiology Centre being designed at present will also bolster some same day care and avoid unnecessary overnight stays

# Foundation Group Key Metrics



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

Trust	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	Jan-24	Feb-24	Mar-24
GEH	69.30%	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%	66.3%	73.3%	73.3%	75.2%	72.5%	71.8%	76.3%	75.5%
SWFT	76.60%	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%	79.5%	86.0%	81.7%	84.8%
WAH	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%	80.9%	82%	81%	82%
WVT	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%	76.7%	79.0%	79.8%



### Analysis / Current Performance:

**Wye Valley NHS Trust (WVT)**  
 February and March have seen an improved position of the Trusts Capped Theatre Utilisation. Although still a way to go to get to a consist level of 85% Capped Theatre Utilisation we have made some progress.

After undertaking Perfect Weeks in Orthopaedics and Gynaecology earlier in the year the utilisation of these two specialities in March was 87% and 88% respectively.

Over 2023/24 we have seen both an increase in the number of Theatre sessions used, and not closed due lack of Surgeons, from 225 per month to 260 per month over February and March which resulted in the highest number of patients treated in March, at almost 820, from an average during 710 per month between April and December last year. Making WVT one of the top three providers in the West Midlands for Theatres Cases in a 4hour sessions in March.

The three key areas for Theatre Improvements for 24/25, underpinned by the Getting It Right First Time Anaesthesia and Perioperative Medicine Guidance and Handbook, are:  
 - Theatre scheduling  
 - Pre operative processes and improvements  
 - Operational Go-Live of our Elective Surgical Hib in July this year whilst improving our Theatre Utilisation across all operating Theatres

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

**Theatre Utilisation - Capped**  
 Theatre utilisation increased in February and March following winter pressures observed in December. A 4.5% increase in utilisation can be observed against the same reporting period Q4 2023/24.

**Theatre Utilisation - Uncapped**  
 Due to competing winter pressures, patients often remain in theatre recovery due to bed pressures. During Q4 - 97-99% occupation of DPU was observed, which directly limits space for patients to return from theatres for discharge. In addition on average, 5 boarders on Mary Seacole (CTMU Ward) and 6 - 9 Emergency patients on Florence led to the trust cancelling some elective work.

**Theatre start times**  
 Work continues on improving start times, through Perfect List planning and scheduling and identification of golden patients. An increase of 1.0% of the list starting on time in Q4 compared to the same reporting period in Q4 2023/24.

**South Warwickshire University NHS Foundation Trust (SWFT)**  
 Capped utilisation for the period has consistently been above 80% and the Trust remain in the top quartile on Model Hospital. Trust forward look meetings take place weekly to review the next 4 weeks of booking utilisation. 6-4-2 Standard Operating procedure(SOP) is under review. Review of Right Procedure Right Place as well as Day Case procedures. Review of To Come In (TCI) letters has taken place and local information has been updated – these are due to go live in May 2024. Text message reminders are due to go live for patients with a TCI in May 2024.

**Worcestershire Acute NHS Trust (WAH)**

During the winter months the capped utilisation of theatres and treatment rooms has plateaued at circa 80%.

The Theatre Transformation Programme has several areas of improvement in progress:  
 - A review of the Getting It Right First Time(GIRFT) metrics including - 4 joints on a list, moving procedures from Inpatient to Daycase (Hips and Joints - same day discharge), and reducing lost time (we identified that Model Hospital was including lunch breaks for all day sessions as lost down time, so we have been working with clinicians to improve data capture so that it accurately reflect the downtime, thus opportunity).  
 - Dropped sessions is included in the weekly theatre 6-4-2 meetings, identifying where the capacity for theatres may need to be realigned between specialities.  
 - Ensuring that Kidderminster Hospital and Treatment Centre (KTC) is fully utilised with Daycase.  
 - Reviewing the reasons for on the day cancellations. There has been a change of the local cancellation reasons to enable more intelligence regarding cancellations, this has been in place one month. Initial review is the volume of patients failing to adhere to pre operative advice and changing their minds on the day of surgery. We have therefore implemented calls to patients prior to the day of surgery and have a stand by list of patients who can attend at short notice, without pre op prep.  
 - Late starts and early finishes are being audited to understand what processes may require improvement, such as the World Health Organisation(WHO) checklist and 'first patient at risk'.  
 Updates on the impact of these initiatives will not be fully known until the next few months data is available.

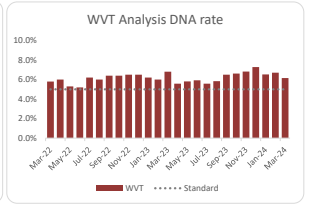
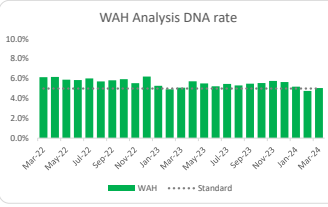
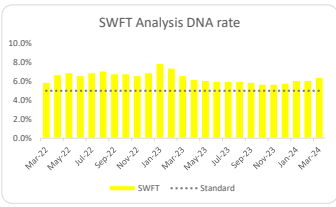
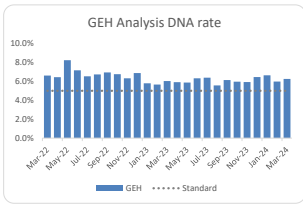
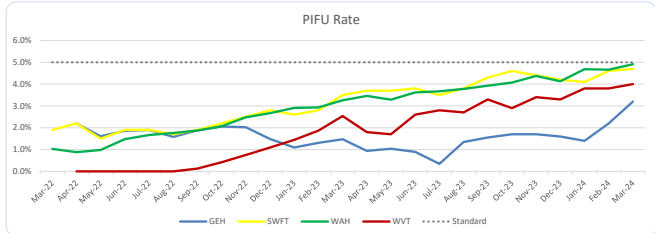
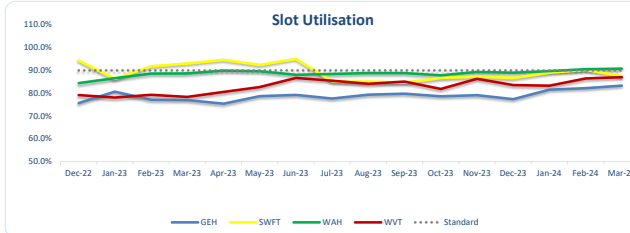


## Foundation Group Key Metrics



### Outpatients Slot Utilisation

Trust	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	Jan-24	Feb-24	Mar-24
GEH	73.3%	77.5%	78.7%	78.8%	75.4%	76.3%	75.5%	78.3%	78.1%	75.7%	80.7%	77.1%	77.0%	75.4%	78.7%	79.3%	77.7%	79.3%	79.8%	78.6%	79.1%	77.4%	81.6%	82.2%	83.3%
SWFT							92.3%	93.2%	94.2%	94.3%	86.3%	91.8%	93.0%	94.6%	92.4%	95.0%	85.2%	85.1%	84.7%	86.7%	87.3%	86.7%	89.0%	90.2%	87.5%
WAH	86.8%	85.9%	87.2%	86.4%	86.0%	86.5%	86.1%	86.3%	88.4%	84.4%	86.6%	88.6%	88.7%	89.9%	89.6%	88.1%	88.5%	88.8%	88.8%	87.9%	89.3%	89.0%	89.7%	90.5%	90.8%
WVT	82.8%	81.8%	85.4%	83.2%	81.6%	82.8%	82.1%	82.9%	81.6%	79.2%	78.1%	79.3%	78.4%	80.6%	82.7%	86.7%	85.5%	84.1%	85.1%	81.9%	86.3%	83.6%	83.3%	86.5%	87.0%



### Analysis / Current Performance:

**Wye Valley NHS Trust (WVT)**

**Slot Utilisation** - A steady improvement in utilisation over February and March. The main areas to focus on for improvements are Orthopaedics and Diabetes.

As part of our Productivity Program Board improvements we will be implementing 6-4-2 Outpatient scheduling meeting from the beginning of May in readiness for our revised Outpatient room speciality reconfiguration from June 2024. This will allow Specialities to "own" their own designated Outpatient rooms and populate Clinicians and patient lists at 6 weeks and 4 weeks prior improving visibility of activity and assigning resource. This will allow greater flexibility to reassign Outpatient resource, rooms and staff, earlier to ensure maximum utilisation.

Our PIFU (Patient Initiated Follow Up) performance also has increased in Q4 of 23/24. Key Specialities to increase our ambition around PIFU are Cardiology, Rheumatology, Neurology and Gastroenterology.

Did Not Attend (DNA) appointments improved slight for March, compared with January and February, although still above the 5% target. Areas of focus are ENT, Gastroenterology/Herpetology and Orthopaedics and will be a subject to detailed plans for 24/25 Productivity improvements.

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

**PIFU**  
February 2024 - 6853 GEH patients transferred to the PIFU pathway. National PIFU Insight Pack reports the average return rate of patients on PIFU to be 2.61%, therefore GEH forecast 888 follow-up slots have been released. This coupled with the Clinic template project will help ensure OPFA can be maximised with the drive to reduce OPFUPs by 25%. A 1% increase can be observed month on month for Q4 2024 and is set to continue.

**DNA's**  
Reduction in DNAs continues to be a priority with volunteers rolling out further reminder calls (part of the nationally recognised Back to Health Programme) to patients to avoid DNAs. Volunteers routinely call Therapies, ENT, and Pain. Started Rheumatology, Ophthalmology, Gen Surg, Colorectal, Urology, Plastics, T&O and Frailty. We have updated our website to include a "Could not attend form" for patients to contact us out of hours. Patient Portal has also gone live to support patients in receiving timely comms. Patient letters have also been reviewed to provide more patient-friendly, accurate information regarding their appointments. This continues to support the reduction in DNAs.

**Slot Utilisation**  
Refresh of the Outpatient dashboard provides services with an overview of slot utilisation to support identifying capacity in real-time. In Q4 we have observed a steady increase in the number of slots remaining vacant. In addition, there is ongoing work around clinic codes and clinic templates to reflect capacity and demand and accuracy of slot utilisation.

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

**Did Not Attend (DNA) Rate** - There continues to be a major focus on reducing the Trust's DNA rate, which has seen a small increase since the start of the year, and which now sits at 6.4%, however, this is still below the performance seen in 2022/23. The Out-Patient Improvement Programme continues to monitor the DNA rate at speciality level, with Physiotherapy - Paeds, Diabetic Medicine and Orthotics having the highest rates, although the aggregate DNA rate still puts SWFT within the top quartile nationally.

From the start of May, SWFT will be engaging in a project led by a company specialising in using Artificial Intelligence (AI) to reduce DNA rates, called Deep Medical, who will be working with Operational colleagues and a local voluntary organisation, Helpforce, to start a pilot to reduce the DNA rates in the Trust's specialities with the highest DNA rates.

In conjunction with this is a piece of work looking especially at inequalities within the DNA numbers, as typically we see a higher percentage (%) DNA for patients from the most deprived areas, even if the total numbers are relatively small, with the variance between DNA for patients from the least and most deprived areas is greatest in specialities such as Physiotherapy, Paediatrics and ENT.

**Patient Initiated Follow Up (PIFU)** - After a slight drop in performance over the winter period, the PIFU rate at SWFT has again been steadily growing since the start of the year, and SWFT now sits at 4.7% for March 2024, which puts SWFT in the upper quartile of performance nationally. The specialities with the highest PIFU rates are Gastroenterology (26.4%), Trauma & Orthopaedics (10.9%) and Physiotherapy (8.2%). PIFU is being rolled out to more specialities over the next few months, so we are expecting the PIFU rate to continue to increase throughout the year.

**Worcestershire Acute NHS Trust (WAH)**

We have an Outpatient Transformation Programme in place, which will be integral to the delivery of Outpatient productivity for CIPIP in 24/25. Our DNA rate is performing well for nearly all specialities, specifically for NEW outpatient appointments, there is some challenge to improve the follow up rates in some areas, and our overall paediatric rates. We have set an ambitious target for all specialities below 5% now to move to 3% and those above 5% to move to 5% as soon as possible. We utilise a SMS reminder service at 7 days and 2 days, but have moved to 14 days to ensure patients have enough notice to organise attendance.

One main area of focus is to utilise the physical capacity we have for Outpatients, in a local audit we have identified that treatment rooms are not being used. This is predominantly due to the lack of transparency of cancelled clinics across the Trust, so an internal tool is being developed to improve room booking and cancellations.

Reduced cancelled clinics - with the transparency of the cancelled clinics to the whole Trust, Informatics will be working with Operations and Finance to triangulate and challenge specialities requesting WIs if they also have high cancelled clinic volumes.

We continue to be informed by clinical staff that the high volume of follow up appointments are necessary to prevent patients from coming to harm. We are focusing on the Further Faster guidance to support the use of alternative approaches such as PIFU, although we are performing well overall with PIFU, it is driven by only a few specialities (Rheumatology and Gynaecology); widening the usage across the Trust is a focus for the first half of the financial year.



Performance Against Target (Status)		Activity Performance Only	
<span style="color: green;">■</span> Meeting Target	<span style="color: blue;">■</span> Over 5% above Target	<span style="color: green;">■</span> 5% above to 2% below Target	<span style="color: red;">■</span> More than 2% below Target to 5% below Target
<span style="color: red;">■</span> Not Meeting Target	<span style="color: orange;">■</span> Over 5% below Target		

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

Quality of care, access and outcomes	Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month		Trend - Rolling 13 Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark				
																Numerator	Denominator	Year to Date vs Standard	GEH Latest month vs benchmark	National or Regional								
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 75%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%		465	605	60.0%		76.9%	78.1%						
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	97.1%	98.0%	98.5%	98.7%	96.9%	90.0%	91.8%	96.6%	98.4%	100%	100%		61	61	98.4%		100%	91.1%							
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85%	53.2%	40.9%	43.5%	47.3%	61.9%	74.0%	62.5%	53.1%	34.2%	51.9%	50.7%	56.5%		24.0	42.5	55.1%		56.5%	63.9%						
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	72.6%	56.1%	79.3%	78.1%	75.4%	72.8%	66.1%	69.2%	68.5%	65.5%	75.0%	83.7%		539	644	74.4%		66.1%	74.0%						
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	21.3%	18.9%	57.7%	47.4%	29.8%	34.4%	6.1%	25.0%	16.4%	51.6%	64.3%	66.1%		39	59	47.9%		6.1%	70.8%						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	18	5	6	6	6	6	9	12	15	9	7	6													
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	40.0%	0.0%	100%	40.0%	66.7%	33.3%	20.0%	14.3%	33.3%	22.2%	25.0%	27.3%		1.5	6	30.2%		20.0%	64.6%						
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	90.0%	89.5%	86.5%	90.2%	93.1%	87.5%	79.4%	75.9%	85.2%	90.0%	93.5%	77.8%		7.0	9.0	88.6%		79.4%	74.0%						
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	57	57	59	59	45	55	59	76	73	55	57	37														
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	89.0%	91.4%	93.4%	93.6%	91.5%	91.2%	87.6%	85.9%	85.7%	87.0%	87.8%	88.9%	89.1%	2,121	2,380	91.9%		91.4%	91.8%						
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,156	7,750	8,211	8,394	8,191	7,983	7,922	8,541	8,188	8,301	8,453	8,102	8,738			98,774									
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	14.6%	13.6%	18.1%	19.7%	18.3%	12.6%	15.0%	12.2%	14.5%	13.7%	9.0%	13.0%	11.9%	166	1,394	14.3%									
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	2.1%	1.3%	1.2%	1.2%	2.1%	4.6%	2.7%	6.3%	2.9%	6.0%	23.0%	16.7%	13.0%	181	1,394	6.8%		1.2%	8.0%						
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	926	921	991	934	984	975	905	1,015	1,012	1,042	1,072	931	976												
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	826	1,815	38.4%		35.2%	35.0%						
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		7.3%	6.5%	7.0%	9.6%	6.6%	9.7%	8.3%	10.1%	9.7%	9.1%	12.2%	11.3%	9.6%	836	8,738	8.9%		6.5%	<6.0%						
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		89	81	80	90	90	96	93	93	86	83	90	96	91			89		81	<111						
A&E - 4-Hour Performance	Chief Operating Officer	≥ 95% (FY_2022-23) ≥ 76% (FY_2023-24)	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	6,759	8,738	74.0%		71.6%	70.9%							



Performance Against Target (Status)		Activity Performance Only	
<span style="color: green;">■</span> Meeting Target	<span style="color: blue;">■</span> Over 5% above Target	<span style="color: green;">■</span> 5% above to 2% below Target	<span style="color: red;">■</span> More than 2% below Target to 5% below Target
<span style="color: red;">■</span> Not Meeting Target	<span style="color: orange;">■</span> Over 5% below Target		

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

Quality of care, access and outcomes	Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month		Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark				
																Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark				National or Regional			
Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	22	21	18	17	18	21	18	22	21	22	26	23	21			21	25	Apr 2023							
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	0	1	0	0	0	10	8	31	43	98	279	267	245			982									
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	0.8%	1.2%	1.7%	1.9%	1.9%	2.2%	1.7%	1.3%	1.1%	0.9%	1.6%	2.2%	1.6%			143	8,738	1.5%		1.2%	8.0%	Apr 2023			
Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	67.7%	67.7%	68.0%	66.7%	65.7%	62.8%	62.5%	63.2%	63.2%	59.8%	59.9%	58.7%	60.1%			9,904	16,484	63.1%		59.9%	57.0%	Jan 2024			
Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,426	16,556	15,901	16,025	16,075	16,917	16,501	16,426	17,086	17,799	17,540	16,896	16,484												
Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	95	127	133	137	122	172	216	275	348	339	381	343	247												
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	0	1	0	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	0	0	0	0	0	0	0												
GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	2019/20	91.8%	91.5%	98.4%	109%	85.8%	98.5%	98.5%	93.1%	104%	93.1%	107%	112%	88.4%			8,794	9,946								
Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	2019/20	85.8%	92.2%	95.1%	109%	97.1%	98.6%	96.1%	109%	101%	99.6%	123%	118%	89.3%			4,943	5,534								
Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	75.2%	82.3%	84.9%	97.7%	86.7%	88.1%	96.1%	94.1%	87.5%	84.5%	107%	105%	79.8%			4,943	6,198								
Total Outpatient Activity (% v 2019/20 baseline)	Chief Operating Officer	2019/20	85.7%	86.5%	89.5%	99.3%	90.9%	92.7%	91.4%	104%	100%	93.5%	102%	109%	129%			15,649	12,088								
Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	91.1%	92.4%	95.7%	106%	97.0%	98.2%	95.7%	111%	104%	99.7%	117%	117%	95.0%			15,649	16,473								
Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	101%	113%	107%	151%	154%	99.4%	153%	202%	140%	177%	166%	162%	117%			201	172								
Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	89.7%	90.4%	85.1%	119%	119%	77.8%	113%	161%	110%	140%	128%	129%	93.5%			201	215								
Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	98.7%	83.2%	96.1%	120%	103%	110%	106%	125%	108%	111%	137%	125%	99.5%			1,549	1,557								
Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	88.1%	66.5%	76.9%	96.1%	81.6%	86.8%	84.1%	100%	86.2%	88.8%	79.6%	100%	79.6%			1,549	1,946								
BADS Daycase rates	Chief Operating Officer	≥90%	96.4%	92.3%	94.4%	90.3%	91.2%	98.9%	97.5%	94.8%	92.0%	94.5%	98.0%	93.5%	91.7%			66	72	94.1%		96.4%	82.0%	Mar 2023			
Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	23	11	22	29	17	30	33	20	31	31	17	28	24					24							
Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	136%	116%	119%	125%	122%	130%	127%	136%	136%	131%	140%	126%	162%			2,376	1,467	131%							
Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	139%	81.3%	97.6%	111%	78.3%	95.2%	95.8%	89.0%	91.3%	93.7%	102%	128%			752	588	96.3%								



Performance Against Target (Status)		Activity Performance Only	
<span style="color: green;">■</span> Meeting Target	<span style="color: blue;">■</span> Over 5% above Target	<span style="color: green;">■</span> 5% above to 2% below Target	<span style="color: red;">■</span> More than 2% below Target to 5% below Target
<span style="color: red;">■</span> Not Meeting Target	<span style="color: orange;">■</span> Over 5% below Target		

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

Quality of care, access and outcomes	Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	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	101%	77.1%	73.8%	79.1%	80.4%	72.6%	80.4%	71.1%	73.2%	75.2%	87.7%	81.5%	99.6%	1,029	1,033	79.1%									
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	91.5%	87.4%	90.6%	93.8%	94.5%	92.1%	89.6%	91.3%	91.5%	91.6%	92.4%	97.0%	92.1%	3,380	3,671	90.6%		92.4%	73.8%	Jan 2024					
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	86.0%	89.6%	92.2%	95.0%	96.2%	92.8%	93.8%	95.3%	96.5%	97.7%	85.0%	98.7%	95.3%	225	236	93.9%								
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	22.2%	35.3%	15.4%	26.9%	12.9%	18.8%	9.5%	10.5%	14.3%	38.5%	17.4%	4.8%	10.5%	2	19	22.6%								
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	43.6%	24.2%	34.3%	55.6%	44.9%	44.2%	52.2%	56.0%	53.2%	65.0%	56.8%	63.1%	56.0%	28	50	39.7%								
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	88.2%	94.7%	70.0%	86.7%	88.0%	95.8%	77.3%	84.0%	93.3%	92.3%	82.8%	89.5%	84.0%	21	25	84.9%								
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	178	173	170	180	204	163	185	185	181	173	177	186	167			2,144								
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:29	1:26	1:26	1:27	1:32	1:28	1:30	1:30	1:28	1:29	1:27	1:28	1:23			1:28								
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	6.0%	5.9%	5.9%	6.3%	6.4%	5.6%	6.1%	6.0%	5.9%	6.5%	6.0%	6.3%	925	14,799	6.1%		5.9%	7.8%	Apr 2023					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	77.0%	75.4%	78.7%	79.3%	77.7%	79.3%	79.8%	78.6%	79.1%	77.4%	81.6%	82.2%	83.3%	13,698	16,438	79.4%								
	Outpatient Activity - Follow Up attendances (% v 2019/20 baseline)	Chief Operating Officer	< 85%	85.7%	84.0%	86.7%	96.7%	89.4%	89.8%	90.2%	####	98%	92.9%	103%	105%	88.6%	10,706	12,088	92.9%								
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	101%	98.7%	102%	113%	105%	105%	108%	121%	117%	109%	123%	124%	104%	10,706	10,275	109%								
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	19.8%	18.0%	18.2%	17.2%	17.6%	16.8%	23.4%	18.7%	17.5%	22.1%	17.7%	22.4%	21.5%	3,363	15,649	19.5%		18.0%	20.0%	Apr 2023				
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		16.6%	12.3%	15.4%	12.4%	9.3%	11.7%	12.0%	8.4%	8.2%	8.1%	8.4%	5.9%	8.4%	14	167	10.4%								
Bed Occupancy - Adult General & Acute Wards	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	100%	98.5%	99.7%	97.9%	96.9%	98.0%	99.4%	98.7%	99.5%	93.6%	97.9%	98.5%	383	389	98.6%		93.6%	94.1%	Oct-Dec 2023					
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	1	0	0			1		1	23	Jan 2024					
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		2.5%	1.6%	2.6%	2.7%	1.9%	2.5%	2.4%	2.3%	2.5%	3.2%	2.8%	2.9%	3.3%	37	1,113	2.6%								
	ALoS – D2A Pathway 2	Chief Operating Officer		22.7	15.1	17.5	29.5	20.0	26.1	23.4	25.2	25.1	29.5	21.8	20.6	29.5											
	ALoS – D2A Pathway 3	Chief Operating Officer		20.0	20.3	17.7	26.3	20.3	27.5	16.0	19.0	21.6	26.3	13.6	15.6	26.3											
	ALoS – General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	6.6	5.6	5.4	5.0	4.9	5.5	5.1	5.8	5.7	5.5	5.2	5.4	5.2			5.4		5.6	4.5	Apr 2023				
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.6	3.3	3.2	2.4	2.6	3.3	2.8	2.3	2.1	2.6	1.6	2.3	2.8			2.6		3.3	2.9	Apr 2023				
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	76	389	21.1%		23.1%	23.1%	Dec 2022				
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	8.5%	9.0%	9.5%	8.6%	9.0%	8.2%	7.8%	7.1%	8.5%	9.5%	7.7%	8.5%	9.0%	374	4,167	8.5%		9.0%	7.1%	Apr 2023				



Performance Against Target (Status)		Activity Performance Only	
<span style="color: green;">■</span> Meeting Target	<span style="color: red;">■</span> Not Meeting Target	<span style="color: blue;">■</span> Over 5% above Target	<span style="color: green;">■</span> 5% above to 2% below Target
		<span style="color: orange;">■</span> More than 2% below Target to 5% below Target	<span style="color: red;">■</span> Over 5% below Target

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

Quality of care, access and outcomes	Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month		Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark				
																Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark				National or Regional			
Safe, High-Quality Care	HSMR - Rolling 12 months	Chief Medical Officer	<100	124	124	124	120	118	115	114	111	109	105	101	100			100		124	100	Mar 2023					
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	112	111	109	108	107	106	108	109	113	118	110	110			110		107	100	Jul 2023					
	Never Events	Chief Medical Officer	0	0	0	1	0	0	0	0	0	0	0	1	0	0			1								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0			0									
	MSSA Bacteraemia	Chief Nursing Officer	0	2	0	0	1	0	0	1	0	1	1	1	1	1			7								
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA& HOHA)	Chief Nursing Officer	2022/23 (13)	3	0	1	1	2	1	6	3	2	4	5	4	7			36								
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (18)	0	2	0	1	0	0	1	0	0	0	0	2	1			7								
	Total no of Hospital Acquired Pressure Sores Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0								
	Serious Incidents	Chief Medical Officer	Actual	2	2	6	2	1	1	1	0	0	2	0	1	3			19								
	VTE Risk Assessments	Chief Medical Officer	≥95%	96.8%	97.2%	96.9%	96.9%	96.2%	95.9%	96.1%	96.0%	96.4%	94.1%	95.2%	94.9%	95.4%		4,179	4,380	95.9%		97.0%	95.5%	Jan 2023			
	WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	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%	95.6%	95.0%	98.7%	91.4%	96.3%	92.9%	96.0%	94.8%	96.4%	95.4%	95.5%	96.0%	96.1%				95.7%							
	Number of complaints	Chief Nursing Officer	2021/22 (352)	8	10	12	9	8	10	11	14	11	4	10	12	6				117							
	Number of complaints referred to Ombudsman - Assessment Stage BWF	Chief Nursing Officer	0	1	0	0	0	0	0	0	0	0	1	0	0				1								
	Number of complaints referred to Ombudsman - Investigation stage BWF	Chief Nursing Officer	0	0	0	0	2	0	0	0	0	0	0	0	0				2								
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	2	0	0	0	0	0	2	0	0	2	0	1				5								
	Complaints resolved within policy timeframe	Chief Nursing Officer	≥90%	87.5%	90.0%	100%	100%	100%	80.0%	81.8%	93.0%	72.7%	100%	80.0%	83.3%		10	12	90.9%								
	Friends and Family Test Score: A&E Recommended/Experience by Patients	Chief Nursing Officer	≥86%	78.0%	81.4%	82.7%	78.2%	81.1%	79.2%	79.1%	76.6%	80.8%	79.7%	81.2%	76.7%	78.3%		1,225	1565	79.3%		81.2%	78.0%				
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	86.0%	82.6%	84.2%	86.2%	88.0%	84.4%	84.6%	87.5%	84.4%	85.4%	88.9%	82.1%	89.6%		614	685	86.1%		88.9%	94.0%				
Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	94.0%	93.4%	93.8%	94.3%	93.9%	94.2%	95.2%	92.6%	94.9%	93.2%	89.3%	95.4%	95.2%		59	62	93.8%		89.3%	93.0%	Jan 2024				
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	15.0%	28.5%	27.7%	27.5%	26.8%	30.3%	30.3%	27.0%	27.9%	27.6%	29.3%	27.4%	23.9%		1,565	6548	27.8%		29.3%	11.5%					
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	26.6%	29.2%	29.4%	27.8%	28.0%	27.2%	28.9%	22.7%	33.4%	31.5%	31.7%	29.7%	35.6%		685	1925	30.6%		31.7%	20.6%					
Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	44.0%	34.5%	21.5%	31.5%	33.3%	25.2%	27.1%	22.0%	28.6%	26.7%	25.3%	30.4%		62	204	27.8%									

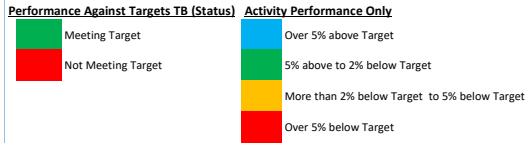


Performance Against Target (Status)		Activity Performance Only	
<span style="color: green;">■</span> Meeting Target	<span style="color: blue;">■</span> Over 5% above Target	<span style="color: green;">■</span> 5% above to 2% below Target	<span style="color: red;">■</span> More than 2% below Target to 5% below Target
<span style="color: red;">■</span> Not Meeting Target	<span style="color: orange;">■</span> Over 5% below Target		

Type	Item	Description
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system is expected to consistently Fail 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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month		Trend - Rolling 13 Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark	
																	Numerator	Denominator	Year to Date vs Standard	GEH Latest month vs benchmark	National or Regional					
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	78.5%	78.6%	78.3%	78.9%	77.7%	76.2%	79.3%	81.7%	78.6%	78.8%	81.6%	82.4%	80.0%	1,587	1,983	78.4%		79.3%	80.9%	Sep 2023			
	Mandatory Training	Chief People Officer	≥ 85%	89.1%	88.9%	92.0%	93.0%	94.0%	93.4%	96.6%	93.9%	93.7%	93.7%	94.5%	93.9%	94.2%	2,594	2,754	92.0%		96.6%	89.6%				
	Sickness Absence (%) - Monthly	Chief People Officer	< 5%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4,064	84,757	5.1%		5.2%	5.1%	Aug 2023			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 5%	5.7%	5.6%	5.6%	5.6%	5.5%	5.4%	5.5%	5.4%	5.3%	5.2%	5.2%	5.2%	48,900	948,263	5.4%		5.4%	5.3%	Oct 2023				
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	17.3%	16.7%	16.5%	16.8%	17.1%	16.1%	16.1%	15.9%	15.5%	15.4%	14.7%	14.6%	15.8%	382	2,415	16.8%							
	Vacancy Rate	Chief People Officer	< 10%	11.9%	10.7%	10.6%	10.2%	8.9%	9.1%	8.8%	7.1%	6.5%	6.0%	4.3%	3.3%	3.6%	104	2,845	10.1%							

Finance and Use of Resources		Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month		Trend - Rolling 12 Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark	
																	Numerator	Denominator	Year to Date vs Standard	GEH Latest month vs benchmark	National or Regional					
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥ 0	693	-1,531	-1,202	-650	-1,089	70	-288	1	2,077	481	48	1,155	954			26							
	I&E - Margin (%)	Chief Finance Officer	≥ 0%	2.3%	-8.4%	-6.2%	-3.6%	-5.6%	0.3%	-1.5%	0.0%	8.8%	2.3%	0.2%	4.8%	3.2%	954	29,706	0.0%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥ 0	591	-719	-414	-42	-1,176	-26	2,377	417	-207	-503	-391	665	44			26							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥ 0%	579%	-89.0%	-53.0%	-7.0%	-1352%	-27.0%	89.0%	100%	-9.0%	-51.0%	-89.0%	136%	5.0%	44	910	0.0%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥ 0	-633	-180	-258	-278	-1,120	-576	-1,649	1,403	214	-997	-1,175	4,901	-285			1							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	1,145	926	1,101	822	1,022	1,016	773	711	840	736	843	842	759			10,391							
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	4.9%	6.8%	7.7%	5.9%	7.2%	7.4%	5.6%	5.1%	5.8%	5.1%	5.8%	5.6%	3.4%	759	22,137	5.8%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤ 100%	183%	159%	209%	172%	223%	227%	174%	189%	233%	203%	234%	234%	211%	843	360	203%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,497	4,698	4,367	4,153	4,384	4,309	4,296	4,174	4,499	4,460	4,325	4,762	4,945			4,519							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥ 0	-5,594	83	347	625	-654	-811	-1,006	901	-494	-1,264	1,293	1,313	-832			7							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	45.3	48.1	46.2	46.6	49.9	48.6	47.7	48.4	47.7	37.1	31.8	36.2	32.1			32.1							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥ 95%	92.6%	92.1%	75.7%	95.2%	92.5%	75.1%	99.2%	96.6%	98.5%	98.7%	84.9%	81.0%	88.7%	18,594	20,968	90.5%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥ 95%	94.0%	97.6%	97.6%	96.4%	96.4%	98.7%	97.6%	99.1%	97.1%	95.8%	94.4%	91.9%	91.3%	2,299	2,517	96.4%							



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
	<b>S - Sign Off and Validation</b> 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
	<b>T - Timely &amp; Complete</b> 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
	<b>A - Audit &amp; Accuracy</b> 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
	<b>R - Robust Systems &amp; Data Capture</b> 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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	75.1%	75.0%	73.1%	75.6%		1160	1535	72.9%						
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	73.8%	83.9%	77.5%	77.0%		1085	1409	70.9%						
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	90.6%	100.0%	96.5%	92.6%		100	108	95.1%						
	Cancer 62 Day Standard	Chief Operating Officer	96%	64.9%	60.1%	61.2%	60.3%		126	209	61.3%						
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%	91.1%	92.3%	88.3%	96.9%		316	326	89.7%						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	12	11	19	12		12								
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	126.1%	121.6%	127.0%	131.1%	124.8%	77590	62196	127.1%						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.6%	99.8%	99.7%	99.5%		1260	1265	99.5%						
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	89.4%	87.8%	86.2%	88.7%		1159	1297	88.1%						
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.2%	93.7%	95.1%	94.6%	92.4%		2586	2798	94.2%					
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	115.9%	113.7%	123.5%	128.3%	169.0%	8446	4999	118.1%						
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	47.6%	38.9%	32.8%	40.8%	44.6%	755	1691	43.0%						
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	95.1%	90.3%	87.1%	93.6%	96.3%	1034	1074	94.3%						
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	1.0%	0.0%	3.7%	1.7%	0.7%	11	1691	0.9%						
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	132.2%	135.5%	124.4%	136.0%	163.8%	14207	11873	129.7%						
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	45.8%	41.2%	42.1%	42.6%	44.2%		892	2020	42.9%					
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	1.2%	2.5%	2.7%	2.0%	1.1%		89	8474	1.2%					
	A&E - Time to treatment (median)	Chief Operating Officer	-	59	55	53	50	49		49		57					
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	70.3%	67.6%	70.5%	77.2%	82.0%		6952	8474	74.6%					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	92.0%	91.5%	93.0%	89.5%	91.3%		3383	3705	92.9%					
	A&E - Time to Initial Assessment	Chief Operating Officer	-	16	18	18	16	15		15		16					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	4	8	10	18	5		5		62					
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.8%	4.5%	4.0%	5.4%	4.7%		385	8230	4.2%						

Quality of care, access and outcomes									Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	63.8%	61.7%	62.2%	62.0%	60.4%	20379	33764														
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	16234	33386	33623	33870	33981	33764	TBC															
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	884	850	807	664	756	TBC															
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	141	160	152	151	81	TBC															
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	0	1	0	0	TBC															
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	TBC															
	Referrals (GP/GDP only)	Chief Operating Officer	0	7480	5799	7547	7243	6494	6494															
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	106% 2019/20 Outturn	113.8%	110.0%	119.1%	125.4%	129.4%	7525	5815	115.5%													
	<b>Outpatient Activity - Total</b>	Chief Operating Officer	106% 2019/20 Outturn	<b>104.7%</b>	<b>98.9%</b>	<b>107.1%</b>	<b>111.6%</b>	<b>115.6%</b>	<b>31484</b>	<b>27224</b>	<b>106.2%</b>													
	Elective Activity	Chief Operating Officer	106% 2019/20 Outturn	109.9%	109.6%	110.9%	121.1%	141.5%	3535	2499	111.0%													
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	75%	82.4%	83.3%	82.9%	81.7%	82.2%	81846	99540	81.5%													
	Elective - Theatre utilisation	Chief Operating Officer	85%	86.8%	86.6%	84.9%	86.4%	85.5%	91955	107520	86.3%													
	Cancelled Operations on day of Surgery	Chief Operating Officer	0.8%	0.09%	0.07%	0.07%	0.00%	0.00%	0	109585	0.05%													
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	120% 2019/20 Outturn	105.2%	85.0%	110.3%	209.7%	300.4%	712	237	110.7%													
	Diagnostic Activity - Endoscopy	Chief Operating Officer	106% 2019/20 Outturn	123.5%	142.7%	145.3%	138.3%	150.1%	647	431	150.8%													
Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	106% 2019/20 Outturn	208.7%	159.3%	122.9%	151.9%	220.3%	1357	616	197.1%														
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	72.6%	70.1%	67.4%	74.5%	78.1%	7506	9608															
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	69.8%	73.6%	75.4%	96.7%	77.1%	172	223	75.7%													
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	20.9%	24.2%	24.0%	25.2%	23.7%	58	245	21.9%													
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	25	22	29	23	22	22		316													
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	87.4%	91.7%	90.4%	90.6%	87.0%	227	261	90.0%													
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	18.0%	19.6%	19.1%	18.4%	20.1%	60	299	16.1%													
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	24.0%	24.4%	25.3%	30.7%	31.4%	75	239	26.7%													
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	90.0%	89.7%	90.2%	90.5%	90.9%	209	230	89.0%													
	Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	122.0%	120.4%	108.7%	114.2%	89.2%	239	268	106.3%													
	Midwife to birth ratio	Chief Nursing Officer	1:27	1:28	1:25	1:23	1:23	1:22	1:22		1:23													
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q3)	Chief Nursing Officer	46%							423	1353	55.1%												
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q3)	Chief Nursing Officer	46%							490	971	56.5%												
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q3)	Chief Nursing Officer	46%							220	488	53.1%												
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	89.0%	88.7%	89.6%	89.2%	90.2%	221	245	90.2%													
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	3.35%	5.9%	5.8%	6.2%	5.8%	5.8%	864	14981	6.1%													
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	95%	76.9%	75.6%	76.1%	73.4%	75.7%	13464	17793	77.4%													
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	85% OP/106% OPP 2019/20 Outturn	112.0%	106.7%	113.6%	116.5%	120.7%	16488	13660	108.29%													
	Outpatients Activity - Virtual Total	Chief Operating Officer		20.4%	22.2%	21.1%	20.3%	20.3%	3987	19615	20.6%													
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	8%	2.1%	4.4%	2.4%	1.8%	4.9%	13	266	3.6%													
	Occupancy Acute Wards Only	Chief Operating Officer	92%	96.1%	95.2%	98.9%	98.4%	97.5%	10338	10606	97.5%													



Quality of care, access and outcomes		Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Safe, high quality care	Bed occupancy - Community Wards	Chief Operating Officer	90%	103.8%	113.8%	125.9%	121.0%	126.4%	1528	1209	110.7%						
	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%	1.5%	1.6%	1.7%	1.4%	0.8%	25	2963	1.5%						
	ALoS - D2A Pathway 2	Chief Operating Officer	>28 days	31	27	38	32	45	29	1291	34						
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	7.6	6.2	7.1	7.1	6.6	6572	989	6.9						
	ALoS - Elective Inpatients	Chief Operating Officer	2.5	2.3	2.4	1.9	2.2	2.5	799	318	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	10.4%	10.5%	12.6%	10.4%	11.3%	272	2407	10.73%						
	HSMR - Rolling 12 months Jun 22 - May 23	Chief Medical Officer	100							112.4		112.4					
	Mortality SHMI - Rolling 12 months Apr 22 - Mar 23	Chief Medical Officer	89-112							1.1		1.1					
	Never Events	Chief Nursing Officer	-	0	0	0	0	0	0								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	1	0	0		1						
	MSSA Bacteraemia	Chief Nursing Officer	0	1	1	2	3	2	2		15						
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	2	4	2	1	1	1		18						
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	0.77	0.90	0.79	1.08	0.94	56	13808	1.13						
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	1	1	0	1	0	0		4						
	Serious Incidents	Chief Nursing Officer	-	2	0	0	0	0	0								
	VTE Risk Assessments	Chief Nursing Officer	95%	81.9%	87.0%	85.3%	88.8%	90.7%	1644	1813	89.3%						
	WHO Checklist	Chief Nursing Officer	100%	98.6%	98.8%	99.3%	98.9%	99.2%	6652	6704	98.6%						
	zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	80%	-	-	-	-	-									
	Stroke - thrombolysis	Chief Operating Officer	-	-	-	-	-	-									
	zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	80%	-	-	-	-	-									
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.4%	98.4%	98.3%	98.3%	TBC	0		98.3%						
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	98.3%	98.0%	98.1%	98.1%	TBC	0		97.9%						
	No. of Complaints received	Chief Nursing Officer	0%	12	15	13	12	12	12	0	157						
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	0	1	1	1	1	0	6						
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	78.6%	77.8%	100.0%	57.1%	70.0%			68.9%						
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	82.4%	86.1%	85.4%	84.1%	87.0%	1627	1870	84.7%						
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	94.6%	93.4%	93.7%	90.2%	92.8%	12462	13423	93.9%						
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	99.1%	98.0%	100.0%	99.3%	100.0%	154	154	98.8%						
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	100.0%	-	-	-	2	3	97.0%						
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	38.8%	44.0%	43.3%	40.1%	40.4%	1870	4632	33.8%							
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	18.1%	13.5%	23.4%	6.2%	6.0%	430	7145	13.2%							
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	0.6%	0.6%	0.0%	0.0%	1.1%	3	262	1.3%							
Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	0.0%	0.0%	0.0%	0.0%	0.0%	0	7416	0.0%							

Quality of care, access and outcomes									Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
<b>People</b>									Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
Loc	kin	Agency - expenditure as % of total pay							Chief Finance Officer	-	4%	3%	3%	3%		3%										
<b>Finance and Use of Resources</b>									Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
Finance	I&E - Surplus/(Deficit) (£k)							Chief Finance Officer	-	680	644	183	1388		1388											
	I&E - Margin (%)							Chief Finance Officer	-	-1%	-1%	-1%	0%		0%											
	I&E variance from plan (£)							Chief Finance Officer	-	680	644	183	1388		1388											
	I&E - Variance from Plan (%)							Chief Finance Officer	-	N/A	N/A	N/A	N/A		N/A											
	CPIP - Variance from plan (£k)							Chief Finance Officer	-	1117	-297	-248	-159		-159											
	Agency - expenditure (£k)							Chief Finance Officer	-	873	743	751	693		693											
	Agency - expenditure as % of cap							Chief Finance Officer	-	106%	90%	91%	84%		84%											
	Productivity - Cost per WAU (£k)							Chief Finance Officer	-	4351	4397	4372	5075		5075											
	Capital - Variance to plan (£k)							Chief Finance Officer	-	-902	-456	-1136	-882		-882											
	Cash - Balance at end of month (£m)							Chief Finance Officer	-	6559	9785	9263	21322		21322											
	BPPC - Invoices paid <30 days (% value £k)							Chief Finance Officer	-	92%	98%	96%	96%		96%											
	BPPC - Invoices paid <30 days (% volume)							Chief Finance Officer	-	96%	94%	94%	94%		94%											
	Agency - expenditure as % of cap							Chief Finance Officer	-	106%	90%	91%	84%		84%											

Performance Against Target (Status)		Activity Performance Only	
<span style="color: green;">■</span> Meeting Target	<span style="color: blue;">■</span> Over 5% above Target	<span style="color: green;">■</span> 5% above to 2% below Target	<span style="color: orange;">■</span> More than 2% below Target to 5% below Target
<span style="color: red;">■</span> Not Meeting Target		<span style="color: red;">■</span> 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 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?	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?	No Assurance
T - Timely & Complete	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)?	Limited 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?		Reasonable Assurance 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	Jan-24	Feb-24	Mar-24	Latest Month		Latest Available Monthly Position		SPCs		DQ Mark		
																Numerator	Denominator	Year to Date (v Standard if available)	Latest month v benchmark	National or Regional	Pass / Fail		Trend Variation	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	<b>75%</b>	68.0%	68.8%	71.5%	72.6%	72.8%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	-		1,995	2,869	<b>70.2%</b>		78.1%			
	2 Week Wait all cancers	Chief Operating Officer	<b>93%</b>	83.9%	91.9%	93.4%	86.3%	68.5%	81.5%	95.0%	95.6%	85.7%	87.9%	88.9%	-		2,396	2,695	<b>87.1%</b>		83.4%			
	Urgent referrals for breast symptoms	Chief Operating Officer	<b>93%</b>	86.0%	97.0%	89.2%	55.9%	86.5%	96.6%	99.0%	93.7%	80.0%	77.8%	32.0%	-		27	85	<b>81.1%</b>		71.8%			
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	<b>96%</b>	93.6%	88.2%	94.0%	94.7%	89.5%	87.7%	84.7%	90.0%	90.9%	87.2%	88.5%	-		292	330	<b>90.2%</b>		91.4%			
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	<b>96%</b>	94.5%	90.4%	93.4%	92.9%	88.6%	89.4%	86.9%	89.4%	89.7%	87.3%	90.5%	-		495	547	<b>90.5%</b>		91.1%			
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	<b>85%</b>	56.1%	44.3%	54.9%	54.0%	51.8%	46.1%	52.6%	49.0%	42.3%	42.3%	44.1%	-		88	199	<b>49.0%</b>		58.3%			
	Cancer 62-Day National Screening Programme	Chief Operating Officer	<b>90%</b>	54.2%	45.8%	48.4%	40.0%	51.4%	48.4%	45.7%	58.8%	83.3%	44.4%	67.8%	-		20	30	<b>55.9%</b>		60.7%			
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	<b>85%</b>	95.5%	94.0%	99.1%	98.3%	98.4%	95.2%	71.4%	78.2%	77.8%	78.1%	81.9%	-		68	83	<b>87.0%</b>		75.7%			
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	<b>85%</b>	63.1%	52.1%	62.3%	61.1%	60.9%	59.3%	55.1%	57.5%	54.1%	51.4%	56.7%	-		178	313	<b>58.1%</b>		63.9%			
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	<b>Plan</b>	300	309	332	286	300	321	391	389	379	409	366	141										
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	<b>90%</b>	84.4%	86.1%	84.0%	87.3%	83.6%	84.8%	84.0%	84.3%	82.9%	82.6%	82.3%	84.7%		2,375	2,803	83.7%		92.2%			
	A&E Activity (any type)	Chief Operating Officer	<b>Plan</b>	16,504	18,959	19,177	18,735	17,957	18,427	18,564	17,403	16,960	17,647	17,190	18,537				216,060					
	Ambulance handover within 30 minutes	Chief Operating Officer	<b>98%</b>	70%	65%	66%	70%	62%	57%	48%	56%	53%	53%	55%	64%		2,434	3,814	<b>60%</b>		73%			
	Ambulance handover over 60 minutes	Chief Operating Officer	<b>0</b>	696	784	779	732	863	1,046	1,272	1,064	1,166	1,072	1,029	869				11,372		12%			
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	<b>Plan</b>	95.9%	96.4%	97.3%	99.0%	99.6%	96.5%	98.8%	99.9%	99.9%	115.8%	110.8%	112.4%		5,407	4,811	<b>101.8%</b>					
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	<b>&gt;40%</b>	36%	38%	37%	39%	38%	38%	39%	39%	37%	43.8%	41.3%	41.9%		2,237	5,345	39.0%		36%			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	<b>76%</b>	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%		12,601	18,537	<b>65%</b>		74%			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	14.3%	13.3%	13.1%	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	19.3%	18.5%	15.8%		2,058	13,065	15.8%		5%			
	A&E - Time to treatment	Chief Operating Officer	-	133	151	145	126	128	151	155	152	167	161	166	143						01:41			
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<b>&lt;15 minutes</b>	15	16	17	15	16	17	19	16	16	16	16	14						00:22			
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	<b>0</b>	317	311	286	295	300	256	211	203	260	316	304	301										
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	<b>3%</b>	6.9%	7.0%	7.3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	6.7%	7.2%	7.5%		976	13,065	6.9%		8%				



Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	94%	95%	94%	95%	93%	95%	96%	96%	96%	97%	96%	96%	829	871	95%		95%	Mar				
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	38	59	41	57	51	52	70	65	63	75	102	82			755		4,811	Feb				
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	7.6	7.4	7.6	7.1	7.7	7.3	7.4	7.9	7.5	8.1	8.2	8.1	2803	22723	7.6		4.4	Feb to Jun				
	ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.8	3.6	2.8	3.8	2.9	3.7	3.4	3.4	3.5	3.0	3.7	3.2	462	1481	3.3		3.1	Feb to Jun				
	Medically fit for discharge - Acute	Chief Operating Officer	5%	12%	13%	12%	13%	10%	12%	16%	15%	15%	14%	14%	12%	93	787			23.1%	Dec				
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	6.1%	5.9%	6.1%	6.0%	6.2%	7.3%	6.5%	6.6%	7.2%	7.1%	7.9%	8.5%	1075	13896	7%		7.5%	Jan to Dec				
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	100	103.6	103.8	104.2	103.5	102.9	104.3	103.9	104.5	-	-	-	-					As expected					
	Never Events	Chief Nursing Officer	0	0	0	1	2	0	0	0	0	0	0	0	0			3							
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	1	1	0	0	0	0	0	1	1			4							
	MSSA Bacteraemia	Chief Nursing Officer	17	1	6	3	3	5	2	0	4	5	2	4	2			37							
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	78	8	9	15	9	15	10	7	14	8	8	15	9			127							
	Number of falls with moderate harm and above	Chief Nursing Officer		3	2	3	3	3	5	6	3	1	4	2	5			40							
	Serious Incidents	Chief Nursing Officer	Actual	11	10	9	10	15	4	1	0	0	2	1	0			63							
	VTE Risk Assessments	Chief Medical Officer	95%	93.0%	92.9%	93.4%	93.5%	93.5%	92.7%	92.4%	93.6%	91.0%	93.3%	93.0%	92.2%	127,658	137,458	93%							
	WHO Checklist	Chief Medical Officer	100%	97.3%	99%	97.7%	98%	98%	96.1%	97%	97%	98%	98%	97%	98%	339	345	98%							
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	60%	77%	94%	80%	82%	87%	76%	86%	85%	86%	83%	61%	66%	86	130	80%							
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	56%	56%	90%	88%	44%	45%	67%	50%	50%	50%	75%	75%	3	4	62%							
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	80%	80%	64%	70%	75%	74%	74%	79%	70%	81%	77%	75%	82%	54	66	75%							
	Number of complaints	Chief Nursing Officer	2022/23 (747)	64	52	48	60	64	71	63	71	51	88	77	75			784							
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	0	0	0	1	0	0	0	1	0	0	0	0	0			2							
	Complaints resolved within policy timeframe	Chief Nursing Officer	85%	76%	60%	63%	70%	76%	64%	44%	42%	62%	63%	82%	69%	38	55	70%							
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	95%	88%	89%	89%	91%	90%	87%	86%	87%	84%	74%	71%	77%	2,013	2,619	85%		77%					
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	95%	98%	97%	97%	97%	97%	96%	97%	98%	96%	94%	93%	94%	4,258	4,513	96%		94%	Feb-24				
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	95%	N/A	100%	100%	86%	84%	89%	94%	70%	94%	33%	94%	100%	7	7	88%		93%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	21%	21%	23%	22%	25%	22%	17%	21%	14%	23%	23%	23%	2,619	11,144	22%							
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	35%	38%	41%	40%	39%	35%	30%	36%	25%	35%	37%	37%	4,513	12,153	36%							
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	0%	0%	1%	2%	5%	2%	3%	6%	12%	1%	9%	1%	7	627	3.5%							

People		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6%	9.2%	9.5%	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.8%
	Appraisals - Non-medical	Chief People Officer	90%	81.0%	81.0%	80.0%	80.0%	78.4%	81.0%	79.0%	79.0%	80.0%	79.0%	79.0%	79.0%
	Appraisals - Medical	Chief People Officer	90%	83.0%	93.0%	90.0%	91.0%	91.0%	91.0%	92.0%	94.0%	96.0%	93.0%	93.0%	93.0%
	Mandatory Training	Chief People Officer	90%	90%	90%	90%	90%	89%	88%	88%	88%	88%	90%	90%	91.0%
	Overall Sickness	Chief People Officer	4.5%	5.4%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	11.5%	12%	12%	12%	12%	12%	12%	11%	11%	11%	11%	11%	11%
	Vacancy Rate	Chief People Officer	7.5%	13%	13%	12%	12%	11%	10%	9%	8%	8%	8%	7%	7%

Latest Month		Year to Date	Latest Available Monthly Position		SPCs		DQ Mark
Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	
		9.5%					
4,337	5,522	79.7%					
491	528	91.7%					
75,003	82,707	89.3%					
11,697	203,553	5.8%					
649	5,746	11.5%					
467	6,577	9.7%					

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	Jan-24	Feb-24	Mar-24
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£7,438	-£382	-£2,873	-£2,962	-£2,672	-£201	-£2,331	£2,279	-£4,897	-£5,562	-£4,361	-£3,361
	I&E - Margin (%)	Chief Finance Officer	≥0%	-15.3%	-0.7%	-5.0%	-5.3%	-4.6%	-0.3%	-4.1%	3.7%	-8.7%	-9.8%	-7.5%	-4.7%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£4,894	£1,516	-£1,342	-£1,709	-£1,816	£863	-£3,822	£528	-£5,177	-£7,277	-£6,677	-£4,954
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	34.0%	497.0%	53.0%	42.0%	32.0%	529.0%	-64.0%	77.0%	-6.0%	-31.0%	-53.0%	-47.0%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£88	-£262	-£159	-£891	-£1,082	-£1,145	-£2,603	-£1,772	-£2,195	-£2,510	-£2,741	-£1,323
	Agency - expenditure (£k)	Chief Finance Officer	N/A	-£3,051	-£3,128	-£3,862	-£3,112	-£3,717	-£3,456	-£3,272	-£3,581	-£3,049	-£3,505	-£3,098	-£3,158
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	9.2%	9.5%	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.0%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	£1,385	-£3,177	£92	-£3,269	£632	£2,138	-£2,607	-£2,467	£757	£401	-£925	£25,631
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£22.348m	£7.593m	£17.093m	£11.021m	£5.121m	£4.723m	£7.736m	£1.019m	£1.303m	£7.862m	£20.333m	£11.384m
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	95.6%	92.8%	88.5%	91.7%	86.1%	86.6%	80.0%	79.4%	88.2%	83.1%	88.5%	95.6%
BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	93.6%	93.8%	94.4%	96.3%	94.4%	91.3%	82.6%	78.6%	88.2%	85.9%	89.8%	93.3%	

Latest Month		Year to Date	Latest Available Monthly Position		SPCs		DQ Mark
Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	
		-£34,761					
		-5.0%					
		-£34,761					
		0.0%					
		-£16,771					
		-£39,991					
		9.4%					
		-					
		-					
		-					

**Trust Key Performance Indicators (KPIs) - 2023/24**

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)

**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

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? 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?	No Assurance
	T - Timely & Complete	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Limited Assurance
	A - Audit & Accuracy	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?	Reasonable Assurance
	R - Robust Systems & Data Capture		Substantial Assurance

Quality of care, access and outcomes			Responsible Director	Standard	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark				
												Numerator	Denominator	Year to Date v Standard	Trend - Apr 2019 to date	WWT Latest month v benchmark	National or Regional					
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	66.9%	67.9%	65.8%	72.9%	72.4%	78.6%			764	972	69.8%			78.1%	February				
	2 Week Wait all cancers	Chief Operating Officer	93%	78.7%	86.4%	80.4%	88.3%	90.1%	96.9%			933	963	85.8%			83.0%	February				
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	53.8%	71.4%	53.3%	90.5%	95.8%	83.3%			30	36	60.6%			71.8%	February				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	87.4%	78.4%	80.0%	73.8%	69.1%	80.8%			59	73	81.6%			91.4%	February				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	87.4%	77.8%	79.3%	74.3%	71.6%	82.1%			64	78	81.5%			91.1%	February				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		10	14	9	8	12	4					107				February				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	64.3%	48.4%	64.0%	59.2%	51.7%	71.1%			30	42	59.9%			58.3%	February				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%		50.0%	100.0%	100.0%	60.0%	100.0%			2	2	81.8%			60.7%	February				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	70.8%	55.2%	81.0%	73.9%	48.1%	76.9%			10	13	69.3%			75.7%	February				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	65.5%	49.7%	78.8%	60.9%	50.3%	70.9%			42	59	61.8%			75.7%	February				
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	109	113	126	117	142	121	58								February					
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2022/23	102%	115%	105%	107%	122%	115%	103%		29129	28341	107%								
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	Data being verified									61	134	97.7%							
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	Data being verified									30	35	83.3%			84%	Jan			
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	91.0%	90.8%	90.9%	91.1%	90.0%	89.7%	90.3%		2731	3024	90.4%			92.2%	Feb to Jan				
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	102%	105%	105%	103%	103%	109%	104%		6377	6112	102%								
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	76.9%	80.7%	73.0%	73.6%	64.4%	65.8%	71.4%		1156	1618				73%	July				
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	9.9%	6.6%	12.1%	13.2%	20.1%	17.0%	12.2%		198	1618	10.1%			12%	July				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	119%	119%	113%	114%	117%	123%	120%		2828	2366	115%								
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	44%	45%	42%	41%	43%	46%	45%		1193	2627	42.6%			36%	Feb to Jan				
	A&E - % of patients seen within 4 hours	Chief Operating Officer	76%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%		4983	7606	56.3%			74.2%	Mar				
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		15.9%	14.3%	16.0%	17.3%	19.1%	16.9%	12.2%		926	7606	15.4%			5%	Feb to Jan				
	A&E - Time to treatment	Chief Operating Officer		02:15	01:52	01:34	01:53	01:43	01:46	01:31								01:41	Feb to Jan			
	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	00:28	00:25	00:27	00:26	00:25	00:25	00:24								00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	181	213	253	230	305	306	250					2720							
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	9.0%	7.7%	8.6%	8.7%	7.7%					107	5309	8.2%			8%	Feb to Jan				

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	57.7%	58.6%	59.6%	57.9%	57.2%	56.3%	55.4%	13020	23520			57.6%	Feb			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	64.9%	66.2%	67.4%	65.5%	66.8%	67.6%	68.3%	2909	4260							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		27857	27260	26915	27031	26837	27256	27780									
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1959	1981	1782	1636	1446	1287	1152					305050				
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	568	609	433	478	448	342	112					75004				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	34	33	18	16	7	16	9					9969				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	4	4	3	1	1	0					252				
	GP Referrals	Chief Operating Officer	2019/20	118%	110%	117%	98%	104%	119%		3458	2909	109%						
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	113%	111%	113%	101%	112%	116%	129%	5454	4226	111%						
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	82%	112%	88%	121%	114%	113%	83%	5454	6540	102%						
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	110%	101%	110%	101%	109%	109%	124%	17257	13940	109%						
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	86%	113%	93%	133%	126%	120%	89%	17257	19325	108%						
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	100%	95%	101%	92%	99%	106%	121%	2891	2389	99%						
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	80%	104%	84%	112%	104%	113%	84%	2891	3446	96%						
	BADS Daycase rates	Chief Operating Officer	Actual	76.7%	78.0%	76.7%	75.3%				0	0	78.6%			79%	Dec		
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%			77.3%			78%	February		
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%	81.5%	80.3%	82.8%	82.3%	82.8%	84.1%	84.7%			82.7%			82%	February		
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	30	15	29	31	65	36	31			358			20372	Jul to Sep		
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	143%	130%	130%	119%	125%	111%	107%	2911	2708	129%						
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	83%	86%	131%	158%	143%	150%	99%	756	761	97%						
Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	185%	158%	181%	148%	114%	95%	149%	1717	1154	155%							
Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	27.6%	22.5%	17.2%	13.2%	17.9%	15.6%	21.5%	1489	6924				20.8%	Feb			
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	95.4%	96.2%	92.9%	92.2%	91.3%	92.1%	93.8%	144	153	93.8%						
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	23.9%	23.3%	22.9%	23.8%	24.3%	24.3%	19.5%	22	113	19.5%						
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	61.7%	63.6%	66.0%	64.9%	63.8%	64.6%	62.9%	132	210	62.9%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	93.4%	92.5%	92.6%	92.5%	88.4%	88.2%	87.0%	100	115	87.0%						
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2022/23	98%	93%	97%	95%	141%	115%	99%	150	151	103%						
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:35	1:24	1:23	1:24	1:24	1:22										
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development								0	0						
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	6.4%	6.8%	6.5%	6.9%	6.5%	6.2%	6.0%	1583	24649	6.3%			7.2%	Feb to Jan		
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	85.1%	81.9%	86.3%	83.6%	83.3%	86.5%	87.0%	12782	14685	84.2%						
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	108%	97%	109%	102%	108%	106%	122%	11803	9714	108%						
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	88%	114%	95%	139%	132%	124%	92%	11803	12785	111%						
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	22.0%	21.7%	20.7%	20.4%	21.1%	19.8%	19.2%	3316	17257	21.7%			18%	Feb to Jan		
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		12.2%	5.7%	6.9%	8.1%	2.8%	13.1%	8.7%	13	150							



Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	99%	100%	100%	99%	100%	100%	100%	317	317	98%			95%	Mar				
Bed occupancy - Community Wards	Chief Operating Officer	<92%	96%	97%	100%	99%		96%	98%	78	80	96%								
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	52	81	49	28	24	65	74			1021			4811	Feb				
Patient ward moves emergency admissions (acute)	Chief Operating Officer		7%	9%	9%	8%	11%	10%	9%	128	1322	9%								
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	3.7	3.8	4.1	3.8	4.0	3.9	3.7	9068	2445	3.943235			4.4	Feb to Jan				
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.2	3.0	2.2	2.3	2.4	2.8	2.7	722	250	2.3			3.1					
Medically fit for discharge - Acute	Chief Operating Officer	5%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	1762	9427				23.1%	Dec				
Medically fit for discharge - Community	Chief Operating Officer	10%	54.3%	43.6%	39.4%	43.6%	50.1%	51.6%	50.1%	1366	2725									
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	10.9%	11.6%	11.4%	11.2%				500	4449	10.8%			7.5%	Jan to Dec				
HSMR - Rolling 12 months	Chief Medical Officer	<100	114.5	111.3	112.8	111.9				766	688				99	Feb to Jan				
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	102.8	101.6	102.1					1260	1235				100	Jan to Oct				
Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0			1								
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	1	0			1								
MSSA Bacteraemia	Chief Nursing Officer		1	4	4	2	1	2	2			21								
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	2	3	3	4	3	3	2			38								
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	0	0	5	3	2	2	1			29								
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0	1									11								
Serious Incidents	Chief Nursing Officer	Actual	5									38								
VTE Risk Assessments	Chief Medical Officer	95%	89.1%	88.5%	89.8%	88.0%	87.4%	89.1%	88.1%	4478	5080	89.4%								
WHO Checklist	Chief Medical Officer	100%	99.4%			99.4%														
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	44.7%	62.9%	64.3%	48.1%	53.5%	66.7%	63.0%	17	27	64.1%								
Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	33.3%	100.0%	100.0%	0.0%	66.7%	60.0%	33.3%	1	3	58.1%								
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	70.0%	85.2%	90.9%	90.6%	80.0%	77.6%	82.6%	38	46	81.8%								
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)	30	35	34	24	27	29	38			373								
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	1	0	0	0	0	0			1								
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	36.8%	32.4%	52.2%	17.6%	34.6%	37.9%	36.7%	11	29	40.1%								

Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%									
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	68.2%	71.8%	73.1%	72.9%	77.0%	75.7%	81.2%		
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	86.8%	85.0%	87.9%	82.0%	85.7%	81.7%	88.6%		
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%									
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	96.3%	92.9%	89.7%	87.2%	96.7%	92.6%	91.3%		
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	19.0%	20.0%	19.0%	19.0%	21.0%	21.0%	20.0%		
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	16.0%	15.0%	15.0%	15.0%	18.0%	16.0%	17.0%		
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	26.0%	22.0%	32.8%	31.0%	23.0%	23.0%	16.0%		

4	5023	0.1%												
187	211	86.0%								77%				
4	4	93.9%								94%				
		86.7%								95%				
										92%				
211	1269	16.9%												
23	145	22.3%												

People		Responsible Director	Standard	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	8.4%	7.0%	7.1%	6.1%	7.9%	8.1%	6.0%
	Appraisals	Chief People Officer	85%	75.7%	74.1%	70.9%	72.7%	70.6%	71.8%	70.8%
	Mandatory Training	Chief People Officer	85%	89.2%	89.1%	89.1%	89.0%	88.8%	88.8%	88.4%
	Overall Sickness	Chief People Officer	3.5%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	10.9%	10.6%	10.6%	10.3%	10.1%	10.1%	10.4%
	Vacancy Rate	Chief People Officer	5%	4.6%	4.2%	4.0%	3.7%	3.8%	3.9%	3.9%

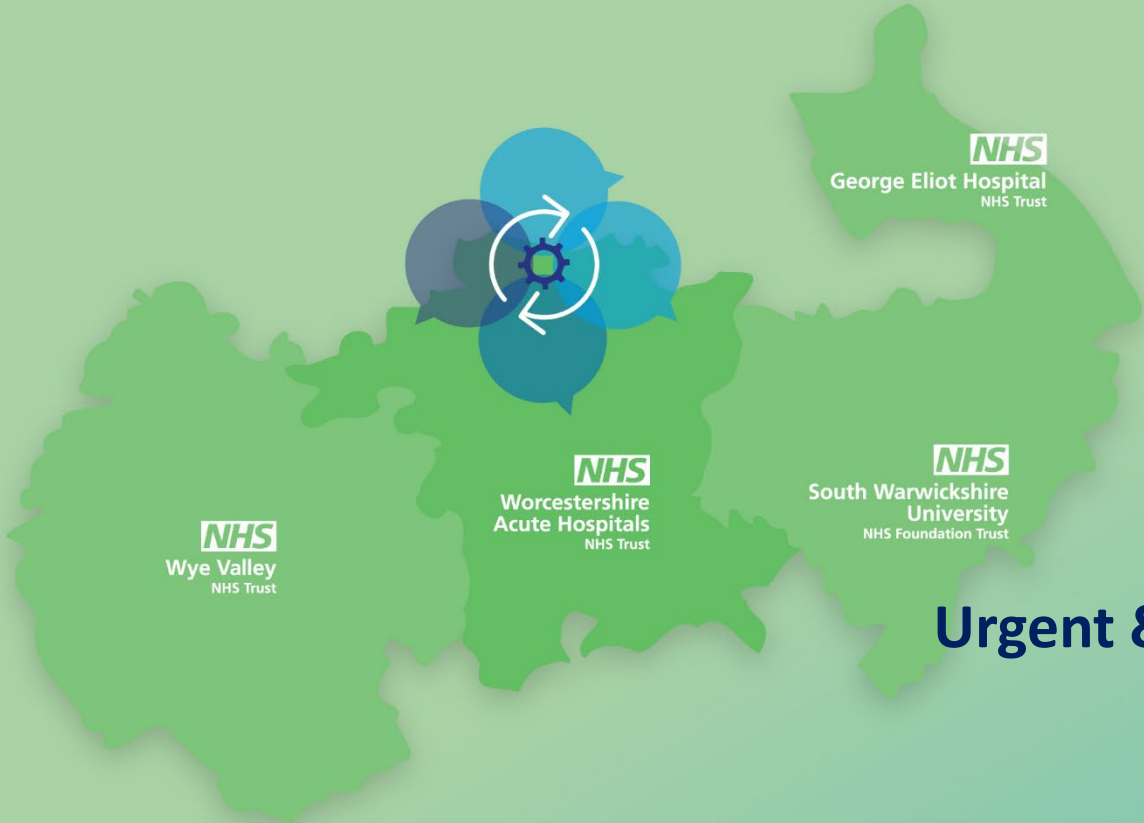
Latest Month		Year to Date		Trend - Apr 2019 to date		Latest Available Monthly Position		Pass/Fail		Trend Variation		DQ Mark	
Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation						
		7%											
2260	3190	75%			76%			2021/22					
34695	39248	89%			88%			Oct					
4383	110730	5%			6%								
359	3447	10%											
146	3719	5%											

Finance and Use of Resources		Responsible Director	Standard	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£3,173	-£1,198	£425	-£2,906	-£2,430	£9,902	-£9,316
	I&E - Margin (%)	Chief Finance Officer	≥0%	-11.9%	-4.2%	1.4%	-11.0%	-7.0%	24.5%	-22.1%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£1,229	£221	£1,720	-£208	-£3,427	-£3,019	-£13,529
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-5.5%	0.8%	5.5%	-0.8%	-9.8%	-7.5%	-32.2%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£878	-£1,056	-£862	-£841	-£708	-£830	£906
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£1,410	£1,338	£1,382	£1,087	£1,482	£1,596	£1,127
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	8.0%	7.5%	7.3%	6.1%	8.1%	8.5%	6.0%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£111	-£409	-£366	£520	-£2,959	-£689	-£1,572
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£11	£15	£19	£24	£23	£23	£19
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	99.1%	99.7%	84.7%	56.2%	78.6%	95.8%	101.1%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	95.9%	98.4%	84.0%	43.1%	95.9%	96.3%	97.6%

Latest Month		Year to Date		Trend - Apr 2019 to date		Latest Available Monthly Position		Pass/Fail		Trend Variation		DQ Mark	
Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation						
		-£21,973											
-£9,316	£42,073	-1.4%											
		-£20,481											
-£13,529	£42,073	-5.7%											
		-£7,743											
		£16,308											
£1,127	£18,616	8%											
		-£6,328											
		£19											
£18,329	£18,125	89.2%											
£5,733	£5,873	89.1%											

<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	6.2
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Deep Dive into Urgent and Emergency Care (including Virtual Wards, Length of Stay, Demand Management and Discharge to Assess)		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For information and discussion		
<b>Author:</b>	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Helen Lancaster, Chief Operating officer of WHAT		
<b>Lead Executive Director:</b>	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Helen Lancaster, Chief Operating officer of WHAT		
<b>1. Purpose of the Report</b>	<p>To provide the Foundation Group Board with a current update of the position faced across the Foundation Group in the delivery of Urgent and Emergency Care (UEC).</p> <p>It is recognised that all Trusts across the Foundation Group have experienced issues, drivers and introduced improvement opportunities, particularly during the national challenge to improve 4-hour Emergency Access Standards in March 2024, with plans to focus on winter 2024/25 as early as possible.</p> <p>The report also shows data graphs relating to attendances, 4-hour performance, length of stay and Virtual Ward activity and aspirations (from a Community of Practice approach). Common findings amongst the Group have been identified as has next steps.</p>		
<b>2. Recommendations</b>	The Foundation Group Boards is asked to receive and note this report.		
<b>3. Executive Assurance</b>	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings.		

# Benefits of Working in a Foundation Group



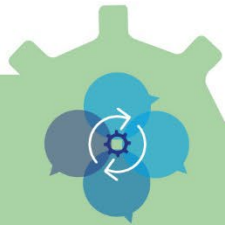
# Urgent & Emergency Care Review

Foundation Group Board – MAY 2024

# Introduction

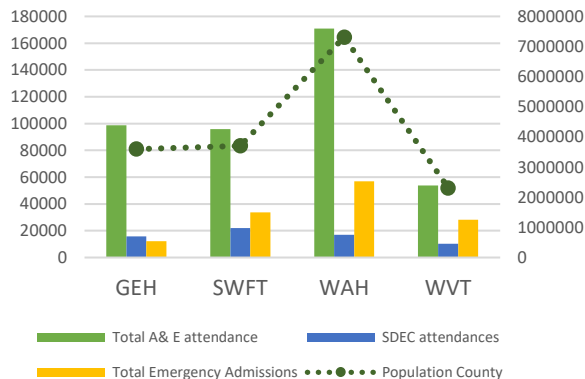
Urgent and Emergency Care (UEC) Services perform a critical role in keeping the population healthy and have a role to play in supporting patients to receive the right care, by the right person, in the right place, as quickly as possible:

- Attendance avoidance
- Emergency Department and Same Day Emergency Care (SDEC) areas,
- Pathway admission, length of stay and criteria to reside,
- Discharge pathways with community support and care, and virtual wards,

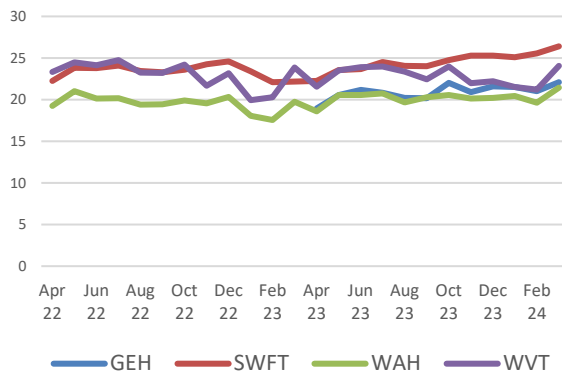


# Attendances

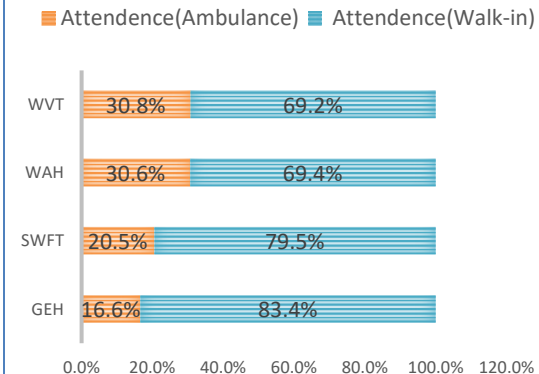
## URGENT ACTIVITY TYPES APR23-MAR 24



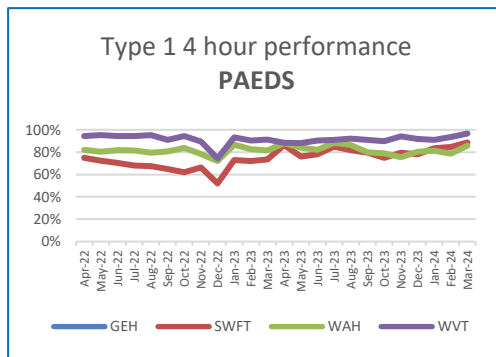
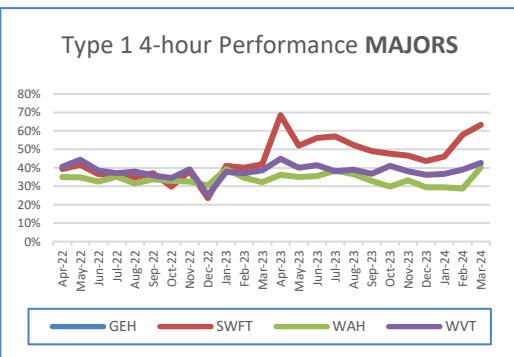
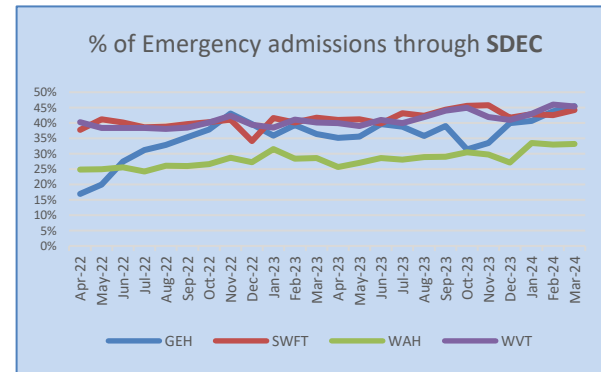
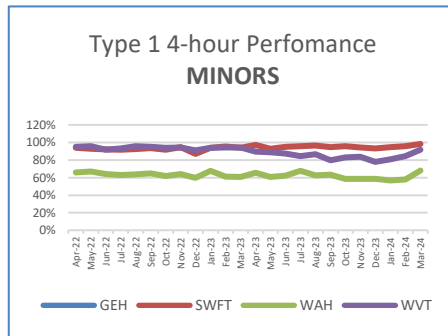
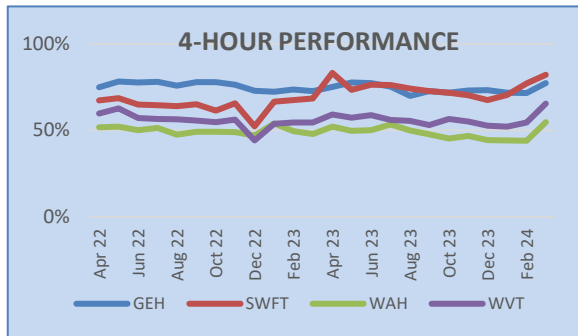
## TYPE 1 A&E ATTENDANCES PER 1000 POPULATION



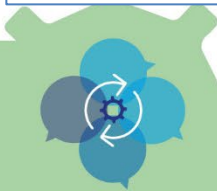
## AMBULANCE/WALK IN APR 23-MAR 24



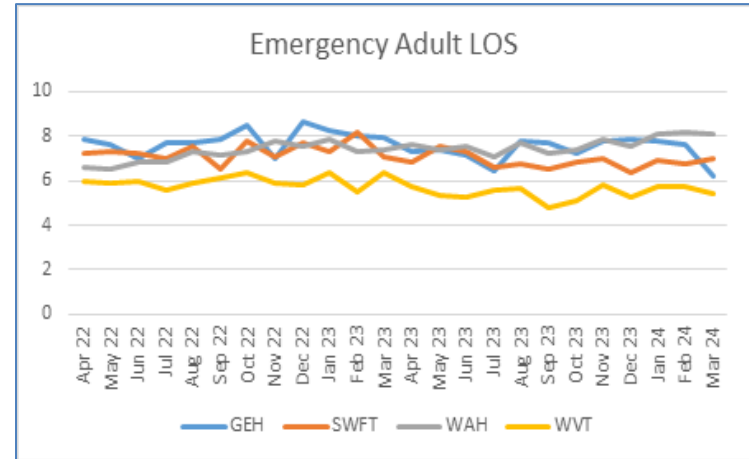
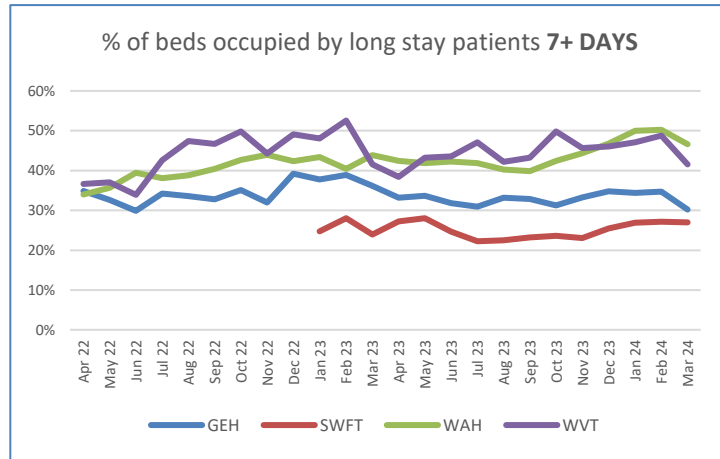
# Emergency Department and Same Day Emergency Care (SDECs)



SDECs (at a glance)	GEH	SWFT	WAHT	WVT
Medicine	✓	✓	✓	✓
Frailty	✓	✓	✓	✓
Surgical	✓	✓	✓	✓
Paediatric		✓		✓
Early Pregnancy & Gynae		✓	✓	✓
Cardiology			✓	
Therapy		✓		



# Length of Stay





# Virtual Wards : *Implementation and plans for onboarding VWs*

Specialty/Condition	SWFT	Comments	GEH	Comments	WAHT	Comments	WVT	Comments
<b>Respiratory</b>		Scoping commenced and Acute Respiratory infection keen to come onboard		Challenges is that it is not well utilised		Phase 2 VW development		Early Supported Discharge only
<b>Frailty</b>		Enhancing process mapping/referral routes				Later phase within Frailty programme		VW Hub based in ED/SDEC - under utilised
<b>General Medicine</b>		Need to re-establish/under utilised						VW Hub based in ED/SDEC - under utilised
<b>IV OPAT</b>		Enhancing VWs for Complex Infection/data reporting						
<b>Heart Failure</b>		Need to re-establish/under utilised				Establishment of WAHT VW infrastructure		
<b>Gastroenterology</b>				Specifically, alcohol detox pathway				
<b>Paediatrics</b>						Scoping meeting planned		Scoping meeting planned
<b>GAU</b>						Establishment of WAHT VW infrastructure		
<b>High Intensity User</b>		Scoping of VWs for High Intensity User						
<b>Oncology</b>		Scoping of new VWs for oncology/Haematology						
<b>General Surgery</b>								Scoping opportunity

## Issues

- Overcrowding in the Emergency Department
- High number of patients waiting more than 12 hours for admission
- Increased number of >60min Ambulance handover delays

## Drivers

- High number of No Criteria To Reside patients
- <33% of discharges occurring before midday
- High number of >21day Length of Stay patients.

## Improvements

- Clinically Exec led Multi-Agency Discharge Events (MaDE) taking place weekly focus on long length of stay
- System collaboration discharge event w/c 15<sup>th</sup> April '24
- Site reconfiguration to rebase the medical capacity available / closure of surge areas
- Implementation of iBox ward module



## Issues

- Intelligence Conveyancing

## Drivers

- Increased numbers of out of area patients, between 40-80 per day
- Increased surgical attendances
- IP demand for side rooms

## Improvements

- Introduction of Clinical Decision Unit
- Surgical Assessment Unit, 7/7
- Extension of GP hours and slots
- Private Ambulance
- To aide flow, created Early Facilitation Flow Area for patients to await TTOs, etc.. In readiness for confirmed discharge
- Patient flow battle rhythm:
  - Daily: Red2Green assessment
  - Tuesday: Stranded Patient review To include Mental Health patients with CWPT, and Long LOS review at Silver
  - Wednesday: Out of Area MaDE and Bronze to Ward and Data-led Performance Review at Silver
  - Thursday : Action focussed Stranded Patient review with CLD opportunities for weekend
  - Friday: Long LOS MDT



## Issues

- Ambulance handover breaches over 60 minutes still occurring.
- Bed capacity is compromised due to sedate flow. More discharges required earlier in the day.
- Review efficiencies for Gen Med patients and onward care patients needed
- Intelligent conveyancing
- Site configuration

## Drivers

- Length of stay requires improvement, particularly for emergency admissions.
- High volumes of long length of stay patients (inc. on pathways)
- Poor pathway discharge totals
- High volumes of walk-ins, non-admitted and non-referred.
- Bed allocations not fully aligned to demand.
- High demand for side rooms due to IPC

## Improvements

- Patient Flow Programme to address LOS reduction, LLOS reduction, SPOA implementation, SDEC, Internal Professional Standards
- Revision of bed base – WRH is too ‘hot’ and Gen Med ownership.
- Introduction of single point of access, with “call before convey” for ambulance service
- Handover delays reducing in volume and length – supported by Ambulance Handover protocol and revision to ED GRAT process



**Issues:**

- Significant ED congestion across all pathways
  - Challenges with Time to Initial Assessment and Time to be Seen
- Capacity with SDEC area to support ED flow

**Drivers:**

- Senior Nurse Streamer: At ED reception 12/7 – streaming to the right clinical pathway on arrive – SDECs / Minors / Primary Care
- Minors Pathway: Increase support for Minor Injuries and GP [10/7] for Minor Illness Pathway
- SDECs Pathways: Increased capacity to “pull” from ED
  - Additional Surgical SDEC capacity at weekends
  - Medical SDEC review of patient condition to utilise Medical Day Case and refer patient to VW rather than FUP face-to-face
  - Paediatric SDEC – improved escalation and oversight
  - Gynae SDEC – ring-fenced capacity and ring-fence inpatient bed to maintain flow
- Increased Hot Clinic: ENT hot clinics slots each weekday morning and afternoon – reduce ENT Fit2Sit ED breaches

**Improvements:**

- Minors Performance, 92% for March, our best since March last year
- Paediatrics Performance, 97% for March, our best performance for more than 2 years
- Average Time to Triage of 23 minutes / Time to be Seen and treatment started 60% within an hour, both our best performance for more than 2 years
- A reduction in the time patients waited in ED for over 12 hours reduced to its lowest level for more than 2 years
- SDECs: Additional 188 patients seen in SDECs compared with January 24 – highest patients throughput via SDEC
- GP in ED: Saw a total of 460 patients 4<sup>th</sup>-31<sup>st</sup> March – 445 seen within 4 hours - 98% 4hr EAS
- UEC improvement Programme for 24/25 includes all the above learning converted into schemes as part of “WVT Valuing Patients Time” agenda



# Group Challenges and Opportunities

## Common challenges across the Group

- As patients move away from the front door to SDECs, it will be imperative that the hospital flow allows faster transfer for admitted patients to beds. The 4-hour EAS is harder to achieve as the short stay ED patients will no longer be seen in ED.
- Out of Area – conveyances and Discharge delays
- Virtual Ward – utilisation & expansion
- Streaming to Primary Care – that support patient experience and timeliness
- 7 Day working and how to deliver
- High Acuity: Average acuity score Feb:
  - SWFT: 4.46,
  - GEH:4.76,
  - WAHT Alex 4.79, WHAT Worcester 4.28,
  - WVT 5.21

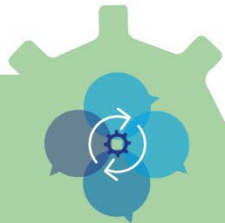
## Common opportunities for learnings across the Group

- Same Day Emergency Care (SDEC) - what has worked well and has not worked well
- What are our productivity gains achieved by improving LOS.
- Single Point of Access developments
- OPAT expansion (including introduction of Fluflex)
- Consultant Connect learning
- Development of Virtual Ward offer.



## What's next?

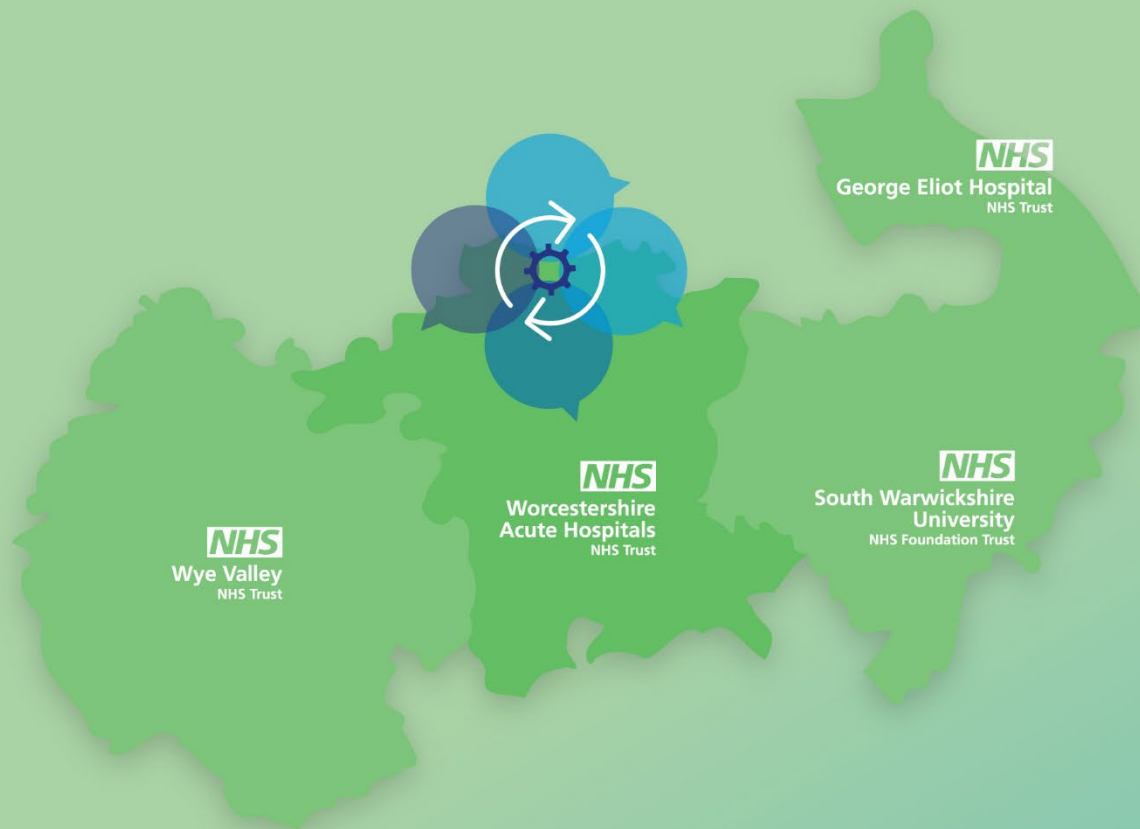
- To hold a Foundation Group Debrief Winter Planning Summit, to identify any sharing of best practice or implementation of plans. Early preparation for next winter planning.
- To develop an SDEC Community of Practice across the Group to share learnings, benefits realised from SDECs and share best practice – *whilst recognising our differences*
  - To understand variance of Emergency admissions through SDEC through COP
- Strategy & Planning: Demand and Capacity focus on Bed modelling and population



<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	6.3
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Safe Staffing Overview (to include Nurse Per Bed Ratio)		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For information		
<b>Author:</b>	Jeanette Halborg, Deputy Chief Nursing Officer GEH, Emma Smith, Associate Chief Nursing Officer WVT, Ellie Ward, Deputy Chief Nursing Officer SWFT, and Sue Smith, Deputy Chief Nursing Officer WHAT.		
<b>Lead Executive Director:</b>	Natalie Green, Chief Nursing Officer GEH, Lucy Flanagan, Chief Nursing Officer WVT, Fiona Burton, Chief Nursing Officer SWFT, and Sarah Shingler, Chief Nursing Officer WAHT.		
<b>1. Purpose of the Report</b>	To provide the Foundation Group Board with a Group overview of inpatient Nurse staffing.		
<b>2. Recommendations</b>	The Foundation Group Board is asked to receive and note this report.		
<b>3. Executive Assurance</b>	This report provides assurance that safe staffing was reported from all four Trusts for Quarter 4 (Q4) with consistent fill rates being reported on the 'safer staffing return' and Care Hours Per Patient Day (CHPPD) is stable across the four Trusts and within national variance. Also to note, there has been no correlation between staffing incidents and reported patient harm.		



April 2024  
(Quarter 4 data)



## Safer Nurse Staffing

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

# National Context – Safer Nurse Staffing

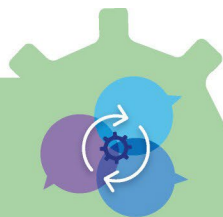
Expectation 1	Expectation 2	Expectation 3
<b>Right Staff</b> 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	<b>Right Skills</b> 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	<b>Right Place and Time</b> 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 -

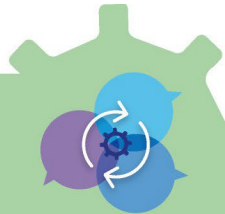


# Safer Nurse Staffing Dashboard

Staffing dashboard	SWFT			WVT			GEH			WAHT		
	Jan 24	Feb 24	Mar 24	Jan 24	Feb 24	Mar 24	Jan 24	Feb 24	Mar 24	Jan 24	Feb 24	Mar 24
Number of beds	384	384	384	386	386	386	359	359	359	853	853	853
Vacancy rates RN (%)	10.54%	9.68%	9.87%	1.1%	0.7%	0.5%	5.93%	7.2%	5.33%	3.58%	3.19%	2.84%
Vacancy rates HCA (%)	6.02%	5.13%	5.56%	5.0%	5.6%	5.0%	5.99%	6.6%	4.41%	9.36%	7.81%	5.9%
Safer staffing return (Unify) overall	104%	103%	105%	114%	114%	109%	142%	108%	No available data	101%	102%	102%
CHPPD overall	8.1	7.6	8.2	8.3	8.2	7.8	6.9	6.8	No available data	8.4	8.6	8.7
Incidents / red flags	18	23	21	8	23	21	11	13	9	22	19	29
Overall NHSP/bank & Agency requests & fill RN (%)	94%	93%	94%	86%	94%	96%	92%	93%	93%	92%	95%	94%
Overall NHSP/bank & Agency requests & fill HCA (%)	86%	87%	86%	90%	95%	96%	83%	83%	87%	83.8%	87.5%	89.7
Agency / bank spend RN (%)	18%	19%	18%	19.58%	18.53%	14.37%	24%	24%	18%	19%	18.85%	20.45%
Agency / bank spend HCA (%)	17%	20%	24%	22.92%	24.39%	20.22%	24%	24%	19%	27%	29%	14.98%
Sickness RN (%)	8.33%	7.82%	No available data	6.6%	5.9%	3.6%	10.32%	10.34%	9.64%	7.19%	6.73%	6.8%
Sickness HCA (%)	Combined	Combined	Combined	8.5%	7.6%	4.62%	Combined	Combined	Combined	8.85%	8.53%	8.36%
Quality indicators:												
Falls with harm in month (per 1000 bed days)	0.79	1.08	0.94	0.15	0.16	0.07	0.00	0.16	0.08	0	0	0
Hospital acquired pressure ulcers (per 1000 bed days)	0.26	0.07	0.07	2.52	2.48	1.35	4.37	3.86	3.58	0.93	1.16	0.91
Friends and family recommended %	91%	88%	89%	91.7%	91.7%	91.9%	89%	82%	90%	94.3%	93.2%	93.9%

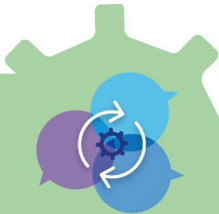
# Combined CNO Exceptions and Escalations

- Vacancy rates for Registered nurses and Healthcare Assistants (HCA's) are reducing across the Group
- The Safer staffing return figures and Care Hours Per Patient Day (CHPDD) are stable across the Group with CHPDD being within the national variance
- There is no correlation between staffing incidents and patient harm across the Group
- Agency / bank fill rates are stable across the Group with some variation being seen in the agency and bank spends but a reduction in spend in some areas
- Sickness rates for Registered Nurses (RN's) and Healthcare Assistants are reducing across the Group
- Falls with harm and pressure ulcers with care omissions remain low across the Group and are all reported per 1000 bed days.
- Additional capacity beds remain open across the Group resulting in unplanned spend on temporary staffing.
- Boarding of patients continues across the Group and continues to be a patient safety concern.
- Cessation of use of all off framework agencies from July 2024 is a risk in Paediatric services across the Group; plans being worked through to mitigate this risk



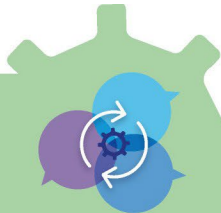
# Exceptions and Escalations – Fiona Burton CNO SWFT

- The 384 core beds exclude Maternity, our CERU head injury unit and Feldon as part of the stroke pathway with University Hospitals Coventry and Warwickshire (UHCW). The capacity escalation includes up to 30 additional beds within existing areas. On numerous occasions between January and March 24 additional capacity beds were opened resulting in unplanned spend on temporary staffing.
- NHS England (NHSE) has directed a cessation of all off framework agency from July 2024. This presents a risk, as use of off framework at SWFT is driven by paediatric nursing in the acute and complex care packages for children, plus emergency cover for Special Care Baby Unit (SCBU), and there are limited agencies who can provide this specialist cover. Teams are planning mitigations for July including recruitment drives and negotiations with other agencies. This is an opportunity as a system and group to reduce rates and work together to find solutions.
- The majority of temporary staff fill is with bank rather than agency, with very little Clinical Support Worker (CSW) agency used and 61% RN bank fill.
- The Trust has ended the year with nurse agency spend of £9.501m. This is a £2 m reduction on 22/23, c. 3.4% of total pay and therefore met the agency ceiling. This was despite a significant year on year increase in the clinical workforce headcount.
- Nurse vacancies have also decreased and are at the lowest level since pre 22/23. Some Divisions are now showing over-establishment at CSW level; this is likely to be due to Trainee Nurse Associates / Nurse apprentices being in post but not budgeted.
- The CNO led Project 1000 system work to close the current gap and ensure nursing future workforce continues. There has been great success at SWFT in nursing apprentices and growing our own workforce with a high retention rate in this cohort. We continue to support this programme at cost pressure as the right thing to do to address future staffing needs in the face of a decline in students taking up a nursing degree.
- There was no correlation between staffing incidents and patient harms this quarter. All inadequate staffing incidents were reported as resulting in no harm. Falls with harm and pressure ulcers with care omissions remain low and are reported per 1000 bed days.



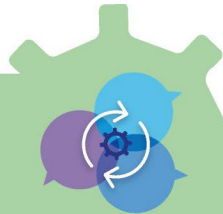
# Exceptions and Escalations – Lucy Flanagan CNO WVT

- The Trust have continued to utilise 31 additional and escalation beds during this period driving a temporary workforce demand of 40wte (whole-time equivalent) in the quarter.
- Throughout this period, we have had an average of 24 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. A business case for staffing is in development.
- In year service developments equate to temporary workforce of 20wte, these will be funded from April 2024
- Recent Trust Management Board paper to increase funded establishment and recruit substantively where appropriate to do so has been agreed, this includes increasing headroom (timeout allowance) for HCA staff to 21% in line with nursing
- Care hours per patient day would be 7.3 average based on funded establishment
- Despite a strong vacancy position for registered nurses the factors above are driving a high level of agency demand
- Pressure Ulcer Information includes more than hospital acquired and is for all grades of pressure ulcer – this is an area of focus
- NHSE has directed a cessation of all off framework agency from July 24. This presents a risk for SCBU and paediatric nursing due to limited agencies who can provide this specialist cover.
- Master vend contract due for renewal – options appraisal for agency provision in development and mitigation plan for July directive
- Agency spend at end of year 9.2m compared to 14m in prior year



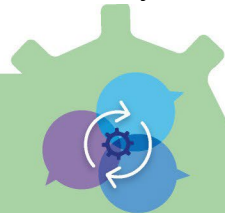
# Exceptions and Escalations – Natalie Green CNO GEH

- Total funded beds = **359** Actual beds open (excluding boarders) = **387** Overall total funded/ unfunded/ Boarders = **396** in Jan, **396** in Feb, **400** in March 2024 (Excludes Maternity and Neonates)
- Additional unfunded capacity across the Trust has, in the main, been staffed through NHS Providers (NHSP) bank or agency.
- Staffing gaps for the next 24 hours are risk assessed daily through the safe staffing meeting and 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.
- Zero off-framework agency use in the Trust since July 2023. Agency is not used for Healthcare Support Worker (HCSW) shifts.
- We are reducing expenditure of NHSP and Agency costs and the visibility of shifts to agencies. Hourly rates have been aligned to national cap and any agencies not compliant are under 'golden key' which requires corporate nurse sign off via a staffing risk assessment.
- Agency usage is predominately in the Intensive Care Unit, Emergency Department (ED), Childrens Assessment Unit and Theatres.
- Month 12 nursing agency spend is below NHSE 3.7% KPI – GEH 3.2% reduced from 9.5% in month 1.
- Extensive establishment review and budget alignment with planned rosters took place in quarter 4 to ensure 2024/25 budgets tally.
- 10 cohorts of 10/12 IEN have arrived at GEH cohort 10 arrived February 2024.. Totalling 110wte IEN.
- Domestic Registered Nurse recruitment on average has totalled between 3 – 5 a month.
- Percentage of Maternity leave for Jan 3.24%, Feb 2.57% Mar 2.48 %. 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 2% uplift does not cover all requirements for mandatory training or other leave.
- 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 the average leavers per month is RNs = 8 and HCSW = 8



# Exceptions and Escalations – Sarah Shingler CNO WAHT

- Number of General and Acute (G&A) beds
  - January – March 2024: 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 continue to be reliant on temporary staffing. In addition, temporary staff are also required for GRAT nurses and waiting room nurses in ED. To note: the reduction in HCA bank and agency spend due to the increase in substantive headcount. Usage of off framework agency for Q4 was a total of 63.5 hours, used mainly in Paediatrics and ED on a bank holiday.
- Continued progress demonstrated in the reduction of both RN and HCA vacancies.
- 12 cohorts of Internationally recruited nurses arrived, the last cohort in March, totalling 151wte for the 23/24 financial year
- Safer Staffing Return (Unify) data consistently above 95% required fill rate
- CHPPD
  - The figures are within the national range of 6.33 to 15.48 and are stable between 8.4 and 8.7
- 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) due to specialty wards and smaller ward templates
  - The 2<sup>nd</sup> acuity and dependency study for the year concludes in April and meetings are scheduled to review all nursing establishments, ward templates and staffing models.
- Incidents / red flags – consistent reporting demonstrated with no associated patient harm
- Quality indicators – no concerns to escalate.





<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	6.4
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Implementation of the Sexual Safety Charter		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For information		
<b>Author:</b>	Gertie Nic Philib, Chief People Officer, GEH & SWFT Geoffrey Etule, Chief People Officer WVT Ali Koeltgen, Chief People Officer WAHT		
<b>Lead Executive Director:</b>	Gertie Nic Philib, Chief People Officer, GEH & SWFT		
<b>1. Purpose of the Report</b>	This report updates Foundation Group Boards on the status of the implementation of the sexual safety charter in each of the Trusts.		
<b>2. Recommendations</b>	Foundation Group Boards are asked to receive and note this report.		
<b>3. Executive Assurance</b>	Foundation Group Boards may take assurance that each organisation has signed its commitment to the national charter and that there are action plans in place in each organisation to respond to the charter.		

**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 – 2 May 2024**

**Implementation of the Sexual Safety Charter**

**Introduction**

In June 2023, NHS England launched the Sexual Safety in healthcare – organisational Charter, which set out the clear aim that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. The Sexual Safety Charter was launched in response to a number of reports of sexual assault, harassment and abuse in the NHS (see appendix 1).

The Charter built on the Domestic Abuse and Sexual Violence (DASV) Programme, which was launched in July 2022 with the aim of supporting staff, establishing national leadership and improving data collection.

Sexual harassment, abuse and/or misogynistic behaviours have no place in the modern workplace and any such behaviour falls significantly below our expectations of staff, volunteers and contractors and, as such, all four organisations have formally signed up to support the Charter.

**The Sexual Safety Charter**

As signatories to the Sexual Safety Charter, the four Trusts have committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

The Charter sets out 10 principles and actions to achieve a safe and supported work environment:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours;
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate;
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours;
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour;
6. We will ensure appropriate, specific and clear policies are in place. They will include appropriate and timely action against alleged perpetrators;
7. We will ensure appropriate, specific, and clear training is in place;
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours;
9. We will take all reports seriously and appropriate and timely action will be taken in all cases;
10. We will capture and share data on prevalence and staff experience transparently.

Where any of the ten principles of the Charter are not in place, Trusts are asked to commit to working to ensure that they are in place by July 2024.

All four Trusts have confirmed that they meet all ten principles of the Charter, albeit each organisation has noted that there is additional work to be done in this area and have developed supporting workstreams accordingly.

### Staff Survey

In 2023, under the People Promise of “We are safe and healthy” the National Staff Survey included two question on sexual harassment for the first time, the questions asked about whether staff had experience unwanted behaviours of a sexual nature and split responses into behaviours experienced from:

- A – patients, service users, their relatives or other members of the public
- B – staff or colleagues

The table below sets out the responses received against these questions by Trust.

**Table 1:** Staff Survey responses on unwanted sexual behaviour

Trust	Q17a – In the last 12 months have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients/ service users, their relatives or other member of the public	Q17b – In the last 12 months have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleague
National Average	7.73%	3.82%
National best result	0.93%	1.44%
GEH	8.07%	3.65%
SWFT	7.59%	2.46%
WAHT	9.41%	4.21%
WVT	7.41%	4.16%

The findings of the Staff Survey surveys put survivor voices front and centre for the first time, and we must ensure they are not just heard, but listened to. It is critical that our workforce and colleagues who have experienced or witnessed these crimes feel empowered to speak up, report and call out this behaviour.

The 2025/25 priorities and operational planning guidance, issues in March 2024, has asked that every NHS organisation implement the Charter and looks to respond to the Staff Survey feedback and improve safety at work.

### Actions to support the Sexual Safety Charter

It is noted that all four Trusts have confirmed they meet the ten principles of the Charter but have identified additional workstreams to support embedding and to improve experience in this important area.

The workstreams focus on areas such as:

- **Cultural change**

- Including: values and behavioural frameworks, communication campaigns, senior leadership role modelling and sharing of experiences; Regular HR, FTSU Guardian and Domestic Abuse Lead officer meetings to address any untoward behaviours and take appropriate actions to tackle any unwanted sexual harassment and behaviours;
- **Policy and training**
  - Including: Sexual Safety Policy development; Freedom to Speak Up, Dignity at Work and Safeguarding Policies; Development of sexual safety policies, developing specific sexual safety awareness training; Active Bystander training; Civility and Respect training;
- **Support**
  - Including: Sexual Safety Resource packs, signposting, reporting mechanisms, Freedom to Speak Up, development of Champions, considerations of the psychological safety to raise concerns; staff engagement campaigns to raise awareness of zero tolerance and support available

The workstreams include representation from a wide range of stakeholders including Staff Side, Freedom to Speak Up, Health and Wellbeing, People teams, Communications, Safeguarding. They also include representatives from different staff groups, including doctors of all grades

It is noted that there is a congruence across some of the workstreams, which provides and opportunity to work collaboratively across the Foundation Group on areas such as policy development, training, communications etc.

### **Conclusion**

The Foundation Group Boards may take assurance that all four Trusts have formally signed up to the Sexual Safety Charter with a commitment to zero-tolerance of any unwanted, inappropriate and/or harmful sexual behaviours towards our staff. Further assurance may be taken that all four organisations have confirmed they meet the ten principles of the Charter.

It is noted that sexual harassment, abuse or assault is significantly under reported and as such all four Trusts are continuing with work to increase reporting, improving psychological safety for reporting, along with supportive work of signposting staff, developing policies and associated training on sexual safety and on-going cultural development to eradicate any such inappropriate behaviour.

Gertie Nic Philib  
Chief People Officer SWFT/GEH

Sexual Safety UK

1 in 4 women and 1 in 18 men have been raped or sexually assaulted as an adult. Rape Crisis England & Wales

58% of women (3 in 5) have experienced sexual harassment, bullying or verbal abuse at work. TUC Poll, 2023

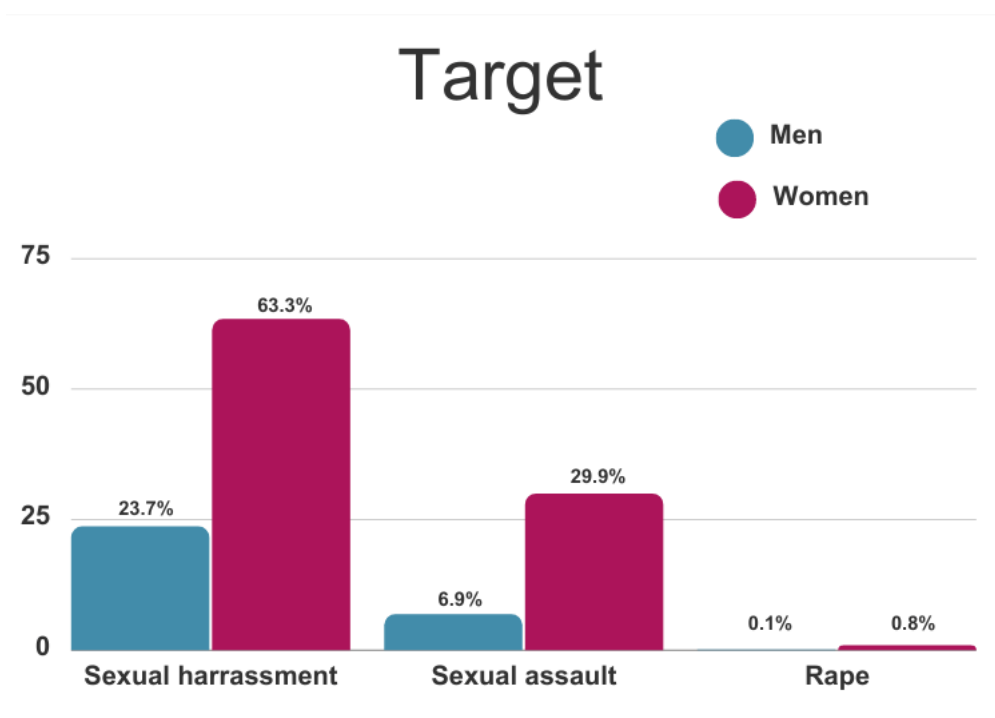
43% of women (2 in 5) have experienced at least three incidents of sexual harassment. TUC Poll, 2023

Health and social care staff are more likely to experience these crimes.

Black and minority, disabled, and LGBTQ+ communities experience abuse at a disproportionate rate.

\* Underreporting of these crimes is significant.

Source: Rape Crisis Centre England & Wales, England and TUC Poll 2023



*Figures from Breaking the Silence, the Working Party on Sexual Misconduct in Surgery report, September 2023*

Source: Royal College of Surgeons, England; September 2023

<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	7.1
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Annual Review of Board Committee Terms of Reference		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For approval		
<b>Author:</b>	<p>Erica Hermon, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)</p>		
<b>Lead Executive Director:</b>	Managing Directors, Chief Finance Officers, Chief People Officers and Chief Nursing Officers across the Foundation Group.		
<b>1. Purpose of the Report</b>	To ensure the Foundation Group Boards have an opportunity to consider and ratify the Board Committee Terms of Reference as part of the annual review process.		
<b>2. Recommendations</b>	<p>The Foundation Group Boards are asked to:</p> <ul style="list-style-type: none"> <li>(a) consider and ratify the proposed Foundation Group combined Terms of Reference for the Audit Committee;</li> <li>(b) consider and ratify the proposed Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee;</li> <li>(c) consider and ratify the proposed Terms of Reference for the Foundation Group Strategy Committee;</li> <li>(d) receive and note the Foundation Group combined Terms of Reference for the Charity Trustee;</li> <li>(e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group, and</li> <li>(f) receive and note the update on the Foundation Group combined Terms of Reference for the Trust Management Board and Finance and Performance Executive.</li> </ul>		

**3. Executive Assurance**

The Foundation Group Boards can be assured by the work taken place to review the Terms of Reference for each of the Board Committees, Charity Trustee, Trust Management Board and Finance and Performance Executive across the Foundation Group, which ensures they are aligned and a consistent approach where possible.

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

**Report to Foundation Group Boards – 2 May 2024**

**Annual Review of Board Committee Terms of Reference**

**1. Introduction**

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

**2. Board Committee Terms of Reference – Annual Review**

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

The Foundation Group combined Terms of Reference were presented to each Audit Committee and Appointments and Remunerations Committee within the Foundation Group, with comments and amendments captured in the final versions attached to this report for consideration and ratification (Appendix A and B). It should be noted that the Audit Committee Terms of Reference have also been reviewed to ensure they are in line with the HFMA's NHS Audit Committee handbook published on 20 March 2024.

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

Also the Foundation Group combined Charity Trustee Terms of Reference have been considered and approved by each of the Charity Trustees across the Foundation Group. As the Charity Trustee for each Trust is a corporate trustee and not a Board Committee, the Terms of Reference do not require Board approval and have therefore been attached for information only (Appendix D).

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

Work has also been taking place to combine the Finance and Performance Executive (F&PE) Terms of Reference and also the Trust Management Board Terms of Reference, however further work is required on both sets of Terms of Reference. The Trust Management Board Terms of Reference will be submitted to either a future Foundation Group Boards or the individual Board meetings for approval. The F&PE Terms of Reference



will be considered by each F&PE and then submitted to each Trust Management Board for approval. Approval is not required by the Foundation Group Boards as F&PE is not a Board Committee.

### **3. Recommendations**

The Foundation Group Boards are asked to:

- (a) consider and ratify the proposed Foundation Group combined Terms of Reference for the Audit Committee;
- (b) consider and ratify the proposed Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee;
- (c) consider and ratify the proposed Terms of Reference for the Foundation Group Strategy Committee;
- (d) receive and note the Foundation Group combined Terms of Reference for the Charity Trustee;
- (e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group, and
- (f) receive and note the update on the Foundation Group combined Terms of Reference for the Trust Management Board and Finance and Performance Executive.

Erica Hermon  
Company Secretary/  
Associate Director of Corporate Governance – WVT  
and Company Secretary – WAHT

Sarah Collett  
Trust Secretary – SWFT and GEH



## Audit Committee

### TERMS OF REFERENCE

<p><b>Remit</b></p>	<p>The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board), in accordance with the Trust’s Constitution<sup>1</sup> or Standing Orders<sup>2</sup>, as an Audit Committee in relation to providing assurance to the Board, specifically in relation to internal controls, risk management and the Trust’s overarching governance framework.</p>
<p><b>Accountability Arrangements</b></p>	<p>The Committee is accountable to the Board in accordance with the following paragraphs of the Constitution<sup>3</sup> or Standing Orders<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>• The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate<sup>5</sup>.</li> <li>• An Audit Committee will be established and constituted to provide the Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS<sup>6</sup>.</li> </ul> <p>The Committee has the full support of the Board and the Board has authorised the Committee to:</p> <ul style="list-style-type: none"> <li>• investigate any activity within its Terms of Reference.</li> <li>• seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee.</li> <li>• to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.</li> </ul>
<p><b>Responsibilities</b></p>	<p><u>Governance, Risk Management and Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and</p>

<sup>1</sup> For SWFT

<sup>2</sup> For WVT, GEH and WAHT

<sup>3</sup> For SWFT

<sup>4</sup> For WVT, GEH and WAHT

<sup>5</sup> SWFT Constitution paragraph 39

<sup>6</sup> GEH Standing Order 4.8.1, WVT Standing Order 43.1 and WAHT Standing Order 25.9

internal control, across the whole of the organisation's activities (both clinical and non-clinical), including subsidiaries<sup>7</sup>, that supports the achievement of the organisation's objectives.

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

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

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

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

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

#### Internal Audit

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

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

---

<sup>7</sup> For SWFT

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

#### External Audit

The Committee shall review and monitor the External Auditor's (as appointed by the Council of Governors<sup>8</sup> or Trust Board<sup>9</sup>) independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors, and consider the implications and management's responses to their work. This will be achieved by:

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

---

<sup>8</sup> For SWFT

<sup>9</sup> For GEH, WAHT and WVT

### Other Assurance Functions

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

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

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

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

### Counter Fraud

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

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

### Management

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

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

#### Financial Reporting

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

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

#### Waiver<sup>10</sup>/Suspension<sup>11</sup> of Board Standing Orders

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

#### System for Raising Concerns

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

#### Governance Regulatory Compliance

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

<sup>10</sup> SWFT Constitution paragraph 3.11

<sup>11</sup> GEH Standing Order 3.13, WAHT Standing Order 40.5 and WVT Standing Order 27

	<p>The Committee shall satisfy itself that the organisation’s policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the policy and procedures relating to conflicts of interest.</p>
<p><b>Responsibilities for SWFT Clinical Services Ltd Audit Business (the Company) – (for SWFT only <sup>12</sup> and not applicable for GEH, WVT or WAHT)</b></p>	<ul style="list-style-type: none"> <li>• To monitor the integrity of the financial statements of the Company, reviewing significant financial reporting judgements contained in them.</li> <li>• To review the Company’s internal financial controls and the Company’s general internal control and risk management systems.</li> <li>• To monitor and review the effectiveness of the Company’s internal audit function.</li> <li>• To make recommendations to the Company’s Board in relation to the appointment of the external auditor.</li> <li>• To approve the Company’s remuneration and terms of engagement of the external auditor.</li> <li>• To review and monitor the external auditors’ independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements.</li> <li>• To develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm.</li> <li>• To report to the Company’s Board, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.</li> </ul>
<p><b>Membership / Attendance</b></p>	<p>The Members of the Committee are:</p> <ul style="list-style-type: none"> <li>• Not less than three Non-Executive Directors (Voting, Non-Voting and Associate).</li> </ul> <p>The Chairperson of the Trust shall not be a member of the Committee.</p> <p>The Chief Finance Officer, Trust Secretary and appropriate Internal Auditor, External Auditor and Local Counter Fraud Specialist representatives shall normally attend meetings. At least once a year the Committee will meet privately with External and Internal Audit.</p> <p>The Chief Executive, Managing Director, Chief Officers and other Managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.</p> <p>The Chief Executive will attend at least annually, to discuss the process for assurance that supports the Annual Governance Statement and also when the Committee considers the annual accounts. The Managing</p>

---

<sup>12</sup> For SWFT

	<p>Director will attend when the Committee considers the draft internal audit work plan.</p> <p>For SWFT Clinical Services Ltd, the Company's Chief Executive, Director of Finance, Company Secretary and appropriate Internal and External Auditor representatives should be invited to attend when discussing the Company's audit business<sup>13</sup>.</p> <p>In exceptional circumstances, deputies may be nominated to attend prior to the meeting, with the Chair's approval.</p> <p>The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda.</p> <p>The Audit Committee, supported by the Chief People Officer, will ensure that all members are suitably trained and have continuing appropriate training to enable them to be effective.</p>
<b>Chair</b>	<p>The Chair of the Committee shall be appointed by the Board from amongst the Non-Executive Directors.</p> <p>In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the Chair.</p>
<b>Quorum</b>	<p>A quorum shall be two Non-Executive members, to include the member with significant, recent and relevant financial experience/ Chair of the Committee (who will be a voting Non-Executive Director).</p>
<b>Reporting Arrangements</b>	<p>The Minutes of Audit Committee meetings shall be formally recorded and the approved Minutes will be submitted to the Board. Following each meeting, the Committee Chair will submit a formal report on the proceedings of the meeting, drawing the Board's attention to any issues that require disclosure to the full Board, or require executive action, to the next meeting of the Board.</p> <p>The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements, the appropriateness of the evidence compiled to demonstrate fitness to register with the CQC and the robustness of the processes behind the quality accounts.</p>

---

<sup>13</sup> For SWFT



<p><b>Reporting Arrangements for SWFT Clinical Services Ltd</b> <i>(for SWFT only<sup>14</sup> and not applicable for GEH, WVT or WAHT)</i></p>	<p>The Minutes of the Audit Committee relating to Company business will be formally recorded separately and submitted to the Company's Board. Any confidential matters will be identified as such in the Minutes.</p>
<p><b>Frequency of Meeting</b></p>	<p>The Committee will hold scheduled meetings not less than four times a year. The External Auditor or Head of Internal Audit may require a meeting if they consider that one is necessary. Therefore the Committee Chair may convene additional meetings as necessary.</p>
<p><b>Administration</b></p>	<p>The Trust Secretary will provide appropriate support to the Committee Chair and Committee members which will include:</p> <ul style="list-style-type: none"> <li>• Advising the Committee on pertinent areas relating to governance and risk management arrangements.</li> <li>• Supporting the Chief Executive as Accountable Officer on issues in relation to internal controls, governance and risk management particularly providing assurance on such systems through the drafting of the Annual Governance Statement.</li> <li>• The development of an annual programme of work for the Committee to approve.</li> </ul> <p>The Committee shall be supported by a nominated Executive Assistant/Board Administrator, whose duties will include:</p> <ul style="list-style-type: none"> <li>• Preparation of agenda in consultation with the Committee Chair and Chief Finance Officer.</li> <li>• Collation and publishing reports / presentations at least 5 working days in advance of the meeting.</li> <li>• Taking the Minutes, ensuring they are an accurate reflection of the business of the meeting and keeping an accurate record of matters arising and issues to be carried forward.</li> <li>• Ensuring the Minutes and actions are circulated to the Committee Chair for review within 5 working days of the meeting and circulated to the other members for information within 10 working days.</li> <li>• Keeping a record of matters arising and seeking updates on action points ready for the next meeting.</li> </ul>

---

<sup>14</sup> For SWFT

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



# Appointments and Remuneration Committee

## TERMS OF REFERENCE

<p><b>Remit</b></p>	<p>The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board) to perform the duties prescribed by the Trust’s Constitution<sup>1</sup> or Standing Orders<sup>2</sup> in relation to the appointment and remuneration arrangements of the Chief Executive, Managing Director and Chief Officers (also referred to as Executive Directors). It will also review the Trust’s Fit and Proper Persons procedures and receive reports thereon.</p>
<p><b>Accountability Arrangements</b></p>	<p>The Committee is accountable to the Board of the Trust to perform the duties prescribed by the following paragraphs of the Trust’s Constitution or Standing Orders:</p> <ul style="list-style-type: none"> <li>• <i>The non-executive directors shall appoint or remove the Chief Executive<sup>3</sup></i></li> <li>• <i>A committee consisting of the Chairperson, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors<sup>4</sup></i></li> <li>• <i>The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors<sup>5</sup></i></li> </ul>
<p><b>Responsibilities</b></p>	<p>The Committee will:</p> <ul style="list-style-type: none"> <li>• Review the structure, size and composition of the Board (including the mix of skills, knowledge and experience) in the light of the strategy and priorities of the Trust, and make recommendations to the Board with regard to any restructuring or development needs.</li> <li>• Give full consideration to continuity in the executive team, including the Chief Executive, taking into account the challenges and opportunities facing the Trust and the skills and expertise particularly needed on the Board in future.</li> <li>• Determine, and review from time to time, the terms and</li> </ul>

<sup>1</sup> For SWFT

<sup>2</sup> For WVT, GEH and WAHT

<sup>3</sup> SWFT Constitution paragraph 27, WVT Standing Order 3, GEH Standing Order 2.2 and 4.8.2

<sup>4</sup> SWFT Constitution paragraph 27.4, WVT Standing Order 43, GEH Standing Order 2.2 and 4.8.2

<sup>5</sup> SWFT Constitution paragraph 33, WVT Standing Order 43, GEH Standing Order 4.8.2

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

---

<sup>6</sup> For SWFT, the appointment of the Chief Executive is to be approved by the Council of Governors, in accordance with the Trust's Constitution.

	<ul style="list-style-type: none"> <li>• Receive an annual report on the operation of the Trust's Fit and Proper Persons Procedure and the self-declarations made including any concerns raised about Executive Directors through the process, agreeing where necessary the employment process needed.</li> <li>• Receive adhoc reports from the Chairperson, Chief Executive or Managing Director.</li> </ul>
<b>Membership / Attendance</b>	<p>The members of the Committee are:</p> <ul style="list-style-type: none"> <li>• The Trust Chairperson</li> <li>• The Non-Executive Directors (Voting, Non-Voting and Associate)</li> </ul> <p>The Chief Executive shall be invited to attend the Committee and:</p> <ul style="list-style-type: none"> <li>• excluded from any discussion or decision relating to their own appointment, remuneration or terms of office.</li> <li>• a voting member for any decision related to the appointment or removal of the Managing Director or a Chief Officer except themselves.</li> </ul> <p>The Managing Director shall be invited to attend at least annually to discuss the performance of the Chief Officers.</p> <p>The Chief People Officer (or a deputy) will attend to advise the Committee, but will be excluded from any discussion or decision relating to their own appointment, remuneration or terms of office.</p> <p>The Managing Director, other officers of the Trust or external advisers may be invited to attend as the Committee considers necessary.</p>
<b>Chair</b>	The Chairperson of the Trust shall be the Chair of the Committee. The Vice-Chair of the Trust will deputise in the Chairperson's absence.
<b>Quorum</b>	The Chairperson (or Vice Chair) and two other NEDs, with at least one being a Voting NED, will constitute a quorum.
<b>Reporting Arrangements</b>	<p>Following each meeting of the Committee the Chairperson will submit a formal report on the proceedings of the meeting to the next meeting of the Board.</p> <p>The Committee will undertake an annual self-assessment of its effectiveness which will be reported to the Board for information. Also an Annual Report of the Committee's performance and compliance against its Terms of Reference, which includes an annual register of attendance, will be produced and submitted to the Board for information.</p>
<b>Frequency of Meeting</b>	The Committee will hold scheduled meetings at least twice a year, and the Chairperson may convene additional meetings as necessary.
<b>Administration</b>	The Trust Secretary (or a deputy) will attend to advise and support the Chairperson and the Trust Secretary or nominated Executive Assistant to take the Minutes of the meeting.
<b>Date Approved</b>	<p>WVT Committee on 25 October 2023</p> <p>GEH Committee on 7 November 2023</p> <p>WAHT Committee on 7 November 2023</p> <p>SWFT Committee on 14 December 2023</p> <p>Foundation Group Boards on 2 May 2024</p>
<b>Date Review</b>	To be reviewed annually. Next review due in 2024

Appendix C



## Foundation Group Strategy Committee

### TERMS OF REFERENCE

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

	<ul style="list-style-type: none"> <li>• Determining the framework that supports each provider's organisational objectives and targets.</li> <li>• developing and supporting achievement of operating, business, efficiency and delivery plans.</li> <li>• identifying, reviewing and mitigating strategic risks.</li> <li>• proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies.</li> <li>• overseeing service transformation and pathway redesign.</li> </ul>
<p><b>Membership/ Attendance</b></p>	<p>Members of the Committee are:</p> <ul style="list-style-type: none"> <li>• Chair of the Trusts</li> <li>• Chief Executive of the Trusts</li> <li>• A Non-Executive Director from each Trust</li> <li>• Managing Director from each Trust</li> <li>• Chief Medical Officer (<del>or equivalent</del>) from each Trust</li> <li>• Chief Strategy Officer from each Trust</li> <li>• <del>Group Strategy Advisor</del></li> <li>• <u>Group Strategic Financial Advisor</u></li> <li>• <u>Group Medical Advisor</u></li> <li>• Other Group Advisors</li> <li>• Representatives from Key Partner Organisations (as agreed by the Chair or Chief Executive)</li> <li>• <del>Board Level Representatives of Associate Members</del></li> </ul> <p>Other officers of the Trust may be invited to attend as required.</p> <p>Where a member is unable to attend routinely, an appropriate deputy who will attend on a regular basis should be nominated and notified to the Chair.</p>
<p><b>Chair</b></p>	<p>The Chair of the Committee will be the Chair from the Trusts.</p>
<p><b>Quorum</b></p>	<p>A quorum shall be six members which will include two Non-Executive Directors (one of which could be the Chair), the Chief Executive and a Managing Director. The quorum should include either a <u>Non-Executive Director NED</u> or <u>Managing Director MD</u> from Wye Valley NHS Trust, <del>and</del> George Eliot NHS Trust <del>and</del> <u>Worcestershire Acute Hospitals NHS Trust.</u></p>

<p><b>Reporting Arrangements</b></p>	<p>The <del>m</del>Minutes of the Foundation Group Strategy <del>Sub</del>-Committee will be formally recorded and <u>the approved Minutes will be</u> submitted to the respective Boards <del>of Directors</del>. Any confidential matters will be identified as such in the <del>m</del>Minutes and separately recorded.</p> <p><del>Following each meeting, the</del>Each Non-Executive Directors of the Foundation Group Strategy <del>Sub</del>-Committee will <u>submit a formal report to the next Board meetings on the proceedings of the meeting, provide a brief report to the following Board of Directors meetings drawing the Board's attention to any issues and</u> significant developments, highlighting areas where further assurance is required and matters requiring Board decisions.</p> <p>The Committee's agendas and meeting papers will be made available to all Board members of the respective Boards <del>of Directors</del>.</p> <p>The Committee will review its work annually to highlight key issues in the development of the Groups Operational and Financial Strategies and their management, as well as the effectiveness of the Committee.</p>
<p><b>Frequency of Meeting</b></p>	<p>The Committee shall normally meet quarterly. The Chair may call an additional meeting if they consider one is necessary.</p>
<p><b>Administration</b></p>	<p>The Committee shall be supported by a member of the Corporate Support staff, whose duties in this respect will include:</p> <ul style="list-style-type: none"> <li>• Preparation of agenda in consultation with the Chair</li> <li>• Collation and circulation of papers/ presentations in advance of the meeting</li> <li>• Taking the minutes and agreeing these with the Chair</li> <li>• Keeping a record of matters arising and seeking updates on action points</li> </ul>
<p><b>Date Approved</b></p>	<p><del>Foundation Group Strategy</del> Committee on <u>16 January 2024</u><del>28 February 2023</del></p> <p><del>Board of Directors of South Warwickshire University NHS Foundation Trust</del> – <u>5 April 2023</u></p> <p><del>Trust Board of Wye Valley NHS Trust</del> – <u>6 April 2023</u></p> <p><del>Trust Board of George Eliot NHS Trust</del> – <u>4 April 2023</u></p> <p><u>Foundation Group Boards on 7 February 2024</u><del>2 May 2024</del></p>
<p><b>Date Review</b></p>	<p><u>To be reviewed annually.</u></p> <p><u>Next Committee Review Date: January 2025</u><del>February 2024</del></p> <p><u>Next Foundation Group Boards Review Date: February 2025</u><del>April 2024</del></p>



## Appendix D



### CHARITY TRUSTEE

### TERMS OF REFERENCE

#### **1. Introduction**

The SWFT Charity (Charity Registration Number 1056424) is governed by the Trust Deed which was approved by the Trustee on 21 May 1996. Under the terms of the deed, the Charitable Fund is administered and managed by the Trustee, the South Warwickshire University NHS Foundation Trust as a body corporate.

The George Eliot Hospital NHS Trust (GEH) Charitable Fund and Other Related Charities was registered with the Charity Commission on 22 July 1996 (Charity Registration Number 1057607). GEH is the corporate trustee of the funds held on Trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Wye Valley NHS Trust (WVT) Umbrella Charity was registered with the Charity Commission on 29 October 1996 (Charity Registration Number 1057607). The WVT Umbrella Charity is the corporate trustee of the funds held on Trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Worcestershire Acute Hospitals Charity was registered with the Charity Commission on 16 April 1996 (Charity Registration Number 1054612). The Worcestershire Acute Hospitals NHS Trust (WAHT) is the corporate trustee of the funds held on Trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

For the GEH Charitable Fund and Other Related Charities, the WVT Umbrella Charity and the Worcestershire Acute Hospitals Charity, the Trustees of the Charity are therefore not individual Trustees of the Charity but are appointed as Board members (voting) of GEH, WVT and WAHT, the Corporate Trustee.

#### **2. Membership**

The Trustee for each organisations' charities are the Directors (voting) of their respective trusts.

The Chairperson of the respective Trustee is the Foundation Group's Boards Chairperson or their nominee.

The Trustee shall co-opt such individuals as it thinks fit, in order to discharge its duties. Co-optees shall be non-voting.

All non-voting Board members of both GEH, WVT and WAHT are co-optees of their respective Trustee.

A quorum for each organisations' respective Charity Trustee shall be two Non-Executive Directors and two Executive Directors.

**3. Attendance**

Other officers of the respective Trusts may be invited to attend when the Trustee's agenda includes items/issues for which they have leadership.

In the absence of a Chief Officer/Executive Director, a deputy can only act as a Trustee if they are formally appointed as an Acting Director.

**4. Frequency**

The Trustee shall normally meet quarterly. The Chairperson may call an additional or special purposes meeting if they consider one is necessary.

**5. Authority (SWFT Only)**

The Trustee derives its authority to act from the Trust deed of the SWFT Charity, approved by the Trustee on 21 May 1996.

**6. Duties**

The Trustee of the respective Foundation Group's charities are responsible for the overall management of their Charitable Funds. They are required to:

- (a) ensure that best practice is followed in terms of guidance from the Charity Commission, Department of Health and Social Care, NHS England and other relevant organisations;
- (b) consider and approve the Charity's Annual Report and Accounts, on the recommendation of the Trust's Audit Committee, for submission to the Charity Commission;
- (c) ensure that the appropriate policies and procedures are in place to support the Charitable Funds Strategy and to advise Fund Managers/Fund Ambassadors on income and expenditure and that this is reviewed at regular intervals;
- (d) review the Trust's Charitable Funds Strategy, Fundraising Strategy and Trustee terms of reference on an annual basis and agree changes where appropriate;
- (e) review the Scheme of Delegation for charitable funds on a regular basis and recommend changes where appropriate;
- (f) ensure that a separate register of interests is compiled for the Trustee and, if required the inclusion of the Fund Managers/Fund Ambassadors, and that this is reviewed and updated on a regular basis;
- (g) approve fundraising policies in conjunction with the Chief Finance Officer/responsible Executive Director, ensuring that statutory requirements are complied with;

- (h) on an annual basis, review and approve summary level income and expenditure plans from the Chief Finance Officer/responsible Executive Director, ensuring that they complement the strategy. (In support of this Fund Managers/Fund Ambassadors must submit detailed plans to the Chief Finance Officer/responsible Executive Director annually). Fund Managers of SWFT, WVT and GEH charities are to be reminded that if there are no plans to spend in 6-months, then half the fund would be transferred to the General Purposes Fund;
- (i) ensure an effective mechanism exists whereby equipment needs are identified and satisfied (within resource constraints) through an equitable bidding process underpinned by business plans. (All equipment purchased by charitable funds will be recorded in a separate register);
- (j) oversee the management of investments. Where an investment broker is used, the Trustee will ensure the investment strategy has been appropriately communicated, the information required is specified and received in a timely manner, and that the service is market tested at regular intervals;
- (k) ensure that all research monies paid into charitable funds meet the criteria for charitable status as specified by the Charity Commission;
- (l) review the number of funds on an annual basis and undertake a programme of rationalisation, where appropriate;
- (m) approve any request to set up new funds and cost centres;
- (n) decide the basis of apportionment for investment income and administration costs, respectively;
- (o) ensure Charitable Funds are utilised for the benefits of patients, staff and visitors to enhance levels of care and wellbeing beyond the provision of core government funds; and,
- (p) the Chief Officer designated as lead Executive for the Charity, with support of other divisions/directorates and the Fundraising Manager/Fundraising Coordinator/Head of Fundraising, shall be responsible for ensuring that the annual spend and fundraising plan for the General Purposes fund and legacies are aligned to the Trust objectives and organisational priorities.

## **7. Accountability**

The respective Trustees are accountable to the Charity Commission for the proper use of the charitable funds and to the public as a beneficiary of those funds.

The Trust Secretary will therefore ensure that the Minutes of Trustee meetings and Annual Report/Accounts are published on the Trust's website.

The Chief Finance Officer will therefore ensure that all necessary reports and returns are made to the Charity Commission.

## **8. Administration**

The Committee shall be supported by an Executive Assistant, whose duties in this respect will include:

- Preparation of agenda in consultation with the Chairperson;
- Collation and circulation of papers;
- Taking the minutes and agreeing these with the Chairperson, and

- Keeping a record of matters arising and seeking updates on action points.

## **9. Reporting Responsibilities**

As the Charity Trustee is a separate entity, there are no reporting requirements.

Approved by Charity Trustee meeting:

SWFT – 14 March 2024

GEH – 25 March 2024

WVT – 14 March 2024

WAHT – 14 March 2024

<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	7.2
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Group Digital Transformation Update		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For Approval		
<b>Author:</b>	Vikki Lewis – Chief Digital Information Officer WAHT		
<b>Lead Executive Director:</b>	Glen Burley – Group Chief Executive Officer		
<b>1. Purpose of the Report</b>	To seek approval to the outline case for change for the Group Digital Data and Technology (DDaT) portfolio.		
<b>2. Recommendations</b>	<p>To agree:</p> <ul style="list-style-type: none"> <li>• The outline case for change relating to the DDaT portfolio.</li> <li>• To note the establishment of a <i>strategic leadership role</i> for the group utilising the incumbent Chief Digital Information Officer, for Worcestershire Acute Hospitals Trust.</li> <li>• To note the sequencing of key work streams relating to the portfolio over the next two quarters, quarter 4 2023/24 and quarter 1 2024/25.</li> </ul>		
<b>3. Executive Assurance</b>	<p>The aim of this proposal is to leverage at scale the benefits of the DDaT portfolio across the group, utilizing resources and leadership expertise that is available within part of the group for the benefit of each constituent Trust.</p> <p>The overarching objective is to improve the digital maturity of the Trusts and to create the right environment for our workforce to harness the power of data and technology to provide high quality patient care, and to improve efficiency and productivity.</p> <p>This proposal meets the established principle of group roles that accountability remains aligned to individual organization and their Executive Directors.</p>		

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

**Report to Foundation Group Boards – 2 May 2024**

## **1.0 Introduction**

The Foundation Group Strategy Committee on the 24 January 2024 approved a proposal in respect of the Digital Data and Technology (DDaT) Portfolio.

The Outline Case for Change articulates the benefit of leveraging the DDaT Portfolio whilst acknowledging the different levels of digital maturity and operating landscapes across the Group.

The Foundation Group level approach recognizes key workstreams related to:

- Strategic DDaT Leadership
- Business Intelligence & Informatics
- Digital Applications deployment, implementation & optimization
- Infrastructure which is resilient and secure by design
- Innovation and Engagement

A concentrated focus on these key workstreams will help to drive up the digital maturity of the individual organizations across the group.

The aim is to develop and build on the continuous improvement ethos already embedded within the Foundation Group culture and create the right environment for a digital revolution to support the delivery of high-quality patient care.

## **2.0 High Level Actions and Timeframes**

There are five workstreams to focus on over the next six months, each with several high-level actions listed below. Indicative timescales are given for each action.

a) Strategic Leadership – *Outcome: strategic leadership and relationship management, setting strategic direction, explore and develop convergence opportunities, maximising external funding opportunities, commercial awareness and contract management.*

- Expert Client function for all key strategic digital partnerships- fully embedded by *quarter 1 2024/2025.*
- Advice and Guidance function in place to the Executive Teams across the group by *quarter 1 2024/2025*
- Engagement with key digital partners including commercial & statutory by *quarter 1 2024/2025*
- Understanding of risk profile across the DDaT portfolio at group level standardization of risk recording and mitigations

b) Infrastructure – *Outcome: Robust Infrastructure and Connectivity*

- INFRAM Assessment across the Group commissioned and arranged by *quarter 1 2024/2025*
  - Technology Roadmap supporting capital planning and prioritization by *quarter 1 2024/2025*
  - Potential convergence opportunity roadmap in development by *quarter 1 2024/2025*
- c) Business Intelligence and Informatics – *Outcome: Information for decision making is available and accessible.*
- Build on the identified priorities of the Group Analytics Board by *quarter 4 2023/2024*
  - Develop a hosted informatics and business intelligence workforce offer by *quarter 4 2023/2024*
  - Develop a strategic and operational roadmap for convergence of back-office requirements of information, for example hosted Datawarehouse offer for the group, by *quarter 1 2024/2025*
- d) Innovation and Engagement – *Outcome: develop an environment that embraces innovation and transformation.*
- Refresh the current Innovation Strategy by quarter 1 2024/2025
  - Meet and engage with delivery partners and commercial partners around the potential collaboration and emerging technology agenda by quarter 4 2023/2024
  - In the context of the above, strengthen the collaboration between the two Digital Innovation Hubs to support the Innovation Strategy quarter 2 2024/2025
  - Develop and consult on a Clinical Innovation engagement model by quarter 1 2024/2025
  - Schedule a Group wide Innovation event by *quarter 2 2024/2025*
  - Digital Applications – *Outcome: accessible digital information for patients about their health and care*
  - Share EPR deployment experience across the group from quarter 1 2024/2025
  - Baseline applications in use across the group to explore convergence and leveraging opportunities by quarter 1 2024/2025.

### 3.0 Conclusion

Foundation Group Boards should note the high-level work plan and key work areas and the intentions to develop collaborative opportunities for the Foundation Group aligned to the Group principles of organisational accountability.

An evaluation of current Digital Maturity levels will form a baseline assessment both for each Trust and at a Group level, identifying levelling up and convergence opportunities, as well as priorities for quarter 2 24/25 onwards for the Group DDaT portfolio.

Vikki Lewis  
Chief Digital Transformation Officer WAHT



South Warwickshire  
University  
NHS Foundation Trust



Worcestershire  
Acute Hospitals  
NHS Trust



George Eliot Hospital  
NHS Trust



Wye Valley  
NHS Trust

<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	8.1
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Foundation Group Strategy Committee Report from the Meeting on the 16 <sup>th</sup> April 2024		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For information		
<b>Author:</b>	Chelsea Ireland, Foundation Group EA		
<b>Lead Executive Director:</b>	Russell Hardy, Foundation Group Chair		
<b>1. Purpose of the Report</b>	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
<b>2. Recommendations</b>	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on the 16 April 2024.		
<b>3. Executive Assurance</b>			



**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 – 2 May 2024**

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

**1. Chief Strategy Officer's Collaborative Working Update**

The Committee received an update from the Chief Strategy Officers on a variety of different collaborative working approaches from across the Group. They focused on Improvement, Health Inequalities, and Sustainability with the key points being below.

Sustainability

The Chief Strategy Officer for WVT gave an overview of the work that the Chief Strategy Officers had undertaken on Sustainability, and this included work to standardise a Climate Change Adaptation Plan. There was a lot of work at NHS England (NHSE) level on Climate Change and Sustainability so plans would change and develop as NHSE released more information. Each Trust had developed their Green Plans and were monitoring progress against these, including implementing Green Champions. A Sustainability Impact measure was being developed, targeted communication and work on embedding sustainability further such as in business cases and in QSIR training.

Health Inequalities

The Associate Director of Strategy for GEH explained that Health Inequalities had two elements, one part that had to be done at PLACE which was widely understood. However, there was also the element that needed to transfer across boundaries. She continued that best practice conversations around community engagement and community leadership had started and it had been recognised the importance of this in order to tackle and sustain Health Inequalities. The Associate Director of Strategy for GEH highlighted some of the similarities that had arisen from PLACE-based conversations specifically highlighting similar groups of people. These included traveller communities, homelessness and unregistered individuals. The Associate Director of Strategy for GEH explained that there was national drive to tackle Health Inequalities and therefore individual Trusts had been developing their objectives and tailoring conversations to include Health Inequalities as a focus moving forward.

Improvement

The Chief Strategy Officer for WAHT highlighted that WAHT had implemented their own Improvement Board in line with the rest of the Group and were developing their version of 'Fab Friday', 'Open to Change', and 'Transformation Tuesday'. Following the NHS Impact Assessment, which was National Policy to ensure Improvement and Culture Change, the Chief Strategy Officers were investigating how to develop their own internal assessments. They were also looking at developing the 'see and learn' visits, to share best practice across each Trust and how to share best practice outside the Foundation Group to further learn and improve. The Chief Strategy Officer for WAHT took the time

to highlight the Group Improvement Week taking place from the 13th – 17th May 2024, which was a programme aimed at the entire Foundation Group.

## **2. Group Information Proposal**

The Managing Director for SWFT and the Chief Finance Officer for GEH provided the Committee with an overview of the work of the Group Analytics Board (GAB) and the proposal for Group Analytics moving forward. There were challenges in different areas across the Group however it was highlighted that WAHT had a robust Informatics and Analytics model which the rest of the Group could utilise to help develop current plans. A discussion took place around the current work plan for the GAB and it was encouraged to progress at pace the Power BI dashboards, as this would release capacity for the Analytics teams.

The Committee discussed the proposed Guiding Principles outlined below, and it was recommended that the Managing Director for SWFT make changes to the last two based on the Committee's feedback which included more quality and safety metrics and disease level information reporting.

### Guiding Principles

- A shared leadership model for analytics.
- Emerging GAB plan to be translated into organisational business plans.
- We will share data across the Group unless there is good reason not to, e.g. GDPR.
- Explore which functions could benefit from a shared delivery model approach.
- Recognise that business partnering functions need to stay local to each organisation.

## **3. Group Procurement Update**

The Committee was provided with an update on the current work and achievements of Group Procurement. The Head of Procurement confirmed that the Procurement Shared Service Proposal identified savings targets, and these had been achieved over the past 3 years. Year 3 however had slipped slightly due to the delay in commencing EPR implementation and mitigating inflation. The on contract and on catalogue target set in 2021 was achieved, with an average 97% of all requisitions being processed within five working days. The Head of Procurement highlighted how the teams continued to improve, implementing a Procurement Shared Service Policy, Atamis (E-Commerce, E-Tendering and Contract Management Platform), and were about to launch MIA Accreditation to allow reps to come back onto hospital sites. Moving forward, the Procurement team will continue to support the strategic framework and want to look at inventory management and capacity and capability opportunities.

## **4. Group Financial Challenges and Opportunities and Approach to Productivity**

The Group Strategic Financial Advisor provided an overview of Financial Challenges across the Foundation Group and explained that the financial landscape was most likely the hardest it had been. The Group Strategic Financial Advisor explained that both nationally and locally there would be considerable focus on productivity this year, with all Group Trusts having areas of improvement. The report highlighted proposed focus

areas, and a 'back to basics' approach for supporting work in those areas. This included elements of support around job planning for Consultants aligned to an accurate capacity plan to be in place going into the new financial year. This will also support continued focus to drive down spend on Temporary workforce.

#### **5. Update on Trust Objectives for 2024/25**

The Managing Directors from across the Foundation Group provided the Committee with an overview of their Trust's Objectives for 2024/25 which were all aligned to the Foundation Group's Big Moves. A key theme in all of the four Trust's objectives was Productivity and Sustainability.

#### **Recommendation**

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

Chelsea Ireland  
Foundation Group EA

<b>Report to</b>	Foundation Group Boards	<b>Agenda Item</b>	8.2
<b>Date of Meeting</b>	2 May 2024		
<b>Title of Report</b>	Fit and Proper Persons Test Annual Declarations		
<b>Status of report: (Consideration, position statement, information, discussion)</b>	For information		
<b>Author:</b>	<p>Erica Hermon, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)</p>		
<b>Lead Executive Director:</b>	<p>Gertie Nic Philib, Chief People Officer (GEH and SWFT)          Geoffrey Etule, Chief People Officer (WVT)          Ali Keoltgen, Chief People Officer (WAHT)</p>		
<b>1. Purpose of the Report</b>	To provide the Foundation Group Boards with assurance that the annual Fit and Proper Persons Declarations for all voting and non-voting Board members across the Foundation Group have been undertaken. Also, to confirm assurance against the annual compliance with the Fit and Proper Person Test Framework for each Trust within the Foundation Group.		
<b>2. Recommendations</b>	The Foundation Group Boards are asked to receive and note this report and that the self-declarations made will be retained by the Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH for their respective Trusts and placed on individual HR files.		
<b>3. Executive Assurance</b>	The Foundation Group Boards can be assured by the work taken place to ensure each Trusts compliance with the new Fit and Proper Person Test Framework.		

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

**Report to Foundation Group Boards – 2 May 2024**

**Fit and Proper Persons Test Annual Declarations**

**1. NHS England Fit and Proper Person Test (FPPT) Framework**

The Chief Executive advised Board members of each Trust within the Foundation Group, through his Board reports in September 2023, that NHSE had published the new FPPT Framework for Board members in August 2023. Further information, together with the Framework and accompanying documents, can be found on NHSE’s website ([NHS England » NHS managers and leaders](#)).

The FPPT Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a Board member. It has been designed to be fair and proportionate and has been developed with the intention to avoid unnecessary bureaucratic burden on NHS organisations. However, ensuring high standards of leadership in the NHS is crucial and the Framework will help Board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit Board members will be prevented from moving between NHS organisations. The FPPT applies to Executive and Non-Executive Directors of Integrated Care Boards, NHS Trusts and Foundation Trusts, NHSE and the CQC, for interim as well as permanent appointments.

**2. Implementing the FPPT Framework**

Below is a list of the key steps for implementation of the Framework together with the position across the Foundation Group:

<b>Key Steps for Implementing the Framework</b>	<b>Compliance across the Foundation Group</b>
a) New data points added to the Electronic Staff Record (ESR) to record the testing of relevant information about Board Members’ qualifications and career history.	<b>Complete</b> – FPPT module available on ESR. Results of the FPPT checks uploaded to ESR together with other required information to show compliance for each Board member. Also a letter was sent to all Board members to let them no they could object if they had concerns regarding the proposed use of their data.
b) From 30 September 2023, use the new Board Member Reference template for references for all new board appointments.	<b>Complete</b> – introduced by the Workforce Departments with coordination by the Company Secretary/Trust Secretary.
c) From 30 September 2023, complete and retain locally the new Board Member Reference for any Board member who leaves their position for	<b>Complete</b> – introduced by the Workforce Departments with

Key Steps for Implementing the Framework	Compliance across the Foundation Group
whatever reason, and record whether or not a reference has been requested.	coordination by the Company Secretary/Trust Secretary.
d) From 30 September 2023, use the Leadership Competency Framework (LCF) as part of the assessment process when recruiting to all Board roles	<b>Complete</b> – LCF published in February 2024 and introduced into the recruitment process for all Board members.
e) By 31 March 2024, fully implement the FPPT Framework incorporating the LCF, including updating the ESR database.	<b>Complete</b> – all elements implemented which also includes the Board members annual FPPT self-declaration.
f) By the end of Quarter 1 2024/25, incorporate the LCF into annual appraisals of all Board Directors for 2023/2024, using the Board Appraisal Framework. In future years, the approval/LCF and FPPT assessment should all align.	<b>Complete</b> – LCF published in February 2024 and introduced into the appraisal process for all Board members.

Based on the above, the Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH can give assurance against the annual compliance with the FPPT Framework for each Trust within the Foundation Group.

Work is taking place on revising the FPPT Procedure and ensuring consistent processes and approach across the Foundation Group. If not already, the proposed Procedure will be considered by the individual Appointments and Remuneration Committees in due course.

### 3. Annual Declarations

The Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH have circulated the template declaration form for all Board members (voting and non-voting) to complete. We can confirm that all forms have been completed and returned. As the forms are confidential, they will be filed on individual personal files.

### 4. Recommendations

The Foundation Group Boards are asked to receive and note this report and that the self-declarations made will be retained by the Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH for their respective Trusts and placed on individual HR files.

Erica Hermon  
Company Secretary/  
Associate Director of Corporate Governance – WVT  
and Company Secretary – WAHT

Sarah Collett  
Trust Secretary – SWFT and GEH