

Foundation Group Boards

Wed 07 May 2025, 13:30 - 17:00

via Microsoft Teams

Agenda

1. Apologies for Absence

Paramjit Gill (Nominated NED SWFT), Elva Jordan-Boyd (Interim Chief People Officer SWFT, Nick Rees Deputising), Simone Jordan (NED GEH), Sara Macleod (Interim Chief People Officer GEH), Zoe Mayhew (Chief Commissioning Officer SWFT), Dame Julie Moore (NED WAHT), Bharti Patel (ANED SWFT), and Grace Quantock (NED WVT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*


3. Minutes of the Meeting held on 5 February 2025

13:35 - 13:40 *Russell Hardy*

 Agenda Item 3 - Minutes from the Meeting held on 5 February 2025.pdf (14 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

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

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:10 *Managing Directors*

 Agenda Item 6.1 - Foundation Group Performance Report.pdf (31 pages)


6.2. Outpatients Deep Dive

14:10 - 14:25 *Chief Operating Officers*

 Agenda Item 6.2 - Outpatients Deep Dive.pdf (15 pages)

6.3. Urgent and Emergency Care Impact on Mortality and Morbidity

14:25 - 14:40 *Chief Medical Officers*

 Agenda Item 6.3 - UEC Impact on Mortality and Morbidity.pdf (21 pages)

6.4. Annual Safe Staffing Overview (including Nurse per Bed Ratio)

14:40 - 14:50

Chief Nursing Officers

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

7. Items for Information

7.1. Fit and Proper Persons Test Annual Compliance

14:50 - 15:00

Sarah Collett / Gwenny Scott

 Agenda Item 7.1- Fit and Proper Persons Test Annual Compliance.pdf (2 pages)

7.2. Foundation Group Objectives in Common 2025/26

15:00 - 15:10

Glen Burley

 Agenda Item 7.2 - Foundation Group Objectives in Common 2025-26.pdf (21 pages)

7.3. Foundation Group Strategy Committee Report from the Meeting held on 18 March 2025

15:10 - 15:15

Russell Hardy

 Agenda Item 7.3 - FGSC Report from the Meeting held on 18 March 2025.pdf (3 pages)

8. Any Other Business

15:15 - 15:25

9. Questions from Members of the Public and SWFT Governors

15:25 - 15:30

Sarah Collett / Gwenny Scott

Adjournment to Discuss Matters of a Confidential Nature

10. Apologies for Absence

Paramjit Gill (Nominated NED SWFT), Elva Jordan-Boyd (Interim Chief People Officer SWFT, Nick Rees Deputising), Simone Jordan (NED GEH), Sara Macleod (Interim Chief People Officer GEH), Zoe Mayhew (Chief Commissioning Officer SWFT), Dame Julie Moore (NED WAHT), Bharti Patel (ANED SWFT), and Grace Quantock (NED WVT).

11. Declarations of Interest

15:45 - 15:50

Russell Hardy

12. Confidential Minutes of the Meeting held on 5 February 2025

15:50 - 15:55

Russell Hardy

 Agenda Item 13 - Confidential Minutes of the Meeting held on 5 February 2025.pdf (5 pages)

13. Confidential Matters Arising and Actions Update Report

15:55 - 16:00

Russell Hardy


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

14. Confidential Items for Information

14.1. Foundation Group Strategy Committee Minutes from the Meeting held on 17 December 2024

16:00 - 16:05

Russell Hardy

 Agenda Item 15.1 - FGSC Minutes from the Meeting held on 17 December 2024.pdf (13 pages)

15. Any Other Confidential Business

16:05 - 16:15

16. Confidential Items for Approval

16.1. Proposal to Mitigate Risks in the Joint Electronic Patient Records Programme - GEH/SWFT Only

16:15 - 17:00

Dan Milman / Alan Bannister

 Agenda Item 17.1 - Proposal to Mitigate Risks in the JEPR Programme.pdf (13 pages)

17. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 6 August 2025 at 13:30 via Microsoft Teams.

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams**

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

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Chief Clinical Strategy Officer WAHT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PGi)	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 WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Najam Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Acting Chief Medical Officer WAHT
Ellie Ward	(EW)	Acting Chief Nursing Officer SWFT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Adrian Stokes	(AS)	Group Management Consultant
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBU)	Head of Communications WVT

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Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Richard Haynes	(RH)	Director of Communications WAHT
Oli Hiscoe	(OH)	ANED SWFT
Jo Kirwan	(JK)	Deputy Director of Finance WAHT (deputising for Chief Finance Officer WAHT)
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Elva Jordan-Boyd	(EJB)	Interim Chief People Officer SWFT
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH
Alex Moran	(AMo)	ANED WAHT
Laura Nelson	(LN)	Chief Integration Officer – Coventry and Warwickshire Integrated Care Board (observing)
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH
Sue Whelan Tracy	(SWT)	NED SWFT (non-voting)

Apologies:

Neil Cook	(NC)	Chief Finance Officer WAHT
Julie Houlder	(JH)	NED and Vice Chair GEH
Simone Jordan	(SJ)	NED GEH
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Jo Newton	(JN)	Chief Strategy Officer WAHT
Simon Page	(SP)	NED and Vice Chair SWFT
Sarah Raistrick	(SR)	NED GEH
Sue Sinclair	(SSi)	ANED WAHT

There were four SWFT Governors and seven members of the public also in attendance.

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25.001

DECLARATIONS OF INTEREST

Paul Capener, ANED GEH declared that he no longer had a consulting

ACTION

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	<p>company and now operated self-employed under Paul Capener Governance Services.</p> <p>Grace Quantock, NED WVT declared that she had joined the Judicial Appointments Commission as a panel member.</p> <p><u>Resolved</u> – that the position be noted.</p>	
25.002	<p><u>PUBLIC MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2024</u></p> <p><u>Resolved</u> – that the public Minutes of the Foundation Group Boards meeting held on 6 November 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.</p>	
25.003	<p><u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u></p>	
25.003.01	<p><u>Completed Actions</u></p> <p>All actions on the Actions Update Report had been completed and would be removed.</p> <p><u>Resolved</u> – that the position be noted.</p>	
25.004	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p> <p>The Group Chair provided an overview of the Foundation Group Boards Workshop, which focused around three key items. Firstly John Drew, Director of Workforce, Training and Education for NHS England (NHSE) gave a talk about the Staff Survey, the Foundation Groups results, and the improvement being seen. The Foundation Group worked heavily on the Staff Survey results to ensure all Trusts are a happy and enjoyable place to work, which in turn would deliver better care to patients.</p> <p>The Group Chair continued that a presentation was then provided on Clinical Safety by Rebecca Brown, Chief Digital Information Officer for WAHT. This was particularly relevant with the development of Artificial Intelligence being seen and the roll out of Electronic Patient Records (EPR) at SWFT and GEH.</p> <p>Finally, the Foundation Group were provided with an update from the Chief People Officers on one of the Foundation Groups ‘Big Moves, Be a Very Flexible Employer’. This highlighted how essential it was to retain the most experienced and talented staff, and to do this was to ensure we were enabling a work-life balance.</p> <p><u>Resolved</u> – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.</p>	

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FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director for WVT provided an update on WVTs performance. She explained that over the winter period Urgent and Emergency Care (UEC) had been challenged nationally. Despite the challenges WVT were reporting above the national average for the Emergency Department (ED), where half of attendances were being managed on the Same Day Emergency Care (SDEC) pathway. The Managing Director for WVT continued that as at the time of the meeting, WVT had thirty patients in temporary escalation spaces, and twenty patients in ED waiting for beds. This highlighted that despite the work taking place, there was still a way to go, and reducing demand for emergency beds would be a focus for 2025/26. Despite the UEC challenges, WVTs Elective Care Metrics continued to improve, with the Trust ranking near the top regionally for productivity compared to pre-Covid-19. The Managing Director for WVT concluded with an update on Cancer performance highlighting that the 62-day performance had improved within the previous twelve months, and WVT were already on track to beat the 2025/26 targets set.

The Managing Director for SWFT started by celebrating that SWFT had been awarded the prestigious Trust of the Year award, at the annual Health Service Journal (HSJ) awards in November 2024. The award highlighted the positive work taking place across the Trust including performance, culture, and improvement but most notably the staff and the hard work they continued to put in every day. The Managing Director for SWFT explained that UEC continued to be a challenge through December 2024, followed by a worse January 2025. This resulted in SWFT calling its first ever Critical Incident at the start of the month. Work had commenced to understand the lack of flow a bit further, however one of the drivers continued to be out of area activity, with SWFT being one of the biggest importers in the West Midlands. The Managing Director explained that between January 2023 and January 2025, the Trust had seen a 99% increase of attendances from Coventry postcodes, a 154% increase in Coventry admissions, a 169% increase in attendances from Rugby and 233% increase in admissions from Rugby. That sets against growth in South Warwickshire to an overall growth of 18%. This wasn't a sustainable position and would be monitored closely moving forward. The Managing Director for SWFT highlighted an improvement in the Faster Diagnosis Standard (FDS) at 84% and thanked the teams involved. There was fragility to be aware of however, especially over the next few months due to the high number of referrals being seen. He concluded by informing the Foundation Group Boards that sickness rates at SWFT had increased slightly over the winter months, but the Trust was being watchful of these and ensuring managers were offering support available.

The Managing Director for GEH raised similar concerns regarding winter pressures around UEC to SWFT and WVT. She added that an increase in flu that had also arrived earlier than expected had impacted the increase in demand. The Managing Director for GEH explained that the rise in demand and resulted in the Trust's worst 4hr performance all year. This has been made

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worse by bed occupancy and Medically Fit For Discharge (MFFD) sitting at 58 patients, equating to two wards' worth of patients that could be being cared for elsewhere but instead were in acute beds. MFFD patients being in acute beds meant that temporary escalation spaces were being used in the ED. The Managing Director for GEH highlighted that SDEC was at 47% which had continued to increase throughout the year and was the result of GEH heavily investing in SDEC through virtual wards and avoiding admissions where possible. She continued that GEH had managed to protect Elective work activity and the Elective Recovery Fund (ERF) delivery. Waiting lists continued to be an issue with some patients waiting over 64 weeks, however this continued to be a focus area, the Trust was working hard ensure no patients were waiting over 52 weeks. The Managing Director for GEH explained that Cancer performance continued to be a key focus area, as this had dropped mainly driven by an increase of Breast Cancer referrals. She concluded by highlighting that the FDS for GEH had improved, however did fluctuate so Cancer and Diagnostic pathways were being streamlined to remove blockages and bring wait times in line with national standards.

The Managing Director for WAHT provided an overview of 'hat's performance. In line with the other Trusts in the Foundation Group UEC continued to be a challenge, however WAHT had seen a deterioration around the Urgent and Emergency Access Standard and continued to struggle with long ambulance handover delays. He added that discussions with NHSE had taken place to address these issues however it was important to note that these had been impacted by the EPR role out, site work and the significant increase in lfu. The Managing Director for WAHT explained that WAHT had also seen a significant increase in walk-ins.,. Despite the challenges WAHT had seen rapid improvements particularly around ambulance handovers, which had been helped by an Advanced Clinical Practitioner (ACP) doing a five/ten-minute review of patients on the Worcestershire Royal Hospital site. Patients received an ACP assessment and were pulled through one of the SDEC pathways where appropriate. Whilst improvements were being seen already through SDEC this had grown and acuity had shifted, resulting in a better patient experience. The knock-on of this had been fewer diversions being needed to the Alexandra Hospital. The Managing Director for WAHT highlighted that the Trust's discharge profile was improving with daily discharge targets being hit more regularly and most recently 70-80 discharges on a weekend whereas previously this was around 30-40. He concluded that there was still a way to go with focus shifting to the front door demand management, integration with community services, and the work on frailty and trauma.

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

The Group Chair asked each Managing Director their current MFFD figures which were as follows, WVT 34, SWFT 51, GEH 58 and WAHT 133. He explained that based on those numbers there was over 250 people MFFD in an acute bed. It cost on average £450 to stay in an acute bed, in another care

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setting this was around £150, resulting in a NET saving of around £300. This meant in the Foundation Group alone there was over £27mil of NET saving if with system partners' MFFD and flow efficiency were resolved.

The Group Chief Executive noted the challenges faced by UEC services and added that the challenges faced by Trusts in terms of demand added to the difficulty in discharging patients. On top of this the challenges added to safety, quality and financial challenges faced by the NHS. The Group Chief Executive therefore took the time to express how impressed he was with how all four Trusts had responded to the challenges faced over the past twelve months. He added that all four Trusts' ambulance delays had been reduced significantly. The Group Chief Executive explained that moving forward The Planning Guidance had been released at the end of January 2025, which would allow the Foundation Group to calculate activity versus price which should show clear productivity focus areas and where the highest demand was.

Paul Capener, NED GEH highlighted that not much detail was discussed in relation to outpatients, however this was showing as a problem across the Foundation Group. He sought assurance that there was sufficient focus being given to Outpatients given the national agenda and the push on Referral to Treatment (RTT). The Group Chief Executive responded that it would be a good idea to do a deep dive into this for next time, especially with some of the work taking place to reduce Did Not Attend (DNA) rates and follow ups.

Sarah Raistrick, NED GEH queried whether the increase in some of the pressures as a result of Flu had been triangulated with the lower uptake in Flu vaccinations. In particular, had those who had been admitted due to Flu had the vaccine. The Managing Director GEH responded that no, this had not been done, and it was likely to be something discussed at the Quality Committees. However, she encouraged members of the public and colleagues to get vaccinated as it was the best way to protect each other and patients.

The Group Medical Advisor requested that perinatal deaths in comparison to national mean also be included in the Foundation Group Performance report moving forward.

Resolved – that

- A) the Foundation Group Performance Report be received and noted;**
- B) the Chief Operating Officers to present a deep dive into Outpatients at the next Foundation Group Boards meeting;**
- C) the Managing Directors ensure that perinatal deaths in comparison to national mean are included in the Foundation Group Performance Report moving forward.**

**COOs
MDs**

25.006

DIAGNOSTICS DEEP DIVE

The Chief Operating Officer for SWFT started by explaining that Diagnostics underpinned everything, however demand on Diagnostics services was rising.

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Unfortunately, a lack of infrastructure combined with staffing shortages meant waiting lists were growing. She explained that both NICE guidance and the Elective Recovery Plan (ERP) positioned diagnostics at the cornerstone of modern healthcare delivery, and critical tools and accurate clinical decision-making. The ERP underlines diagnostics as pivotal in addressing backlogs and meeting increasing demand.

The Chief Operating Officer for SWFT explained that nationally the number of patients on a waiting list for diagnostic tests and the overall number of tests continued to grow. As a Foundation Group the number of tests carried out had grown, however the waiting lists were more stable. All Trusts had reduced the number of patients waiting over thirteen weeks for a diagnostic test, however this remained a challenge for WAHT. Diagnostics was complicated and was more than just imaging, for example Endoscopy and Physiological Measurement were both important parts of diagnostics that came with their own demands. The challenges faced by each organisation were therefore quite different. For GEH whilst they have an overall stable waiting list, DEXA Scans for over six and thirteen weeks was challenged. SWFT had struggled with Audiology and non-obstetric ultrasound. WAHT Audiology and MRI were challenges. Whilst WVT had fragilities across all diagnostics, they had an overall improvement in waiting times.

The Chief Operating Officer for WAHT continued that whilst all Trusts had managed to reduce backlogs across the Foundation Group, with more tests being carried out and sustaining the waiting list position, reporting turnaround times was a challenge. There was consistent good performance of turnaround times within 4hrs for tests in ED. However urgent inpatient reporting looked low, and cancer pathways within three days for GEH. The Chief Operating Officer for WAHT explained that reporting is a particular challenge but was linked to the increase in demand for diagnostics and there was variation across the Foundation Group in percentages but also how this was being addressed locally within the different organisations. All Trusts were looking at increasing workforce and changing practice around access to diagnostics and report turnaround times. The Chief Operating Officer for WAHT explain that looking at the broader challenges there were clear examples of where best practice could be adopted across the Foundation Group. He continued by celebrating the successes across the Foundation Group particularly around reducing the backlogs overall, and the progress of Community Diagnostic Hubs. The Chief Operating Officer for WAHT concluded by explaining that moving forward we want to look at how each Trust was using resource, and how each Trust was comparing productivity wise and looking at the elective pathways.

The Chief Medical Officer for WVT explained that the Chief Medical Officers across the Foundation Group had picked out three key areas for improving diagnostics, similarly to what had already been presented. The first area was the need to increase workforce, due to many areas having limited specialty skills. She continued that demand was another area. Demand for diagnostics across the different modalities was increasing which would be multifactorial,

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however it provided the opportunity to share best practice in terms of demand management and ensuring clear pathway criteria for referral. The Chief Medical Officer for WVT explained that the third area was AI and the number of opportunities this provided both in increasing diagnostic accuracy and improving productivity and efficiency. However, it was noted that this did not come without its risks. The Chief Medical Officer at SWFT added that demand was growing and whilst testing had improved and waiting lists were being reasonably managed, that was also under significant cost pressure, and it was the reporting challenges that remained the real issue. The sporadic scarcity of expertise in some locations needed to be addressed.

The Chief Medical Officer for GEH explained that GEH had been trailing AI since December 2024, which showed an improvement in productivity and some quality. The GEH Urgent Treatment Centres were on the edge of the department and clinicians were having to get right the way across the other side of the hospital to find a consultant to report on a diagnostics test. Through the use of AI GEH had managed to cut that out and had already seen that they were able to report much quicker. The reports were then reviewed by a Consultant the following day and so far, they had not found any sort of risk or anything significant missed.

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

The Group Medical Advisor advised that there was a lot of work taking place with the West Midlands Imaging Network who could support this work and resolve some of the issues.

The Group Chair thanked the Chief Operating Officers and Chief Medical Officers for their presentation. He agreed with the Chief Medical Officers that AI seemed an incredibly exciting development, especially for fragile services and driving productivity.

The Group Chief Executive informed the Foundation Group Boards that he had asked the Group Medical Advisor to convene a forum, particularly in Radiology, with the Clinical and Operational Leads to initiate conversations around resolving these issues. That forum wouldn't necessarily be able to solve all the issues however it would provide good opportunities for leadership to emerge and move things forward. He added that one of things that needs to be looked into was a common reporting platform and that would be something that the West Midlands Imaging Network could help with. The other area to think about was Histopathology, and through digitalisation would improve productivity and provide a way to manage capacity across the Foundation Group. It would also allow individuals to sub-specialise which is a good way to recruit and retain Consultants.

Resolved – that the Diagnostics Deep Dive be received and noted.

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EMERGENCY DEPARTMENT BENCHMARKING

The Chief Operating Officer for WVT presented the ED Benchmarking report to the Foundation Group Boards. He provided the initial background for the piece of work which had been requested by the Group Chief Executive around increased funding and whether that could be used for admission avoidance and increased discharging. It was important to note that this was ongoing and would continue to progress.

The Chief Operating Officer for WVT explained that all EDs within the Foundation Group had faced particularly challenged winters from Flu, RSV, Covid-19, attendances and admissions. However, this was no longer something being faced just during winter months but instead had become a year-round pressure which was increasing year on year. Pressures in the ED were often an indicator of a wider issue across Trusts, systems and Health and Social Care. To address the issues various methods and work streams had been put in place to address ED congestion whether that was virtual wards, Urgent Community Response teams, empowering neighbourhood teams or working with local authorities around discharge management. On top of this internal schemes had been put in place to address flow, length of stay as well as improving ED practices. The Chief Operating Officer for WVT continued that often the additional measures put in place to support ED because of congestion and to maintain patient safety, results in additional staffing and opening surge areas inside or outside of ED. He explained that this piece of work was about understanding the current states of our EDs, productivity and where we could share learning to improve pathways.

The Chief Operating Officer for WVT explained that in order to measure and compare EDs in a uniform way the Chief Operating Officers and Chief Finance Officer had looked at Model Hospital which collected data in the same way for all Trusts. This provided detail on how all EDs and UEC pathways performed and how each ED across the group was unique. The Chief Operating Officer for WVT noted that it also provided detail on productivity, but this need further reviewing but would help locate areas of inquisitive behaviour and where improvements in contrast to other EDs could be made. He concluded that all EDs were increasingly congested and struggling to get to pre-Covid-19 levels of 4hr Emergency Access Standard (EAS). Each of the EDs across the Foundation Group were different in their specific challenges, however all had differing solutions and resources to address their respective challenges.

The Chief Finance Officer for WVT presented the financial analysis specifically looking at EDs and built on some of the work already standardised in review of the cost per weighted activity. She took the time to thank the Finance Teams across the Foundation Group for working closely together to align methodology to allow cross comparison. The Chief Finance Officer for WVT explained that the analysis had helped identify the resources that were utilised in ED relative to workforce levels, volumes of patients and the time that patients were spending in each department. Broadly the data did triangulate with the

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performance metrics, meaning increases in demand were driving an increased use of resources, often at premium rates. The Chief Finance Officer for WVT continued that that additional costs were needed to safely manage congestion through the UEC pathways. However this was often done in a reactive way to demand pressures, which was what drives the premium in cost base. She explained that the increase in spend wasn't just seen in EDs but was seen through the pathway including how to utilise and staff temporary escalation spaces. The Chief Finance Officer for WVT concluded that moving forward it was important to use the early intelligence and benchmarking to better understand the drivers of variation throughout the UEC pathway. In particular in the EDs, and how that could be converted into opportunities to better utilise resources.

The Chief Operating Officer for WVT explained the next steps and actions. There was still a lot of work that needed doing in relation to ED productivity and efficiency including to understand the cost differences. To enable decongestion of EDs and improve cost per unit it was important to look at the workforce models across the Foundation Group and what learning could be shared. Another key factor would be managing temporary escalation spaces, developing the Urgent Community Response teams and Virtual Wards.

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

The Group Chief Executive reassured members of the public that ambulances waiting outside ED departments did not mean patients had not been seen. They would have been reviewed on arrival and usually waiting to be admitted into hospital. One of the best ways to address the issue would be to have the NHS come to them if they were in a care home, or through call before convey which would allow consultants to advise on the best possible service. Often this allowed patients to go straight to SDEC or Frailty, avoiding a long wait in ED.

Karen Martin, NED WAHT, queried why the Alexandra Hospital was an outlier in regard to age profile. The Chief Operating Officer for WAHT explained that this was partly driven by the pathway for paediatric patients, with paediatric centralised mostly through the Worcestershire Royal Hospital. The Managing Director for WAHT added that it was also in part due to pathway changes. A lot of acute pathways are managed through Worcestershire Royal Hospital, and the lower acuity patients will be diverted up to the Alexandra Hospital.

The Group Chair queried what the ambulance pit-stop model with the ACP review was indicating in terms of patients who didn't need to be in an ambulance. The Chief Nursing Officer for WAHT responded that this was looking at around 35-45%.

The Vice Chair for WVT recommended at a future Foundation Group Boards meeting the work on ED wait times be triangulated in relation to mortality and morbidity.

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

Resolved – that

- A) the Emergency Department Benchmarking be received and noted;**
- B) the Chief Operating Officers and Chief Medical Officers look into ED wait times and their relation to mortality and morbidity.**

**COOs/
CMOs**

25.008

EQUALITY, DIVERSITY AND INCLUSION (EDI) UPDATE

The Chief People Officer for WVT started by informing the Foundation Group Boards that it was important to note when EDI was referred to it all came down to the staff experience. This was evident when you look at the performance measures for EDI, which were all geared towards enhancing the employee experience, therefore by attaining EDI goals the Foundation Group was creating a psychologically safe and compassionate working environment.

The Chief People Officer for WVT continued that there were ten key areas in the NHS Constitution that addressed reducing health inequalities, these aligned with the Foundation Groups strategic priorities. He added that when compared to the NHS Constitution it was clear the Foundation Group was acting as an anchor organisation for health inequalities. The Chief People Officer for WVT informed the Foundation Group Boards that in 2024 the NHS brought into effect six High Impact Actions to show progress made to address prejudice and discrimination within the health service. These actions were as follows:

- 1) Chief Executive's Chairs and Board members should put EDI objectives in place that they are personally responsible for.
- 2) Employ and develop staff in a fair and inclusive way and target groups that are under-represented in the organisation.
- 3) Write and put an improvement plan in place to end pay gaps.
- 4) Write and put an improvement plan in place that deals with health inequality in the workforce.
- 5) Set up a detailed programme for NHS staff recruited countries outside the UK.
- 6) Create a workplace that ends bullying, discrimination, harassment, and physical violence at work.

The Chief People Officer for WVT provided an overview of the Annual Staff Survey results, which showed all four organisations taking the right steps to address EDI requirements from the people promise. He continued that each Trust also had programmes in place to address the High Impact Actions and had created a dashboard to establish the position against each action, with some areas that still needed focus, particularly around action six now that the Sexual Safety Charter was in place.

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

Sue Whelan Tracy, NED SWFT thanked the Chief People Officers for their presentation. She highlighted that it was key with EDI to build managers' confidence to be able listen to the complex and difficult situations and to act on

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

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MINUTE

ACTION

them appropriately. She queried whether training to support this had been rolled out, specifically at SWFT. The Interim Chief People Officer for SWFT offered assurance that this was being looked at, and recently a new learning management system had been developed to try and ensure the relevant packages could be accessible.

Resolved – that the Equality, Diversity and Inclusion Update be received and noted.

25.009

FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR APPROVAL

The Foundation Group Boards Schedule of Business for 2025/26 was approved and ratified.

Resolved – that the Foundation Group Boards Schedule of Business be approved and ratified.

25.010

ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE

The Trust Secretary for GEH/SWFT presented the Board Committee Terms of Reference to the Foundation Group Boards. This included Audit Committees, Appointments and Remuneration Committees, and the Foundation Group Strategy Committee. The report included an update on the Charity Trustees Terms of Reference which would go through individual Charity Trustees for approval. There was also an update on the Quality Committees Terms of Reference which would go through individual Quality Committees and then onto individual Trust Board meetings for approval.

The Associate Director of Corporate Governance/Company Secretary for WHAT/WVT added that the Audit Committee Terms of Reference changes had been made to align more closely with the Code of Governance.

Resolved – that the Annual review of Board Committee Terms of Reference be approved and ratified.

25.011

FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 17 DECEMBER 2024

The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting that took place on the 17 December 2024.

Resolved – that the Foundation Group Strategy Committee Report from the meeting held on 17 December 2024 be received and noted.

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

**Public Minutes of the Foundation Group Boards Meeting
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<u>MINUTE</u>		<u>ACTION</u>
25.012	<u>ANY OTHER BUSINESS</u>	
25.012.01	<p><u>Chair's Remarks</u></p> <p>The Group Chair advised the Foundation Group Boards that Sue Whelan Tracy, NED SWFT and Simon Page, Vice Chair SWFT would be standing down as NEDs on the 8 February 2025 as their term came to an end. He took the time to thank them for their commitment over the years and wished them well in their future endeavours.</p> <p><u>Resolved</u> – that the position be noted.</p>	
25.013	<u>QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS</u>	
25.013.01	<p><u>Question from a Member of the Public</u></p> <p>The following question was submitted by a member of the public in advance of the meeting:</p> <p><i>'Do any of the hospitals in the Foundation Group allow members of staff who are trans-identifying men (i.e. biological males), to use the women's (biological females), changing rooms and toilets? If so, which hospitals in the Foundation Group allow this?'</i></p> <p>The Group Chair advised that the Foundation Group greatly valued people of different races, different sexual orientations and different beliefs. All are treated with respect and kindness and staff were encouraged to use whichever facility best reflected their gender. He concluded that this would continue to be the Foundation Groups position, and with new builds taking place gender neutral bathrooms would start to be introduced.</p> <p><u>Resolved</u> – that the position be noted.</p>	
25.013.02	<p><u>Question from a Member of the Public</u></p> <p>The following question was submitted by a member of the public in advance of the meeting:</p> <p><i>'Will the Board engage in talks with Worcestershire Country Council to consider the possibility of the NHS purchasing the land at the County Hall estate currently used as a car park, to be used by visitors to Worcestershire Royal Hospital, thus easing parking problems at the hospital?'</i></p> <p>The Managing Director for WAHT informed the Foundation Group Boards that there were several discussions taking place with partners to try and resolve the car parking issues faced at Worcestershire Royal Hospital. The conversations were confidential so detail could not currently be shared but the Managing Director offered assurance that he would keep the Foundation Group Boards</p>	

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WYE VALLEY NHS TRUST (WVT)**

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<u>MINUTE</u>		<u>ACTION</u>
	and public up to date as things moved forward. The Group Chairman added that he symphonised with the public regarding car parking and assured them that it was a subject that continued to be a focus for the entire WAHT Board.	
	<u>Resolved</u> – that the position be noted.	
25.014	<u>ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE</u>	
25.015	<u>CONFIDENTIAL APOLOGIES FOR ABSENCE</u>	
25.016	<u>CONFIDENTIAL DECLARATIONS OF INTEREST</u>	
25.017	<u>CONFIDENTIAL MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2024</u>	
25.018	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
25.019	<u>APPOINTMENT OF EXTERNAL AUDITORS</u>	
25.020	<u>FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 JULY 2024</u>	
25.021	<u>ANY OTHER CONFIDENTIAL BUSINESS</u>	
25.022	<u>DATE AND TIME OF NEXT MEETING</u>	
	The next Foundation Group Boards meeting would be held on Wednesday 7 May 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair)
Russell Hardy

Date: 7 May 2025

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

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 7 MAY 2025

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
25.005 (05.02.2025) Foundation Group Performance Report	The Chief Operating Officers present a deep dive into Outpatients at the next Foundation Group Boards meeting.	H Heran / A Parker / R Snead / C Douglas	Completed – on the May 2025 Foundation Group Boards agenda
	The Managing Directors ensure that perinatal deaths in comparison to national mean are included in the Foundation Group Performance Report moving forward.	A Carson / J Ives / S Collman / C Free	Completed – the information teams have included in the Foundation Group Performance dashboards and will continue to moving forward.
25.007 (05.02.2025) Emergency Department Benchmarking	The Chief Operating Officers and Chief Medical Officers look into ED wait times and their relation to mortality and morbidity.	H Heran / A Parker / R Snead / C Douglas / N Rashid / V Baskar / J Walton / C Agwu	Completed – on the May 2025 Foundation Group Boards agenda
ACTIONS IN PROGRESS			
REPORTS SCHEDULED FOR FUTURE MEETINGS			



**South Warwickshire
University**
NHS Foundation Trust



**Worcestershire
Acute Hospitals**
NHS Trust



George Eliot Hospital
NHS Trust



Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	6.1
Date of Meeting	7 May 2025		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Vidhya Sumesh, Group Business Information Specialist		
Lead Executive Director:	Catherine Free, Managing Director - George Eliot Hospital NHS Trust (GEH), Adam Carson, Acting Chief Executive – GEH/ South Warwickshire University NHS Foundation Trust (SWFT), Stephen Collman, Acting Chief Executive - Worcestershire Acute Hospitals NHS Trust (WAHT)/ Wye Valley NHS Trust (WVT), and Jane Ives, Managing Director – WVT		
1. Purpose of the Report	Assurance and oversight of Group Performance		
2. Recommendations	The Foundation Group Boards are invited to review this report as assurance.		
3. Executive Assurance	This report provides group, regional and national benchmarking on six key areas of performance. A narrative has been provided by each organisation for the key areas benchmarked.		

Foundation Group Performance Overview


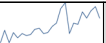





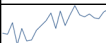




Wye Valley NHS Trust(WVT)

South Warwickshire University NHS Foundation Trust(SWFT)

George Eliot Hospital NHS Trust(GEH)

Worcestershire Acute Hospitals NHS Trust(WAH)

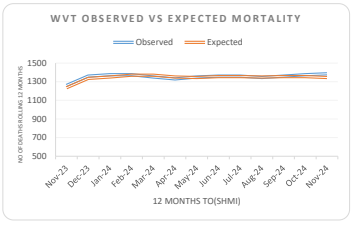
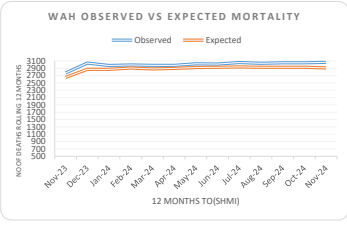
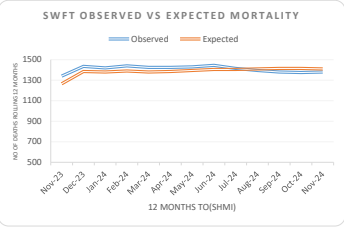
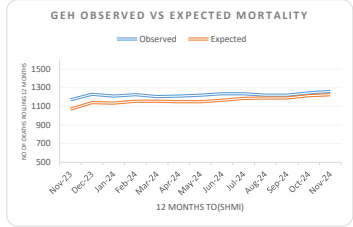
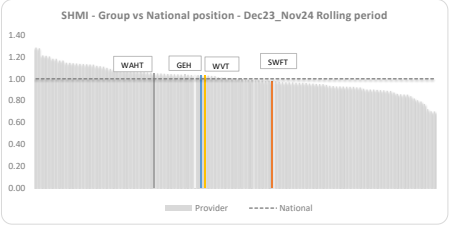
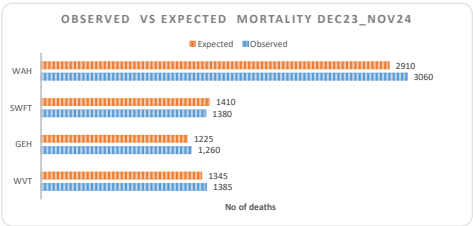
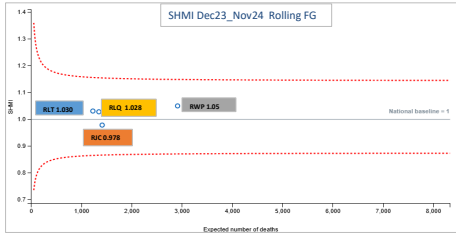
	Indicator	Standard	Latest Data	Benchmark	Latest Data	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark
Urgent and emergency care	ED 4 hour standard	78%	Mar-25	National 75.0% Midlands 70.6%	Mar-25	63.5%	66.1%			69.4%	69.7%			66.6%	72.4%			66.0%	63.8%		
	Ambulance Handovers < 30 mins (%)	98%			Mar-25	55.2%	61.9%			92.5%	85.2%			51.5%	56.6%			64.4%	58%		
	Ambulance Handovers < 60 mins (%)	100%			Mar-25	73.4%	79.1%			98.1%	91.5%			81.2%	85.1%			79.5%	74.3%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%			Mar-25	49.1%	46.7%			44.9%	42.8%			49.3%	43.9%			15.4%	29.6%		
	General and Acute (G&A) Occupancy(Adult)	< 92%	Mar-25	National 94.5% Midlands 95.1%	Mar-25	94.7%	99.0%			99.7%	97.2%			98.5%	97.9%			94.4%	95.0%		
MFFD	% of occupied beds considered fit for discharge	5%			Mar-25	17%				16%				15%				15%			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Dec 2023 to Nov 2024	National 1.0	Dec 2023 to Nov 2024	Within expected range	1.028			Within expected range	0.9783			Within expected range	1.0309			Within expected range	1.0500		
Work force	Staff Sickness	3.5%	Nov-24	National 5.3% Midlands 5.7%	Mar-25	5.0%				5.1%			N/A	5.3%				5.5%			
Cancer	Cancer 62 days Combined (new standard from Oct 23)	85%	Feb-25	National 67.0%	Feb-25	68.6%	71.0%			55.6%	62.2%			60.7%	62.8%			59.7%	64.8%		
	28 day referral to diagnosis confirmation to patients	77%	Feb-25	National 80.2%	Feb-25	82.9%				80.9%				76.2%				79.9%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				549				397				609				811			
	RTT 65 week plus waiters (English Only)	0			Mar-25	21				13				17				18			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Feb-25	National 58.3%		56.5%				64.6%				57.9%				59.3%			
Theatres	Theatre Utilisation (Capped)	85%	Feb-25	National 80.0%	Mar-25	82.0%	79.6%			82.8%	83.1%			83.9%	79.5%			84.3%	83%		
	Theatre Utilisation (Uncapped)	85%	Feb-25	National 85.0%		86.7%	83.2%			85.2%	85.1%			100.3%	84.1%			86.6%	86%		
Outpatients	PIFU Rate	5%				6.8%	4.5%			5.7%	5.0%			5.0%	3.4%			5.6%	5.1%		
	DNA rate	<4%			Mar-25	5.4%	6.3%			5.6%	5.5%			7.2%	7.3%			4.6%	5%		
	Slot Utilisation	90%				88.0%	88.2%			91.2%	89.9%			84.1%	84.3%			89.9%	89.4%		
	% of OP appointments First or (Fup+procedure)	46%				46.8%	44.3%			43.0%	46.3%			41.5%	42.5%			47.1%	45.2%		
	Total ERF %					116.9%				119.0%				122.2%				124.0%			
	OP First (%)					101.5%				111.0%				117.2%				138.0%			

ERE	OP Procedure (%)					Mar-25	182.9%				117.0%				150.6%				124.0%			
	Daycase (%)						121.8%				112.0%				106.4%				128.0%			
	Elective (%)						88.4%				162.0%				105.4%				121.0%			

Foundation Group Key Metrics

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

Trust	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
GEH	1.11	1.10	1.08	1.07	1.07	1.08	1.10	1.13	1.18	1.11	1.11	1.10	1.09	1.08	1.06	1.06	1.05	1.06	1.06	1.06	1.04	1.03	1.02	1.02	1.03
SWFT	1.04	1.04	1.04	1.03	1.02	1.02	1.02	1.02	1.03	1.04	1.05	1.05	1.06	1.03	1.03	1.03	1.03	1.03	1.02	1.03	1.01	0.99	0.97	0.97	0.98
WAH	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.05	1.06	1.04	1.03	1.04	1.03	1.03	1.03	1.04	1.04	1.04	1.04	1.05
WVT	1.03	1.04	1.01	1.02	1.02	1.02	1.01	1.01	1.03	1.03	1.03	1.02	1.02	1.02	1.02	1.00	0.98	0.98	1.00	1.00	1.00	0.99	1.00	1.02	1.03



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

The latest 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) based from December 2023 to November 2024 shows Wye Valley NHS Trust at 103, which is a small increase as we start to cover the previous winter months.

The latest crude mortality rate for March 2025 was 1.24% for all admissions, which equates to 81 deaths, including ED and community hospitals.

Our key mortality outlier groups, with the latest figures (December 2023 –November 2024):

Heart Failure – The latest data has shown a further significant increase in the rolling 12 month SHMI. This is the fourth consecutive monthly increase, and the SHMI is showing as 'higher than expected'. A meeting is being set up with the clinical lead to discuss the next steps.

Neck of femur fractures (iNOF) – A fifth consecutive reduction has been reported for our iNOF mortality rates, continuing the downward trend to expected levels. The new fast-track bleep system is in place in ED for any patient with a suspected iNOF, which instigates the pathway much sooner and ultimately means the patient reaches both surgery and admission to the specialist ward much sooner. An initial draft dashboard has been developed to monitor the impact. The mortality lead has also reviewed the last 3 months' worth of patient data, which has been submitted to the National Hip Fracture Database (NHFD). The data has been re-submitted to reflect the patient's condition more accurately and is projected to have a positive impact on our SHMI in the coming months.

Pneumonia – A similar position to the previous month's reported data with a minor increase in the 12-month rolling SHMI. The SHMI remains above the expected levels with approximately 13 more observed deaths than expected.

Sepsis – Another reduction in the rolling 12 month SHMI for sepsis mortality rates. This is the 8th consecutive reduction and is now reporting as 'expected' levels of mortality for our demographic. A summary of the audit and improvement work was provided by the sepsis lead at the Learning from Deaths (LFD) Committee last month.

Stroke – The latest data shows a 2nd consecutive month under the national average with a minor reduction in the observed levels of death. There is ongoing work with our local public health team to fully understand the wider mortality rates across Herefordshire with a specific focus on care and nursing homes.

South Warwickshire University NHS Foundation Trust (SWFT)

Summary Hospital-Level Mortality Indicator (SHMI) was 97.12 for the period November 2023-October 2024, which is down from the previous quarter and remains within national control limits. The Mortality Surveillance Committee(MSC) continues to oversee a number of work streams including continued audits, Improved coding, working with our benchmarking partner to improve SHMI and Risk Adjusted Mortality Index (RAMI) data accuracy. Following the presentation of the last quarterly report to the Clinical Governance Committee (CGC), the Mortality Surveillance Committee has met monthly. The MSC is aware and continues to monitor conditions where RAMI has risen. Acute Kidney Injury (AKI) is the only RAMI this quarter which has increased. Coding and clinical teams continue to collaborate closely to improve depth of coding and this is resulting in the reduced SHMI and RAMI.

Audits are on going to establish if there are any care issues involved in our outlier conditions. Audits are presented at the Mortality Surveillance Committee. No care issues have been identified thus far. InPhase for reporting incidents is now established and the inPhase Mortality Module is schedule to be introduced in spring 2025. This will hopefully allow better learning from deaths. The 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. The Trust SHMI and RAMI continue to fall despite a very challenging time for the trust and NHS nationally. Audits continue to provide reassurance of the high standard of care provided by SWFT. Staff continue to work exceptionally hard to deliver an excellent standard of care to our patients.

George Eliot Hospital NHS Trust (GEH)

The Summary Hospital-level Mortality Indicator (SHMI) is within the expected range when compared to England for the latest period, Nov 23-Oct 24, published on March 25. Due to changes in Hospital Standardised Mortality Ratio (HSMR) methodology, HSMR+ remains an outlier at 112.9 for the latest period (Dec 23 – Nov 24 (published March 25)); however, there continues to be an improvement in HSMR+ when compared to January 2025. The trust continues to work with key stakeholders across the trust to outline the changes to HSMR and highlight the importance of quality patient documentation. An action plan is in place, which is being monitored through the Mortality and Deteriorating Patients Group. It is anticipated that HSMR+ will continue to be an outlier over the coming months. There were 84 deaths in February, and the medical examiner reviewed 100% of the non-coronial deaths (76). A new appointment system is in place within the medical examiner service based on feedback during December, which is working well. A key theme identified and the learning included good end-of-life care planning with good documentation and discussions to include preferred place of death. The learning from deaths has been shared across all directorates and mortality leads.

Worcestershire Acute Hospitals NHS Trust (WAH)

Our SHMI is steady at 1.05 (having vacillated between 1.03 and 1.06 over the course of the last 12 months). As indicated in the funnel plot (above left), our SHMI remains 'as expected'. The quality of clinical coding is good, and the trust reports having an 'as expected' SHMI for the 10 diagnostic groups that are individually reported on.

Multi-site trusts report their overall trust-level SHMI (as above). But, where there are sufficient patient data to describe a SHMI for individual, non-specialist sites, the SHMI is reported at a more granular, site level, in this regard.

- The catchment area of the two hospitals for emergency admissions has changed, with West Midlands Ambulance Service (WMAS) conveying more patients from the Kidderminster area to the Alexandra Hospital (ALX). The effect of this means that patients presenting to the ALX are increasingly more likely to come from socio-economically deprived areas (please note: Deprivation is not accounted for in SHMI model, but patients from more deprived backgrounds are widely known to have worse health outcomes).
- Specialist medical services have moved away from the ALX (including frailty despite the older cohort of patients admitted there). This means patients presenting to the ALX needing services only available at Worcestershire Royal Hospital (WRH) are somewhat disadvantaged, as there is inevitably a delay caused by a second transfer needed before they can access care. Previous work has identified patients who need a transfer from the ALX to WRH as a particularly high mortality cohort.
- There is probably a coding effect. Whereby patients admitted under General medicine at the ALX are more likely to be described at a prima facie level (e.g., for fluid and electrolytes rather than for cancer, dementia etc.). This likely reflects what they were treated for on that admission and not the presence of other life limiting conditions. This is not an indicator that the treatment itself was substandard.

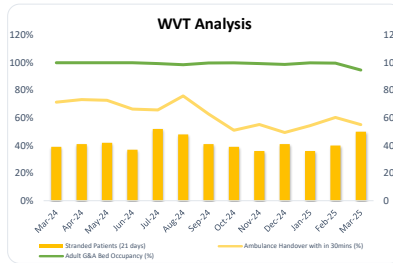
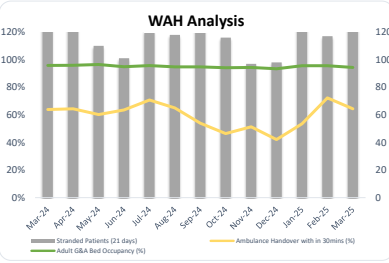
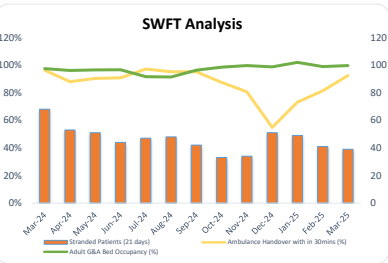
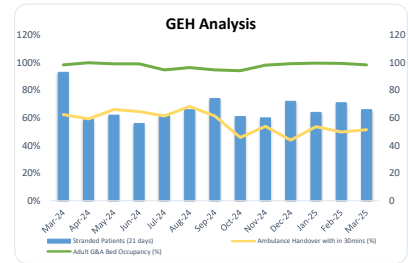
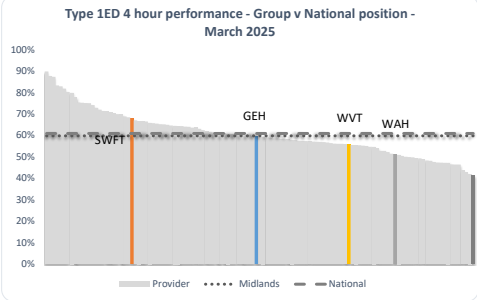
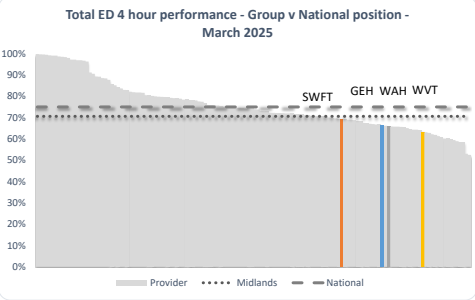
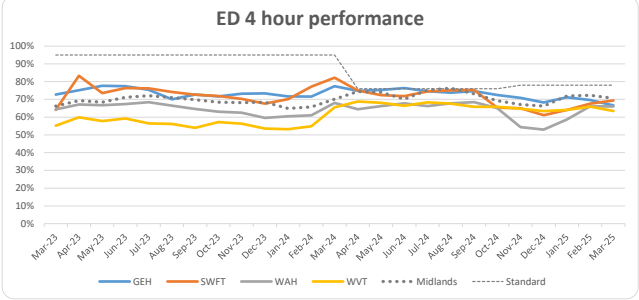
Mortality outcomes of patients transferred from the ALX to WRH for specialist treatment are currently the subject of a clinical information team analysis.

Foundation Group Key Metrics



Emergency Department (ED) 4 hour Performance

Trust	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD
GEH	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%	71.2%	69.6%	66.6%	72.4%
SWFT	64.1%	83.3%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	70.1%	77.2%	82.2%	75.0%	72.4%	71.8%	74.5%	75.1%	75.3%	65.3%	65.0%	61.1%	64.0%	67.6%	69.4%	69.7%
WAH	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.2%	67.8%	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	58.7%	66.2%	66.0%	63.8%
WVT	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	65.8%	64.8%	63.4%	64.1%	65.9%	63.5%	66.1%

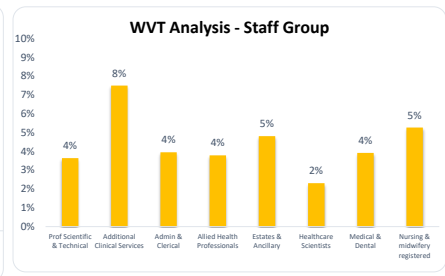
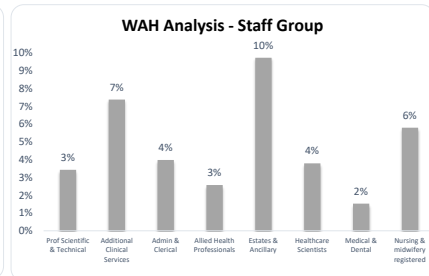
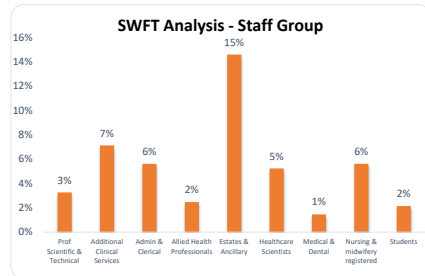
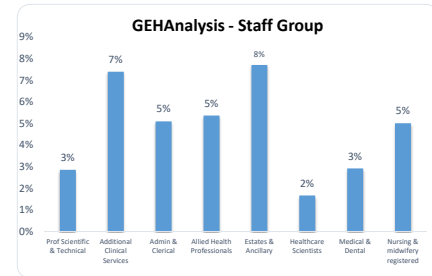
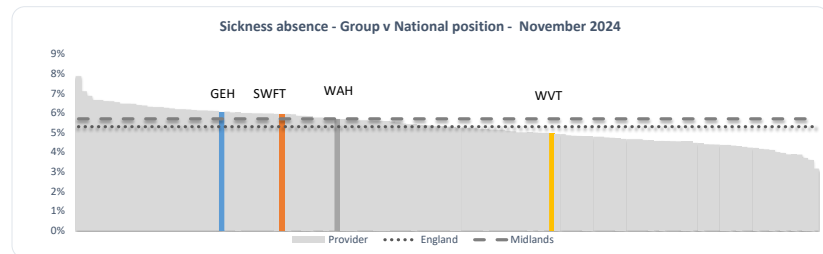
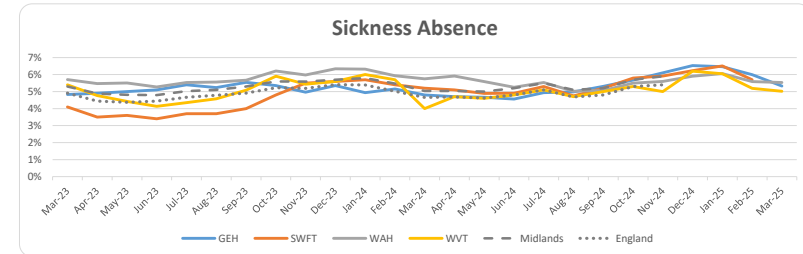


Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Our Urgent and Emergency Care (UEC) pathway and our 4 hours Emergency Access Standard (EAS) remain the trust's most significant operational concern.</p> <p>Performance against the 4hr EAS remains challenged, with March delivery at 63.5%. High attendances, rising acuity, and increased admission rates continue to drive pressure across the urgent care pathway. Workforce gaps, particularly with our ED medical and non-medical workforce delivering the minor injury and illness pathway, contributed to longer waits to be seen in March, impacting flow and time to treatment.</p> <p>The trust's reliance on escalation beds and temporary escalation spaces (TES) has remained at the high levels we have seen over winter, supporting safety but adding further strain on staffing and inpatient capacity. Ambulance handover delays have worsened, reflecting the difficulty in maintaining flow across both ED and inpatient areas.</p> <p>Immediate priorities include increasing SDEC capacity, advancing admission avoidance pathways such as neighbourhood health, and addressing internal discharge delays. Workforce resilience, flow optimisation through increasing streaming and navigation at the front door and system-wide collaboration to reduce our increase on >0 day length of stay admissions are critical to recovering performance. Focused plans to improve both external and internal factors that impact on congestion in our ED are currently in progress both across WVT and One Herefordshire.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>4-hour performance</p> <p>GEH Emergency Department (ED) attendances have continued to stay significantly high, with 14% higher presentations seen in March compared to February. In addition to an increase in demand and high bed occupancy across the trust, we have unfortunately seen a prolonged length of stay within the department; however, there has been a slight reduction in patients' length of stay exceeding 12 hours and a small decrease in 12-hour trolley waits. Further action is being taken across the Trust to support in improving this position and our overall performance, including the implementation of ED's 'Perfect Weeks' to strengthen existing processes whilst continuing to trial innovative methods. Week one of three has supported improvement in our regional and national position.</p> <p>Ambulance performance</p> <p>High attendances and limited flow from the ED have led to a more challenging ambulance position. Despite these pressures and an increase in the total number of ambulance presentations, there has been a reduction in the number of handovers completed in excess of an hour. ED continue to utilise internal escalation measures, triage all patients awaiting handover and maximise use of ambulatory pathways to support the safety of patients in hospital and in the community. Implementation of new processes, such as the Same Day Emergency Care (SDEC) patient self-transfer pathway, will ensure patients receive appropriate, timely treatment in addition to supporting further capacity within the Emergency Department to assist ambulance offload.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>4 Hour Performance – Quarter 4 (Q2) Performance for SWFT improved to just over 67% meeting, up 3.3% from Quarter (Q3), with March finishing at 69.4%.</p> <p>SWFT remains in the top quartile performing acute trusts for Type 1 Accident and Emergency (A&E) performance, based on the March 2025 position. SWFT did see a drop in Type 1 attendances during Q4, however, March was the fourth highest month that Trust has had in terms of A&E attendances. The conversion rate peaked for the financial year in January at 28%, but by March this had dropped to 25%. The number of intelligent conveyances has reduced from Q3 but remains high. SWFT has continued high levels of out of area patients self-presenting to ED, with a noticeable increase from Coventry, Solihull and also now from Rugby.</p> <p>Ambulance performance continues to deliver very good handover performance with more than 83% of ambulances being offloaded within 30 minutes of arrival, with March increasing to 92.5%. Most delays at SWFT were caused by West Midlands Ambulance Service (WMAS) batching intelligent conveyances together, leading to ED becoming overwhelmed for a period of time.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>During March the Worcestershire Royal Hospital (WRH) site recorded high numbers of attendances, the first time ever there have been over 8000 patients, a further 10% increase on the previous March. We continue to reduce our non-admitted, non-referral performance breaches with targeted focus; however, we recognise there is more robustness needed for patients referred for specialty review. Engaging all specialities to ensure they also own the ED EAS (Emergency Access Standard) performance is a focus within April and beyond.</p> <p>Ambulance handovers within 45 minutes remain a challenge, but to ensure focus we have reduced our rapid reviews to six hours below the national standard of eight hours.</p> <p>Occupancy levels within the hospital remain high, despite 'green shoots' of improvement with reducing length of stay, particularly for the patient with extended stays. Working in collaboration with our system partners, we are identifying how we can ensure patients are monitored safely in the most suitable locations; this is not always an acute hospital - a 'hospital at home' programme will focus on opportunities and improvements.</p> <p>The single point of access continues to identify how it can support delivering healthcare to patients using all available services and is trialling taking calls from NHS 111 for certain conditions that could be treated outside of an acute, this trial should be successful will look to extend the range of conditions involved.</p> <p>Following an onboarding visit in February by members of the integrated care system and NHSE colleagues, we are advancing the clinical model for older people living with frailty; including the recruitment of geriatricians, aiming at admission prevention and more timely transition through the acute hospitals.</p> <p>A full Emergency Department Workforce Review is underway and will be presented in April 2025.</p>

Foundation Group Key Metrics

Sickness Absence All Staff Groups

Trust	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
GEH	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%	5.7%	6.1%	6.5%	6.5%	6.0%	5.3%
SWFT	4.1%	3.5%	3.6%	3.4%	3.7%	3.7%	4.0%	4.8%	5.5%	5.6%	5.7%	5.4%	5.2%	5.1%	4.9%	4.9%	5.3%	4.8%	5.2%	5.8%	5.9%	6.2%	6.5%	5.7%	5.1%
WAH	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.5%
WVT	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5.3%	5.0%	6.2%	6.1%	5.2%	5.0%



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Sickness absence has reduced to 5.0%, with long-term sickness at 2.62% and short-term sickness at 2.38%. The main reasons for sickness absence are colds/flu, mental health conditions and musculoskeletal (MSK) conditions. In our determination to reduce sickness absence to below 4%, we have revised our absence policy and are implementing high-impact actions which will be reviewed at FPE meetings. We will continue to ensure appropriate management actions and support for staff are in place to reduce sickness. This remains a priority area for Human Resources (HR) over the coming year. HR teams continue to sensitively support the management of long and short term sickness absence, and considerable work continues to be done to enhance the wellbeing staff support offer, including fast track Occupational Health (OH) referrals, wellbeing training, and more psychological and team based wellbeing support for staff. The wide range of health & wellbeing initiatives (mental health support, employee assistance programme, NHS apps and support lines, face-to-face counselling, clinical psychology) are still in place for staff. The management of absence remains a key priority area for HR, and case by case reviews are undertaken by HR Business Partners (HRBPs) and OH for all long term sickness absence and short term absence cases of concern to ensure the absence process is being managed appropriately. The HR team is also following NHS England (NHSE) Improving Attendance Toolkit in managing sickness absence.

South Warwickshire University NHS Foundation Trust (SWFT)

The sickness absence rate for the Trust decreased to 5.65% for February 2025 and remains above the trust target of 3.8%. This was driven by a reduction in long term absence by -0.64% and short term sickness absence in -0.27%. Long term absence accounts for 3.02% of absence and short term 2.63%.

The top three reasons for sickness absence are anxiety/stress/depression/other psychiatric illnesses (31.92% of absences), cough, cold, flu (12.30%) and other musculoskeletal conditions (10.22%) which account for 54.44% of total absences.

Reducing sickness absence across the organisation remains a key focus with actions in place across the Trust to ensure all robust and proactive management of cases, providing additional operational support to managers, as well as undertaking deep dives to understand any absence trends for areas with high absence rates.

George Eliot Hospital NHS Trust (GEH)

Sickness absence, whilst it remains above the trust target of 4%, has seen a decrease in Q4. The main driver has been weighted most recently on long-term absence. Managers continue to work closely with people and workforce colleagues to focus on management of absence with interventions and plans in place to support and expedite their return to work as necessary, including uptake of return to work processes. As part of the trust's plans to address and reduce sickness absence, a number of interventions for improvements are being worked up to increase psychological and musculoskeletal staff support to provide both prevention advice and clinical treatments, alongside a plan to revise the current OH and Wellbeing service provision.

Given sickness absence in Estates & Facilities remains a concern around musculoskeletal absences, impacted by the manual aspects of the majority of those roles, there has been a shift with an increase in return to work data compliance, demonstrating a positive impact that senior managers in the team are having. It is expected that with improved leadership in post and some dedicated people and workforce support, the trust is hoping to see some improved attendance and a speedier return to work due to proactive absence management alongside improved interventions over the coming months.

Worcestershire Acute Hospitals NHS Trust (WAHT)

Now that we are seeing a reduction in seasonal illnesses, all divisions are seeing a return to previous March and April (2024) sickness figures, with the exception of surgery who have had a slight increase. Anxiety and stress remain the most common reasons for sickness. Long term sickness is decreasing due to divisional focus and support by HR business partners.

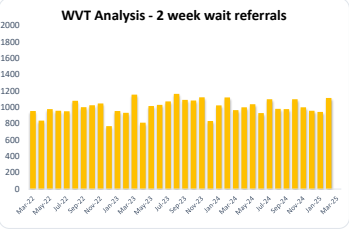
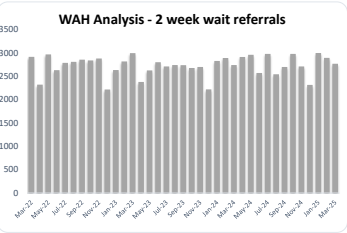
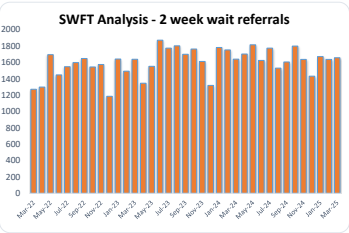
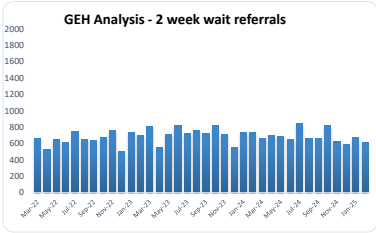
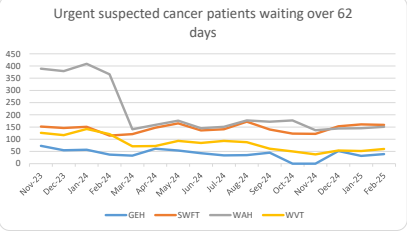
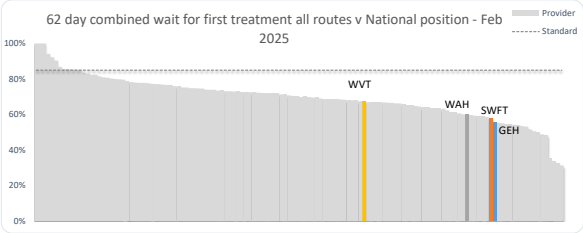
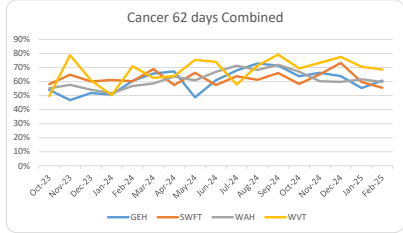
Estates and Ancillary is the one area where performance is worsening.

Foundation Group Key Metrics



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

Trust	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
GEH	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
SWFT	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
WAH	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####
WVT	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####



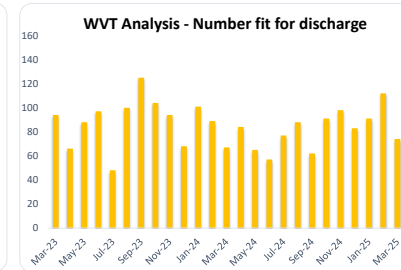
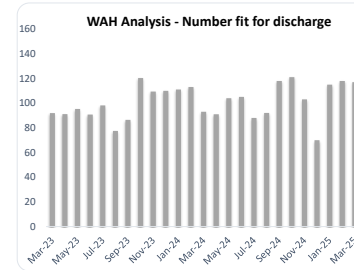
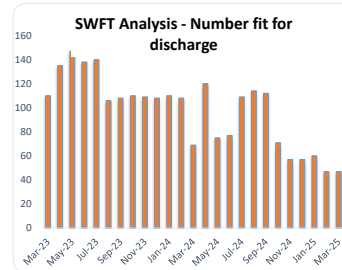
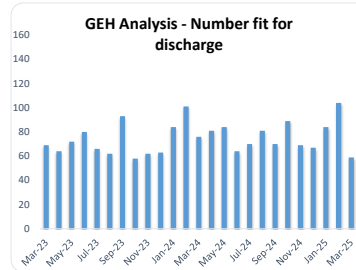
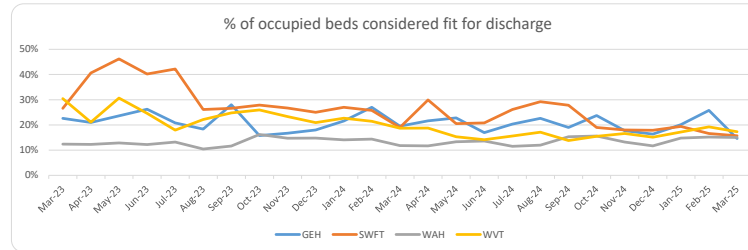
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Overall referrals are up by 14.8% as of the end of February compared to 3 years previous. Urology is showing a 46% increase over the same three year period. An updated urology urgent suspected cancer referral form has been developed and will soon be published for use by primary care. Some education with primary care colleagues is being arranged to help improve the quality of referrals in and help manage demand.</p> <p>The trust reported a position of 68.6% for 62 days in February, 2% off WVT's planned trajectory. A review of the breaches and challenged pathways is ongoing for February and March to ensure the themes are fed into the cancer action plan and reviewed via the trust's cancer board. A performance dashboard is being created to give better visibility to trust colleagues of our latest "close to real time" performance and a view of the pathways that have breached for internal review and action.</p> <p>The gynaecological 'Best Practise Timed Pathway' dashboard has now been created to help support the speciality with continued pathway improvement. The next dashboards to be created are of prostate and colorectal. Gynaecology has now gone live with text messaging to inform patients of benign results. A Plan, Do, Study, Act (PDSA) cycle will be completed to tweak the process as needed before a wider rollout to all cancer specialities.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>62-day performance has continued to be challenging, which is due mainly to challenges with first appointment capacity in Lower Gastro Intestinal (LGI) and breast tumour sites. LGI has struggled to meet the demand and has relied on Waiting List Initiatives (WLI) lists, and there has been sickness in the breast tumour site. There was a delay in the planned pilot of a new pathway for straight to test for LGI. This is now starting mid-April. There continue to be challenges with GEH shared treatments with University Hospitals Coventry & Warwickshire (UHCW), and there are significant delays to treatments at UHCW due to capacity issues, which have resulted in shared breaches. Conversations with UHCW around the delays are ongoing. There are continuing issues with histopathology delays across the system, and capacity for reporting radiology remains challenged, although there is a good escalation process in place to get cancer scans reported promptly.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>SWFT's performance for Quarter 4 has been challenged. After a good end to Quarter 3, SWFT have struggled significantly, meaning the trust are some way off meeting the 85% target for 62 day performance. Challenged areas for this quarter were Urology, Skin (who struggled with scheduling patients needing plastic surgery involvement), Breast (who are having significant challenges with the scheduling of theatres due to difficulties in wire placements at University Hospitals Coventry & Warwickshire (UHCW) and Haematology (due to late transfer onto their pathway, along with difficulties in histology being returned from bone marrow studies).</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>The Trust's unvalidated position for 62 day cancer waiting performance for Mar 25 is 69%, which would result in a full year performance of 65.8% and 4,376 first treatments provided. The March performance is slightly below the year end target of 70% which we committed to.</p> <p>Breast, Lung and Skin currently have underperformance; Breast will improve with a realignment of theatre capacity expected shortly, Lung fluctuates due its reliance on tertiary centres and Skin is set to improve with the implementation of TeleDermatology this year.</p> <p>The Trust has set a compliant target for 25-26 with a trajectory to achieve 75% by March 2026.</p> <p>Oncology capacity remains a challenge; the trust and specialised commissioning are in discussion regarding funding additional activity, and whilst these discussions progress the staff are experiencing significant unsustainable pressures trying to meet demand.</p>

Foundation Group Key Metrics

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

% of occupied beds considered fit for discharge

Trust	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
GEH	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%	20.1%	25.8%	14.6%
SWFT	26.6%	40.6%	46.2%	40.2%	42.2%	26.1%	26.6%	27.9%	26.7%	25.0%	27.0%	25.8%	19.0%	29.9%	20.5%	20.8%	26.1%	29.2%	27.8%	19.0%	18.0%	17.9%	19.4%	16.6%	15.7%
WAH	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%	14.1%	14.4%	11.8%	11.7%	13.3%	13.6%	11.5%	12.0%	15.3%	15.6%	13.2%	11.7%	14.8%	15.2%	15.0%
WVT	30.4%	21.1%	30.7%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%	15.5%	16.6%	15.1%	17.2%	19.3%	17.3%



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

System partners from across Herefordshire met at a Discharge to Assess (D2A) summit in February to review our discharge to assess programme and were able to agree on a core set of actions for improvement. Progress of these actions has been swift, and the impact of these improvements has been evident.

Pathway 1 (P1) continues to improve with a reducing amount of hospital bed days lost due to delays of Medically Fit For Discharge (MFFD) patients. One of our joint aims is to ensure that all P1 patients have access to quality reablement. A change in our pathway referral process has resulted in all referrals being sent to our reablement partners for review before looking to the home care market for support. This will ensure that we maximise opportunities to access reablement.

Improvements in occupancy in one of our commissioned P2 provide an average of 60% occupancy to 85% occupancy improvement. Not only does this reduce the need to purchase spot beds (supporting the best use of the Better Care Fund), but it also enhances the opportunity for reablement and utilises scarce therapy resources in one place as opposed to therapists travelling around care homes across the county to deliver service.

We continue to experience significant issues related to discharge delays for our Powys patients. There was a summit with Powys colleagues from both the Health Board and the Council; the outcome of this was an agreed set of schemes to be delivered with support from Herefordshire to improve the position. This will focus not only on delays from inpatient beds but also how we can access same day services for patients that are seen at WVT Same Day Emergency Care - to ensure that patients from Powys are only admitted if required secondary care.

George Eliot Hospital NHS Trust (GEH)

In March, 14.6% (a reduction since last reporting) of patients occupying beds in the trust do not meet the criteria to reside with the majority of patients on pathways 1-3 waiting for placements or packages of care. The trust continues to hold Multi-Agency Discharge Events (MADEs), and daily system collaborative complex meetings continue with the afternoon call to close the loop on daily actions and outcomes for patients. Work continues across the system to address all actions from the system collaborative event (SCDP Programme). The top three key priorities include rehab provision, fracture pathway and choice policy.

South Warwickshire University NHS Foundation Trust (SWFT)

A continued decrease in the Medically Fit For Discharge (MFFD) numbers was seen during Q4 of 2024/25, with March seeing the lowest position that the Trust has reported at 15.7%.

The reduction is in large part due to the review of processes around the collection and recording of the criteria to reside and be medically fit for discharge data. We have recently seen an increase in the quality of data of the Criteria To Reside data, with a focus on training and a review of data that's being entered and with a lot of work being put in by the ward managers. An operational team is also reviewing and chasing the completion of the criteria to reside 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%. Focus continues to energise specific areas, developing relationships to support discharge and flow into the community, e.g., domiciliary care with out of area colleagues to gain traction with these patients, and the Operational Programme Management Unit(OPMU) is also now involved in the review work around the collection and robustness of the MFFD data.

Worcestershire Acute Hospitals NHS Trust (WAHT)

Although we overachieved on our internal 'simple' discharge targets in March 2025, we still have too many patients in an acute bed beyond becoming medically fit, which is inhibiting flow from the front door services. There have been improvements in a reduction of patients waiting 12 hours in the department but 16% of patients being admitted are still experiencing these delays much, much higher than we want.

There is a lot of work taking place within the wards, with a focus on reduction of Length of Stay (LOS) based on benchmarking data and trying to move all services to the upper quartile and then incremental improvements to the top decile; there is collaboration with our system partners relating to improvements in the pathway referral processes and visibility of status; the timely transfer of patients to community beds for frail patients meeting a set criteria and clinically stable FNAFs; as well as the hospital at home programme (focusing on step downs to community and admission avoidance with oversight care from the acute, but care provision via the Community).

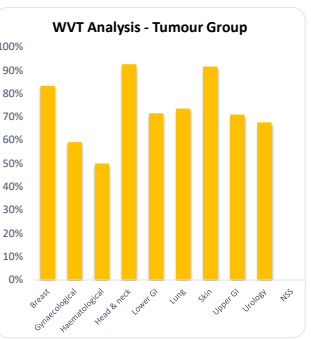
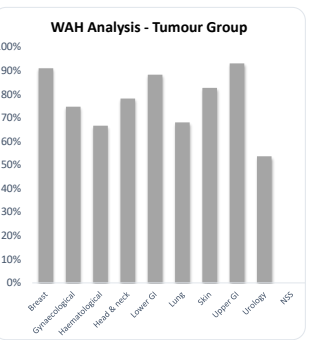
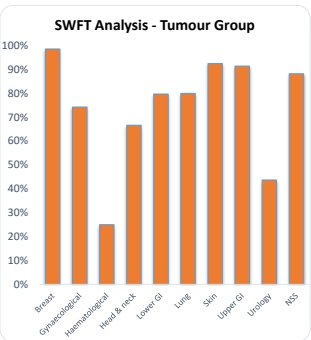
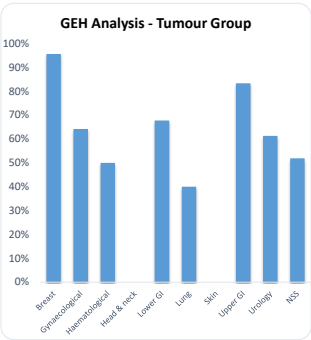
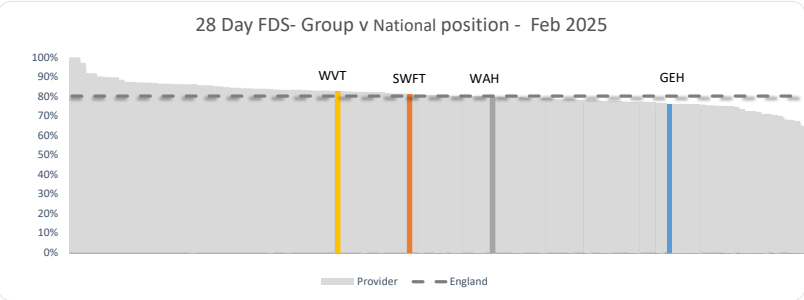
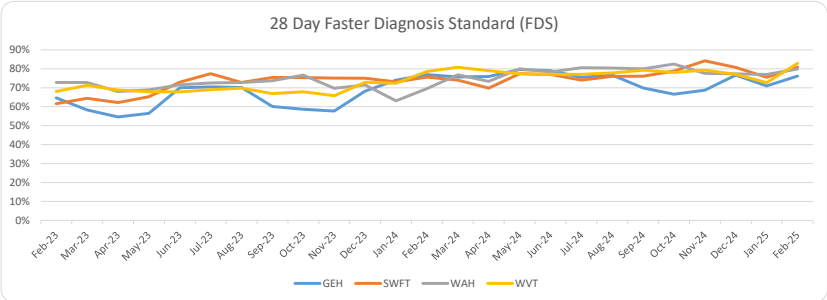
Recent analysis on LOS has shown that the Trust needs to reduce average LOS to 5 days, but in order to do that community hospitals need to have a LOS reduction from an average of 29 days to 17 days. We are working in conjunction with system partners to identify where the opportunities lie.

Foundation Group Key Metrics

28 Day Faster Diagnosis Standard (FDS)

Trust	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
GEH	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%	69.9%	66.6%	68.7%	76.7%	71.0%	76.2%
SWFT	61.6%	64.4%	62.2%	65.3%	73.0%	77.4%	72.8%	75.4%	75.3%	75.1%	75%	73.11%	75.60%	74.0%	69.8%	77.4%	77.0%	74.0%	76.0%	76.1%	78.8%	84.2%	80.7%	75.5%	80.9%
WAH	72.8%	72.8%	68.0%	68.9%	71.6%	72.5%	72.8%	73.7%	76.7%	69.7%	71%	63.10%	69.54%	76.9%	73.4%	80.0%	78.3%	80.6%	80.4%	80.0%	82.5%	77.6%	77.3%	77.0%	79.9%
WVT	68%	71%	69%	68%	68%	69%	70%	67%	68%	66%	73%	72%	78.6%	80.8%	79.0%	77.3%	77.1%	77.0%	77.8%	79.2%	78.1%	79.3%	77.1%	72.7%	82.9%

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



RAG(Red-Amber-Green)rating versus England

Tumour Group	WVT	GEH	SWFT	WAH	England
Breast	83.3%	95.6%	98.6%	91.0%	92.0%
Gynaecological	59.1%	64.2%	74.3%	74.7%	72.0%
Haematological	50%	50.0%	25.0%	66.7%	61.0%
Head & neck	92.6%	N/A	66.7%	78.2%	78.0%
Lower GI	71.5%	67.7%	79.8%	88.3%	70.0%
Lung	73.5%	40.0%	80.0%	68.1%	82.0%
Skin	91.6%	N/A	92.5%	82.7%	90.0%
Upper GI	71.0%	83.3%	91.5%	93.1%	80.0%
Urology	67.6%	61.3%	43.7%	53.7%	62.0%

Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>WVT 28 Day Faster Diagnosis Standard (FDS) performance for February 2025 was 83%.The Breast service remains challenged despite locums now in post to support the service as the backlog is addressed.The service anticipates that activity will have been recovered by May now that two additional consultants are in post. Upper Gastrointestinal also reported performance of 80%, an increase of 17% from the same month last year.This has been attributed to the use of benign letter templates to help decrease admin delays.</p> <p>Radiology delays impacting some cancer pathways.Deep dive complete with specialty to discuss current delays and agree short and medium term plans to address issues and to support Best PracticeTimed Pathways.</p> <p>Heading into 25-26 we are working on a stretch target for FDS of 83% based on improvements we should see to diagnostic performance with the Community Diagnostic Centre opening in the late summer.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The 28-day faster diagnosis standard for January showed a slight drop, which was recovered in February by 5.2%. This is due mainly to challenges with first appointment capacity in LGI and Breast, as LGI has struggled to meet the demand and has relied on WU lists, and Breast service has had some sickness; plans are in place to mitigate these issues.There was a delay in the planned pilot of a new pathway for straight to test for LGI. This is now starting mid-April.There have been some challenges in capacity for hysteroscopy, but this has improved in April in gynaecology. The lung pathway has been impacted by delays in the reporting of scans; the escalation process has improved, and this will improve the position going forward. The Non-specific symptoms (NSS) referral has been redesigned to ensure appropriate referrals are sent through the service, there has been scope for an additional Endobronchial ultrasound (EBUS), which will improve the efficiency of the diagnostics and improve waiting times. For urology, the LATP (Local Anaesthetic Transperineal Prostate) nurse is undertaking regular clinics, and this has improved our waiting time.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>SWFT's performance for Quarter 4 is expected to be above the national target, although January saw a drop off in FDS performance due to significant challenges in histopathology.</p> <p>A positive to note has been the recruitment of a head and neck radiologist, which should help improve head and neck's FDS performance.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>We are expecting to achieve the national target of 77% in 24-25 and have committed to achieving the 25-26 target of 80%. There are some specialties where compliance may be more challenging such as Urology which has seen an unprecedented increase in referrals recently (potentially a result of high profile media coverage of public figures), but unlike previous increases like this, the referrals have been sustained longer. We are developing plans to react to continuing high referrals.</p> <p>Another area for watching will be increases resulting in increased screening programmes; however, we are confident that although referrals may be higher, the earlier identification of cancers will reduce some of the complexity we have seen and have better outcomes for our patients and reduce the complexity of some of the future pathways.</p>

Foundation Group Key Metrics

Group Analytics


George Eliot Hospital
NHS Trust

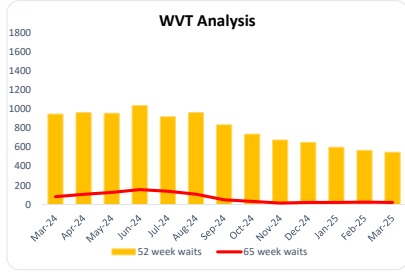
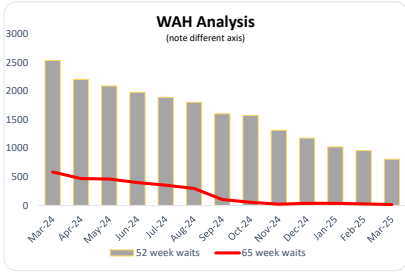
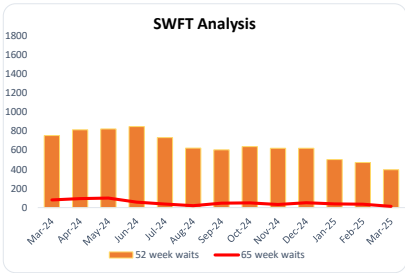
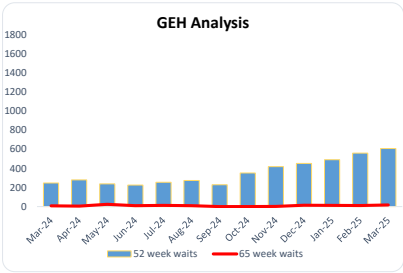
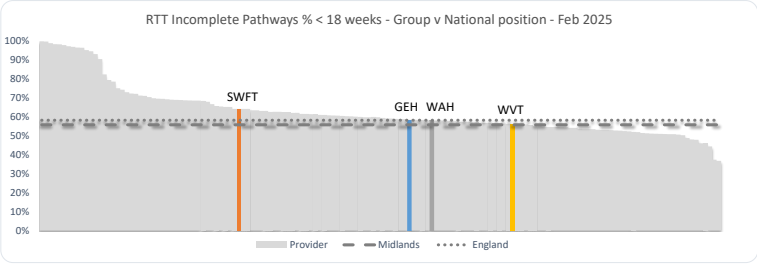
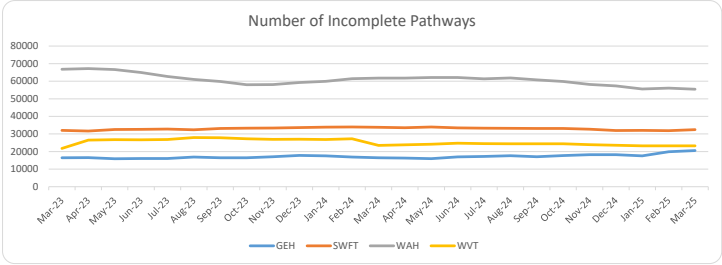

South Warwickshire
University
NHS Foundation Trust


Wye Valley
NHS Trust


Worcestershire
Acute Hospitals
NHS Trust

Referral to Treatment (RTT) List Size - English

Trust	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	% change v March 24
GEH	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	16310	15994	16958	17233	17633	17046	17751	18206	18184	17566	19922	20556	24.7%
SWFT	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33764	33530	33931	33436	33285	33188	33100	33122	32721	31927	32007	31906	32480	-3.8%
WAH	66840	67191	66623	64956	62700	61006	59842	58046	58058	59242	59900	61458	61753	61740	62118	62152	61348	61862	60779	59873	58201	57382	55581	56086	55450	-10.2%
WVT	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	23520	23790	24177	24761	24536	24400	24383	24416	23951	23544	23206	23221	23209	-1.3%



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Although there has been a 6% decrease in the Referral to Treatment (RTT) waiting list since June 2024, the focus has continued to be on long waiters with the ongoing challenge to get to a sustainable position of zero 65 week waits across the high risk specialities, in particular ENT and orthopaedics.</p> <p>Our English patients waiting over 52 weeks has reduced by 48%, almost 500 patients since June 2024, 2.8% of our overall English waiting list, and continues to reduce as we focus on only 1% of patients waiting more than 52 weeks by March 2026.</p> <p>The majority of specialities have seen a decrease in their overall waiting lists with notable exceptions being Haematology (86% increase); Rheumatology (24%); ENT (22%) and Paediatrics (16%). To meet the waiting list targets for 2025/26, the focus continues to be on not only increasing productivity within planned capacity but also on waiting list validation and reducing referrals into specialities. Sessions have recently been held with senior clinicians across primary and secondary care on how both external and internal referrals can be improved where required.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The new RTT PTL went live on 1 February 2025, and there have been minimal issues; however, the new PTL increased the overall waiting list size and number of 52+ weeks waits. The PTL is updated daily, and so any additions and removals are prompt. Whilst the drive to clear the 52-week waits did not happen by 31 March due to some capacity issues and complex pathways, the number has significantly reduced from over 2000 patients in December to around 600 patients at the end of March, and work continues to reduce these waits. ENT continues to have problems with demand far exceeding capacity; there are ongoing discussions with SWFT on service provision going forward. General Surgery was impacted by demand exceeding current capacity and the reduction of WLs in March. New performance trajectories have been agreed upon as part of the operational planning submission, and work has commenced to support the directorates with completing rapid action plans.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The SWFT's overall RTT performance remains at just over 64%, with the waiting list size remaining similar at 32,000. Long waiters over 65 weeks relate to orthodontics only, with 13 patients currently falling into this category.</p> <p>The remainder of the services are continuing to work towards no 52 week patients by the end of March 2026.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Significant improvement during the year in the overall reduction of the waiting list and long waiters. We still have a small number of over 65 week waiters who are on complex pathways which are monitored daily by divisions. There is a substantial wave of patients, however in 25-26, requiring clock stops to meet the challenging commitment we have made to overdeliver on the 5% reduction required on the overall waiting list.</p> <p>The divisional teams have been challenged to perform at the upper quartile for all related metrics, and where we are already in the upper quartile, to stretch to the top decile. The main area of improvement where we benchmark bottom or lower quartile across the majority of specialities is the first to follow up ratio and percentage of follow up outpatient appointments.</p> <p>The use of Patient Initiated Follow Up (PIFU) will be revised and we have identified using the 'deep dive' some possible learning from other Trusts for some of our specialities not using PIFU to the levels of others, and we will also be monitoring the outcomes of patients who have clock stop follow up appointments to see if we can improve self care and re-utilise those appointments for new outpatient appointments and/or as efficiency, i.e. reduction of WLs.</p> <p>There is a 5-4-2 outpatient meeting now in place to replicate the 6-4-2 run in theatres for the extra scrutiny needed to ensure we optimise our capacity. The Theatres Programme is being refreshed to ensure focus on a limited number of processes, and the right procedure, right place business case has passed the initial governance approvals. This business case will restructure and realign services to better utilise our theatre and recovery footprint and increase cases per session and facilitate some left shift to treatment rooms.</p>

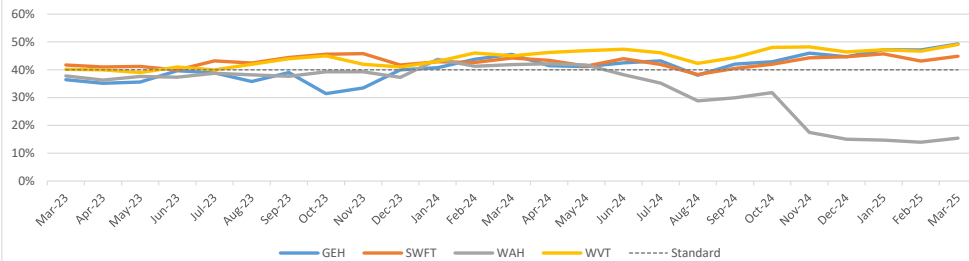
Foundation Group Key Metrics



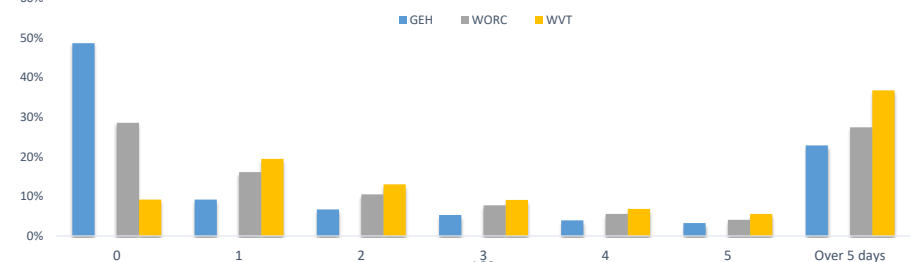
SDEC-Same Day Emergency Care (0 LOS Emergency admissions)

Trust	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
GEH	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	41.4%	41.1%	42.5%	43.2%	38.0%	42.0%	42.9%	45.9%	44.7%	47.2%	47.1%	49.3%
SWFT	41.7%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%	45.6%	45.8%	41.7%	42.9%	42.6%	44.2%	43.4%	41.3%	44.0%	41.9%	38.3%	40.5%	42.0%	44.3%	44.7%	45.7%	43.1%	44.9%
WAH	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%	43.8%	41.3%	41.8%	42.1%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%	14.7%	14.0%	15.4%
WVT	40.2%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	42.0%	41.0%	43.0%	46.0%	45.0%	46.2%	46.9%	47.4%	46.1%	42.3%	44.4%	48.0%	48.2%	46.4%	47.2%	46.7%	49.1%

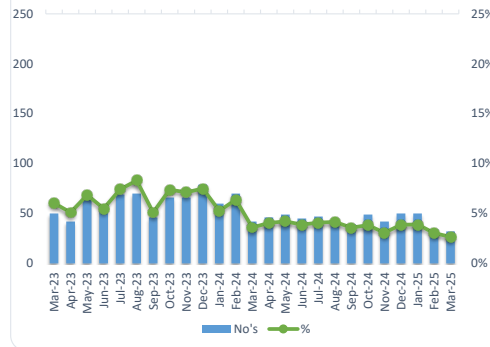
% 0 Emergency Length of Stay



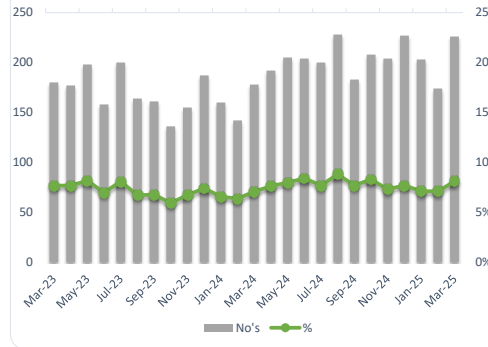
Length of Stay Banding breakdown YTD - emergency discharges



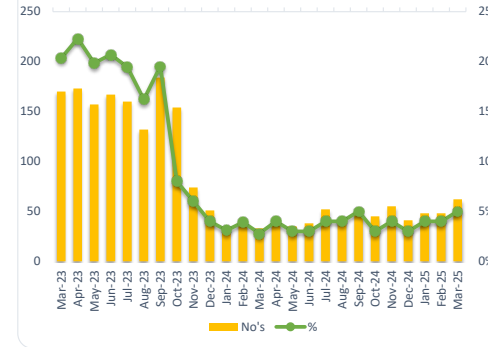
GEH Analysis - 0 LOS In Main G&A Wards



WAH Analysis - 0 LOS In Main G&A Wards



WVT Analysis - 0 LOS In Main G&A Wards



SWFT has no reported figures on this section

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Ongoing trend of reduced 0 LOS emergency admissions on our wards, despite a light increase in March. Although our percentage of SDEC emergency admissions looks impressive, but we know there is considerably more work to do on this pathway during 25-26.

Increasing the "push/pull" across our SDECs, increasing SDEC capacity for future same day work and agreeing on our trusted assessors and streamers within ED is a key project over the summer for WVT. Recent audits undertaken by our ED clinical director have shown that circa 30 patients across 12 hours in the daytime could be appropriate for SDEC rather than ED, and we need to maximise this opportunity ahead of winter 25.

South Warwickshire University NHS Foundation Trust (SWFT)

Currently SWFT is undertaking a review of its SDEC areas and the activity that is taking place within them as part of the move to start reporting Same Day Emergency Care under the Emergency Care Data Set, this is expected to start in early May 2025. At the moment SWFT submits its SDEC activity as admitted patients; however, as part of the NHS England initiative to improve the consistency of SDEC reporting, it is now being moved to being another 'type' of emergency activity. Due to the increased demand, SDEC areas continue to be used and had to be bedded in some days due to the additional challenges in ED.

George Eliot Hospital NHS Trust (GEH)

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

Worcestershire Acute Hospitals NHS Trust (WAH)

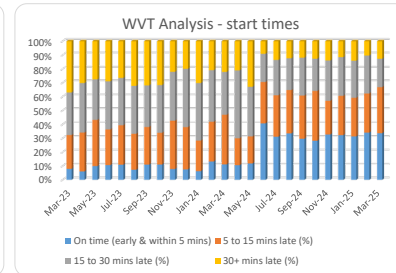
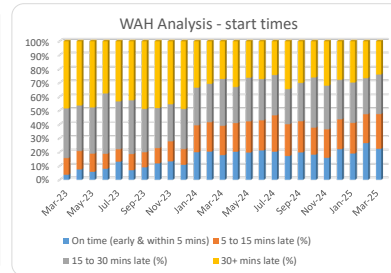
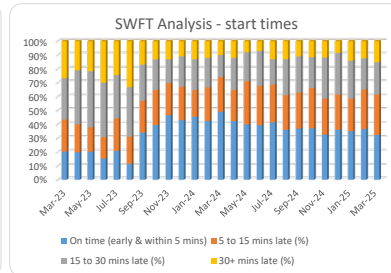
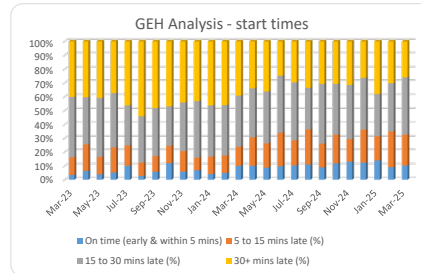
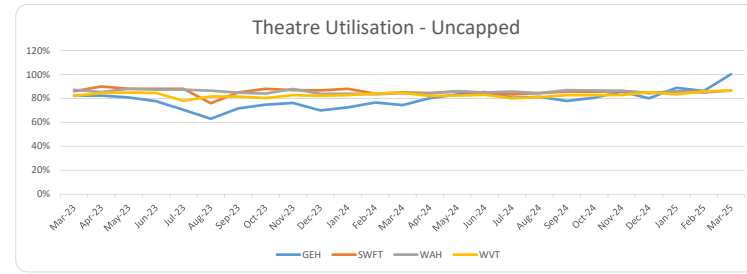
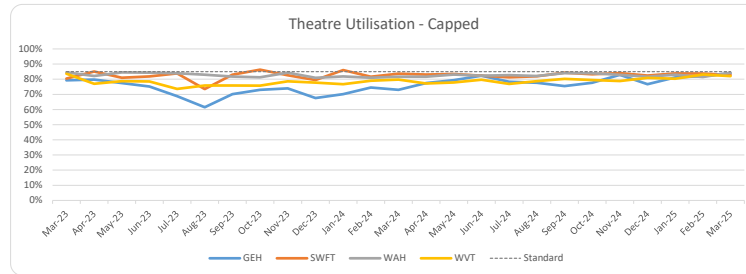
The performance requires scrutiny to ensure that the definitions are comparable. The increased usage of SDEC and virtual wards has reduced the requirement for patients with a zero LOS being admitted to wards. However, we need to ensure that the definition is consistent with national guidance and across FG Trusts.

Foundation Group Key Metrics

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

Trust	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
GEH	79.25%	79.8%	77.4%	75.2%	68.9%	61.5%	70.2%	73.0%	74.0%	67.6%	70.1%	74.6%	73.0%	77.5%	79.4%	82.4%	78.3%	77.6%	75.5%	77.7%	82.9%	76.7%	81.2%	82.0%	83.9%
SWFT	80.40%	85.1%	81.0%	81.8%	83.8%	73.5%	83.0%	86.3%	82.6%	79.5%	86.0%	81.7%	83.6%	83.1%	83.5%	82.4%	81.3%	81.9%	84.3%	83.3%	84.0%	82.4%	83.8%	83.7%	82.8%
WAH	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	81.7%	81.3%	84.3%	80.9%	81.8%	81.0%	81.6%	81.6%	83.1%	82.3%	82.7%	82.1%	84.0%	83.9%	82.9%	81.6%	83.0%	81.4%	84.3%
WVT	83.6%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%	79.5%	78.8%	80.9%	80.3%	83.1%	82.0%

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



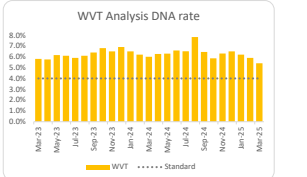
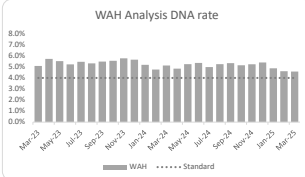
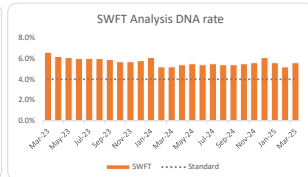
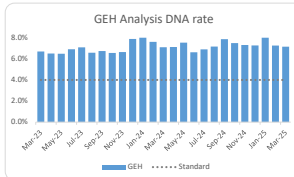
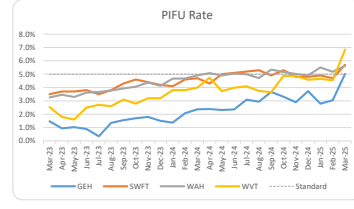
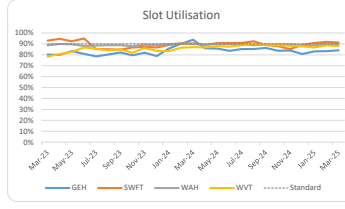
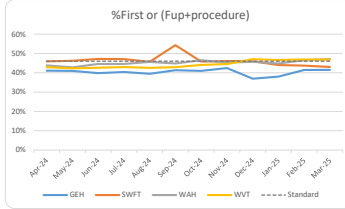
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Fourth consecutive month of improved theatre utilisation above 80%. Although there was a reduction in March compared with February, partly driven by some challenges with the anaesthetic workforce, we have seen increases in cases per list in key specialities that were the focus of low theatre utilisation and early finishes. Our weekly scheduled meeting is now well embedded into business as usual, along with weekly reflective "look back" sessions to review further opportunities to increase within each speciality and surgeons actual theatre activity.</p> <p>Our late starts have improved with the focus on list construction to enable theatres to start on time and the introduction of a "Holding Bay" within theatres where some ward based patients can be on trolleys waiting to be called rather than on the ward to enable theatres to start early.</p> <p>Pre-operative assessment has started to show areas of improvement with increased clinic utilisation, a 30% reduction in notes that require an anaesthetic review and a reduction of re-do pre-op appointments for patients. Our priority for this year is how to increase virtual pre-op assessment and workforce skills to reduce senior medical time.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Uncapped theatre utilisation for March is 100.3%, with capped utilisation being 83.9%, which is the highest it has been since before April 2021, so effectively before Covid. The inpatient booking process has been a challenge in recent months, which has had an impact on the bookings and, therefore, the utilisation. These issues, whilst not resolved entirely, have lessened, and we are seeing the benefits of this reflected in these statistics.</p> <p>The theatre teams are also working hard on ensuring that late starts are reduced as much as possible, given that sometimes clinical factors led to late starts; more work is needed on this, however. It is worth noting that March saw a high volume, low complexity list completed in ophthalmology; there was a commitment made by the Trust to the GIRFT team that one high volume list would be tested before May. Seven patients were on the afternoon list, and whilst it was successful, the team have identified further improvements that they need to make to further reduce turnaround time and general efficiency of the list.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Look back and forward look meetings are well established and well attended; the new format has been in place for 6 months and provides much more detailed information relating to the usage of the theatres and any issues that may arise.</p> <p>A new cancelled on the day report is being trialled, and this should help improve data quality in ORMIS and Lorenzo, as well as provide a clear report of any cancelled patients, which will help with QMCO return.</p> <p>Our Elective Clinical Lead will be looking at any trends for late finishes and discussing it with the relevant specialty teams.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>The Theatre Improvement Programme continues to support the delivery of improvements. The capped utilisation has improved, but there is still some opportunity relating to consistency across sites, early starts and late finishes, and consistency in terms of the common procedure times being applied.</p> <p>However, the immediate focus for further improvement is to reduce the number of 'on the day' cancellations (looking at both hospital and patient related). In particular, patients who are not fit for surgery on the day due to; not understanding or adhering to pre op advice, patients no longer requiring surgery, understanding those recorded as 'treatment deferred'. The cancellation policy has been reviewed and shared in recent months to ensure consistent application.</p> <p>A further area of focus is paediatric cancellations between 0-13 days prior to day of surgery, and we will be generating a short notice cancellation standby list for paediatricss to trial.</p> <p>As already mentioned, the right place, right procedure business case has passed the initial stages of governance and will support the reorganisation of services to enable productivity improvements.</p> <p>A triage service has been put in place for patients to identify, see and treat patients suitable for the treatment rooms to reduce demand on the theatres.</p> <p>Linked to Breast Cancer performance, we are looking at accommodating more Breast Surgery in Theatres by utilising sessions that are frequently dropped or sessions released following a review of job plans.</p>

Foundation Group Key Metrics



Outpatients procedures-First or (Fup+procedure)

Trust	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
GEH	41.1%	41.0%	39.8%	40.4%	39.5%	41.3%	41.0%	42.5%	36.9%	38.0%	41.4%	41.5%
SWFT	45.9%	46.2%	47.2%	47.1%	45.7%	54.3%	45.8%	46.1%	46.0%	44.0%	43.7%	43.0%
WAH	43.8%	42.8%	44.6%	44.6%	45.6%	44.8%	46.5%	45.3%	45.7%	44.8%	46.5%	47.1%
WVT	42.9%	42.3%	42.6%	42.9%	42.6%	42.9%	44.1%	44.5%	47.1%	46.6%	46.9%	46.8%



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Since September, there has been a steady increase in the percentage of appointments either new or with a procedure as a result of the work undertaken on improving coding across all specialities and an increasing number of patients placed on PIFU pathways. PIFU rates have spiked in March as a result of a large number of gynaecology patients being moved to PIFU, so this performance is unlikely to be sustained. Improvements are being planned with the trust electronic patient system, MAXIMS, to make it easier for all clinicians to use this pathway.

Did Not Attend (DNAs) have fallen each month now since Christmas as a continued focus is made on those poorer performing clinics. The Trust is using volunteers now to phone patients prior to appointments in selected clinics and is encouraging specialities to use the policy of 'Patient owns Contact' POC.

Clinic slot utilisation is under the target level of > 90% but is consistently above this level across the vast majority of the main RTT specialities.

George Eliot Hospital NHS Trust (GEH)

PIFU March 2025 – 635 GEH patients transferred to the PIFU pathway at 3.46%. GEH anticipates that 284 follow-up slots will be/have been released. We are behind target this month against the Operational Planning 24/25 at a predicted 5.04% for March 2025. PIFU SQL is now live for the Directorates to manage their own PIFU pathways.

DNA – Missed outpatient appointment numbers have decreased from 1642 in February 25 to 1527 in March 2025 - 7.54% (GEH dashboard data). Due to funding issues, Deep Medical are no longer providing support with reminder calls and the Frailty Pathway. Volunteers are now making targeted calls to patients most likely to be DNA via Informatics-produced data. This is a trial for 4 weeks, when a review will take place on 30/04/2025.

Utilisation in March was 93.8%, which is a marked improvement on previous months. Work is ongoing to improve and maximise utilisation, working towards booking 4-hour sessions and also embedding 6.4.2 style meetings in surgery for outpatients.

OP attendances attracting a procedure tariff have remained relatively static over the past couple of months, with March at 41.5%. Directorates and coding teams are reviewing clinics to ensure procedures are being recorded.

South Warwickshire University NHS Foundation Trust (SWFT)

DNA Rate for the Quarter has reduced to an average of 6%. This has reduced by 0.3% compared to Q3.

During this period of time, the trust has been undertaking a couple of DNA PDSAs (Plan Do Study Act) targeting specific groups of patients, which will hopefully be having a positive outcome on the trust's overall DNA performance.

PIFU continues to progress at SWFT, with a peak of 6.9% coming in February. Work is underway to continue to enhance PIFU utilisation within the trust, with targeted workshops being planned.

Worcestershire Acute Hospitals NHS Trust (WAH)

We continue to perform in the upper quartile for DNA rates with few specialty exceptions.

Although our PIFU rate has been steadily increasing, we have identified some potential opportunities for some specialties via the deep dive process for Gastroenterology, Cardiology and Respiratory, equally we can share some learning from our specialties in the upper quartile across Trusts if needed.

We are planning a full review of clinic templates, as the data quality can be poor; this may result in our slot utilisation and cancelled clinic performance not being reflective of actual practice, equally it may be reflective but we need to establish confidence and ownership of the data. Octopus - the physical clinic space tool has been implemented and we now have visibility of where our opportunities lie for clinic reorganisation or we could increase the number of on site weekday clinics, rather than weekend WUS, but job plans will need to be reviewed to see what is possible. First to follow up ratio will be reviewed, looking at what is happening in follow ups and the outcome for the patient; this will be considered alongside the use of PIFU (reflecting the Leicester model).

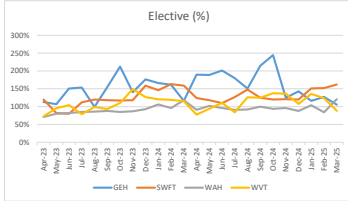
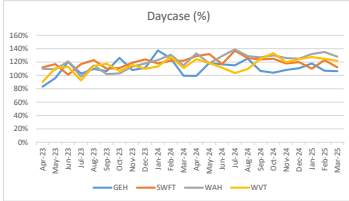
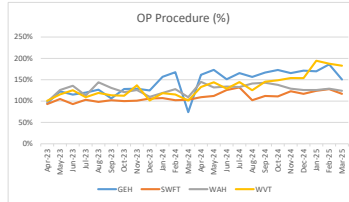
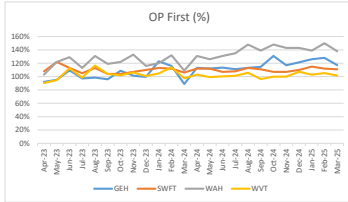
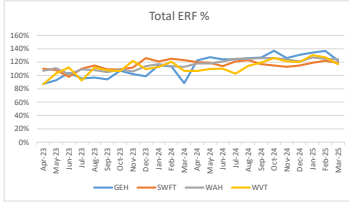
Operationally a 5-4-3 has been put in place to manage improvements within the outpatient areas.

Foundation Group Key Metrics



Total Elective Recovery Funding (ERF)

Trust	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
GEH	87.3%	92.8%	103.8%	95.5%	96.8%	94.2%	107.0%	102.0%	98.8%	115.2%	113.4%	88.5%	122.6%	127.4%	124.1%	124.2%	125.9%	126.8%	137.0%	126.1%	131.0%	134.3%	136.7%	122.2%
SWFT	110.0%	108.0%	98.0%	110.0%	115.0%	109.0%	109.0%	112.0%	126.0%	121.0%	125.0%	123.0%	120.0%	119.0%	114.0%	121.0%	123.0%	117.0%	115.0%	113.0%	115.0%	119.0%	122.0%	119.0%
WAH	107.0%	111.0%	102.0%	109.0%	108.0%	105.0%	109.0%	106.0%	114.0%	117.0%	114.0%	113.0%	118.0%	118.0%	121.0%	125.0%	125.0%	126.0%	126.0%	124.0%	121.0%	127.0%	125.0%	124.0%
WVT	86.7%	103.0%	112.1%	92.5%	111.8%	107.8%	106.7%	121.8%	109.7%	112.8%	120.4%	106.9%	106.7%	109.7%	110.2%	102.6%	114.5%	119.4%	126.2%	121.1%	120.2%	130.5%	127.3%	116.9%



Analysis / Clinical Performance

Wye Valley NHS Trust (WVT)

Overall, WVT has been consistently above the Elective Recovery Funding (ERF) baseline targets, with daycase performance supported by the elective surgical hub opening last summer together with improvements in outpatient procedure performance. News activity has been slightly under plan due to pressures on follow up waiting lists which, although stabilised, are still at a high level following the pandemic.

March saw some challenges with absence in our theatre teams and difficulties covering some of the anaesthetics' shortfalls lead to a reduction in our elective activity, although daycase activity remained positive. Overall, March was our fifth busiest month for elective activity.

George Eliot Hospital NHS Trust (GEH)

GEH ERF delivery this year was strong, with a 24% increase in activity compared to 2020, as well as a stepped up performance compared to 23/24, most notably as we focused on our outpatients (OP), resulting in a financial performance of £48m for the full year, meeting our forecast with no claw backs from the system.

Balancing Financial and Patient Activity: We have managed to balance financial performance with patient activity, ensuring that both are optimised within the constraints of the Q4 ERF cap, with a focus on improving the constitutional standards.

Recent Activity Improvement: Activity levels, particularly in recent months, have shown positive growth. OPFA (Outpatient Follow Up Appointments) has seen a notable uplift, though there is still room for improvement, with our booking utilisation Key performance Indicator (KPI) standing only at approximately 80% trust-wide. There is much more scope for productivity in our core capacity to increase utilisation KPIs, and this will be a focus for OP improvement in 25/26. OP/PROCS (Outpatient Procedures) performance has also benefitted from improvements in coding and closer collaboration with clinicians to ensure more accurate codes are used.

South Warwickshire University NHS Foundation Trust (SWFT)

For Quarter 4 of 2024/25, SWFT has continued to see strong performance with the Elective Recovery Fund, both in terms of activity numbers as well as the estimated financial value. The quarter has seen the estimated value of inpatient activity being the highest at just over 150% of the value of 2019/20; day-case activity was at 115% and out-patient new at 113%.

Over the past few months SWFT have undertaken a piece of work looking at out-patient coding, to increase the number and value of the out-patient procedure coding, and the Finance Directorate have arranged a series of SPRINT meetings. These meetings bring together operational/clinical/financial/ data quality/CNVA and coding staff to engage in focused sessions looking at out-patient procedure benchmarking data, tariff data, existing out-come sheets and investigating what activity takes part in each speciality area.

Following this work SWFT has increased its out-patient first procedure coding to being just over 123% of the value of 2019/20, although work is still needed to be continued around out-patient follow-up procedures, which remains at just below 100%.

The Financial Estimate Year To Date percentage position at the end of March stood at 119% - the activity percentage is 110%, demonstrating that the value of the activity is higher now than the baseline financial year of 2019/20.

Worcestershire Acute Hospitals NHS Trust (WAH)

ERF was achieved in 25-26 with a contribution from insourcing; the productivity plans look to replicate the activity volumes within core capacity, building upon the productivity foundations and recruitment delivered in 24-25.

Several improvements to support growth in core activity have been discussed on the other pages.

Performance Against Target (Status)

Meeting Target

Not Meeting Target

Activity Performance Only

Over 5% above Target

5% above to 2% below Target

More than 2% below Target to 5% below Target

Over 5% below Target

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

Quality of care, access and outcomes																Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
																Numerator	Denominator	GEH Latest month vs benchmark	National or Regional																				
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 77% (FY_2024-25)	75.7%	75.9%	77.9%	79.0%	75.5%	76.7%	69.9%	66.6%	68.7%	76.7%	71.0%	76.2%		463	608	73.7%		76.2%	80.7%	Feb 2025																
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	96.7%	91.4%	98.7%	100%	99%	100%	96.8%	100%	100%	100%	100%	100%	71	71	98.8%		100%	94.0%																		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85% (FY_2023-24) ≥ 70% (FY_2024-25)	58.2%	67.5%	48.8%	60.9%	67.9%	72.9%	71.4%	63.8%	66.3%	61.9%	55.4%	60.7%	27	45	62.8%		60.7%	69.9%																		
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	83.2%	86.3%	88.5%	86.3%	80.3%	52.1%	51.0%	59.0%	72.2%	84.5%	86.2%	91.6%	514	561	75.5%		91.6%	87.7%																		
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	97.4%	100%	87.0%	86.9%	71.4%	8.5%	26.8%	30.9%	38.8%	98.2%	96.4%	94.6%	53	56	69.4%		94.6%	85.6%																		
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	8	8	7	3	6	4	3	3	7	10	6	5																								
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	55.6%	58.3%	15.4%	8.3%	40.0%	26.7%	100%	50.0%	66.7%	42.9%	35.7%	15.4%	1.0	6.5	33.9%		15.4%	59.4%	Feb 2025																	
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	92.3%	78.3%	89.2%	90.0%	84.6%	90.5%	83.8%	95.2%	100%	80.8%	77.8%	56.7%	8.5	15.0	84.4%		56.7%	80.3%																		
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	33	61	54	43	34	35	45	53	42	52	32	39																								
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	93.3%	92.6%	94.0%	93.4%	94.3%	94.3%	93.1%	92.6%	92.1%	91.6%	92.9%	94.3%	93.0%	2,255	2,424	93.1%																				
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,738	8,489	8,913	8,873	8,694	7,795	8,229	8,688	9,199	9,098	8,275	7,760	8,873			102,886		7,760	14,608	Mar 2025																
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	11.9%	10.2%	13.5%	11.4%	11.7%	13.3%	9.6%	6.7%	6.8%	7.1%	6.9%	7.4%	8.1%	119	1,470	9.4%																				
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	62.4%	59.3%	66.1%	64.6%	61.4%	68.3%	61.4%	45.9%	53.8%	43.9%	53.7%	49.7%	51.5%	757	1,470	56.6%																				
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	13.0%	13.8%	6.4%	6.8%	9.1%	4.9%	9.2%	25.4%	12.2%	25.7%	23.0%	22.8%	18.8%	276	1,470	14.9%																				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	976	914	872	844	798	865	768	902	856	931	874	722	812																							
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	45.5%	41.4%	41.1%	42.5%	43.2%	38.0%	42.0%	42.9%	45.9%	44.7%	47.2%	47.1%	49.3%	996	2,020	43.9%																				
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		9.6%	9.8%	9.4%	7.5%	7.6%	7.5%	9.3%	12.2%	9.6%	11.2%	10.7%	10.9%	10.4%	920	8,873	9.7%																				
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		91	95	92	92	93	85	93	96	111	113	97	109	113			99		109	72.0	Feb 2025																
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 78% (FY_2024-25)	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%	71.2%	69.6%	66.6%	5,908	8,873	72.4%		66.6%	74.0%	Mar 2025																
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	21	19	18	18	19	15	17	21	24	22	20	21	19			19		21	13.5	Feb 2025																
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	245	254	116	51	133	56	161	380	141	345	224	392	323			2,576																					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	1.7%	1.9%	1.9%	2.0%	2.3%	2.1%	2.0%	1.4%	2.3%	2.5%	2.5%	2.4%	2.2%	184	8,390	2.1%																				

Performance Against Target (Status)

Meeting Target

Not Meeting Target

Activity Performance Only

Over 5% above Target

5% above to 2% below Target

More than 2% below Target to 5% below Target

Over 5% below Target

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

Quality of care, access and outcomes																	Latest Month		Year to Date vs Standard		Trend - Rolling 13 Month		Latest Available Monthly Position			Pass/Fail		Trend Variation		DQ Mark
Responsible Director		Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	GEH Latest month vs benchmark					National or Regional							
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	60.1%	59.7%	59.2%	60.7%	61.0%	59.6%	59.5%	60.1%	59.4%	58.4%	57.7%	58.6%	57.9%	11,895	20,556	59.2%		58.6%	59.9%	Feb 2025							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,484	16,310	15,994	16,958	17,233	17,633	17,046	17,751	18,206	18,184	17,566	19,922	20,556														
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer		247	279	238	225	255	273	229	352	418	452	491	561	609					561	1,001	Feb 2025							
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0 End of Sept24	8	5	24	9	13	9	0	1	2	14	12	11	17			17		11	71								
	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	0	1	0	0					0	16								
	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					0	4								
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	2019/20	88.4%	107%	101%	100%	146%	126%	130%	135%	137%	84.6%	124%	117%	60.8%	6,050	9,946												
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	≥ 130%	88.9%	113%	112%	113%	111%	113%	115%	131%	117%	121%	126%	128%	117%	5,428	4,632	118%		126%	114%	Jan 2025							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	79.8%	87.1%	79.1%	81.3%	80.6%	79.7%	79.3%	89.9%	90.5%	85.1%	91.7%	88.9%	84.9%	5,428	6,391												
	Proportion of all outpatient attendances that are for first appointments or follow-up appointments with a procedure	Chief Operating Officer	≥ 46%		41.1%	41.0%	39.8%	40.4%	39.5%	41.3%	41.0%	42.5%	36.9%	38.0%	41.4%	41.5%	7,947	19,157	42.5%											
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 130%	116%	190%	189%	201%	180%	151%	214%	244%	125%	143%	116%	127%	105%	165	157	165%		127%	95.3%	Feb 2025							
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	93.5%	133%	93.8%	103%	85.8%	78.2%	64.9%	105%	112%	84.8%	43.7%	70.9%	60.0%	165	275												
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 130%	99.5%	99.4%	119%	117%	115%	125%	107%	104%	108%	111%	118%	107%	106%	1,474	1,386	111%		107%	96%	Feb 2025							
	Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	79.6%	82.5%	84.6%	82.2%	81.1%	83.5%	69.1%	77.2%	86.5%	79.1%	84.3%	77.4%	76.6%	1,474	1,914												
	BADS Daycase rates	Chief Operating Officer	≥90%	91.7%	95.3%	95.5%	91.9%	97.9%	97.8%	94.8%	89.8%	96.3%	95.6%	91.8%	98.8%	93.9%	77	82	94.9%											
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	24	21	26	16	31	30	42	34	43	16	28	29	30			29											
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	162%	142%	151%	142%	132%	141%	137%	150%	151%	143%	150%	129%	163%	2,396	1,467	144%											
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	128%	85.4%	96.0%	89.1%	85.0%	90.6%	92.5%	96.4%	95.0%	96.4%	95.9%	81.8%	115%	679	588	92.3%											
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	99.6%	92.8%	95.8%	104%	104%	85.9%	93.2%	80.6%	83.2%	90.4%	91.0%	89.1%	125%	1,294	1,033	93.8%											
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	92.1%	89.9%	95.4%	96.6%	91.9%	87.4%	86.0%	92.3%	95.2%	89.6%	92.8%	92.3%	93.2%	2,545	2,730	91.8%		92.3%	87.7%	Feb 2025								
Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	95.3%	97.4%	99.5%	98.3%	97.1%	98.3%	97.3%	97.6%	98.3%	98.4%	96.6%	99.0%	98.9%	177	179	97.9%												
Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		10.5%	20.0%	25.0%	25.0%	8.3%	4.5%	20.6%	25.0%	20.0%	18.5%	12.0%	28.6%	21.9%	7	32	18.7%		12.0%	8.8%									

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

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

Quality of care, access and outcomes																Responsible Director		Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark
																Numerator	Denominator	GEH Latest month vs benchmark	National or Regional																						
Woman and Child Care	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		56.0%	53.1%	50.0%	61.0%	56.3%	55.9%	53.3%	44.6%	55.6%	50.0%	56.9%	52.5%	71.7%	33	46	53.3%		56.9%	63.3%	Jan 2025																		
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		84.0%	57.7%	87.1%	71.4%	92.7%	75.0%	92.7%	74.1%	66.7%	88.5%	71.9%	80.8%	93.8%	15	16	79.9%		71.9%	84.4%																			
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	167	198	172	163	206	147	187	186	160	176	181	151	177			2,104																						
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:23	1:29	1:27	1:25	1:29	1:23	1:30	1:27	1:24	1:28	1:28	1:21				1:26																						
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	7.1%	7.1%	7.5%	6.6%	6.9%	7.2%	7.9%	7.5%	7.3%	7.3%	8.2%	7.3%	7.2%	431	6,024	7.3%		7.3%	6.3%	Feb 2025																		
	PIFU Rate	Chief Operating Officer	≥ 5%	2.4%	2.4%	2.3%	2.4%	3.1%	2.9%	3.7%	3.3%	2.9%	3.7%	3.2%	2.9%	3.7%	676	18,333	3.0%																						
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	93.8%	85.9%	85.7%	83.7%	85.3%	86.3%	83.8%	84.0%	80.8%	83.1%	83.4%	84.1%	6,143	7,303	84.3%																							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	18.9%	19.7%	18.9%	19.4%	19.6%	18.5%	17.2%	17.2%	16.9%	18.3%	18.3%	17.0%	17.5%	978	5,593	18.2%																						
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.4%	5.6%	8.0%	8.9%	12.0%	12.2%	6.9%	6.5%	10.0%	6.8%	6.6%	3.8%	5.1%			7.7%		6.8%	6.3%	Jan 2025																		
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	98.5%	100%	99.2%	99.2%	94.8%	96.5%	94.8%	94.2%	98.3%	99.3%	99.8%	99.5%	98.5%	398	404	97.9%		97.2%	91.7%	Oct - Dec 2024																		
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	1	0	0			1		0	37	Feb 2025																		
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		3.3%	3.8%	1.4%	2.0%	1.5%	1.8%	1.9%	1.8%	1.4%	0.9%	1.1%	1.1%	1.1%	13	1,158	1.7%																						
	ALoS – D2A Pathway 2	Chief Operating Officer		29.5	23.7	21.3	22.7	32.4	19.6	32.0	21.4	38.4	25.2	32.4	31.3	24.7																									
	ALoS – D2A Pathway 3	Chief Operating Officer		26.3	17.1	16.3	14.7	20.9	18.0	25.2	14.0	22.6	16.0	19.1	20.3	8.4																									
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.3	5.8	4.9	5.1	4.9	4.7	5.1	5.4	4.8	4.5	5.4	5.2	5.2			5.1																						
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.9	2.4	2.7	2.1	2.5	2.9	2.7	2.7	2.6	3.5	1.3	3.2	2.9			2.6																						
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%	20.1%	25.8%	14.6%	59	403	20.2%																						
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	9.0%	9.6%	8.7%	8.5%	8.1%	8.8%	9.0%	9.0%	8.0%	10.4%	9.2%	9.1%	9.4%	453	4,826	9.0%																						
	HSMR - Rolling 12 months (Published Month)	Chief Medical Officer	<100	100.4	97.5	97.5	97.5	105.3	105.3	104.3	106.7	106.0	118.8	118.8	114.2	112.9			112.9																						
	Mortality SHMI - Rolling 12 months (Published Month)	Chief Medical Officer	<1	1.09	1.08	1.06	1.06	1.05	1.06	1.06	1.06	1.04	1.03	1.02	1.02	1.03			1.02																						
	Never Events	Chief Medical Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0																						
	MRSA Bacteraemia (COHA & HOHA)	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	1.0	Jan 2025																		

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

Quality of care, access and outcomes		Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark		National or Regional		Pass / Fail	Trend Variation	DQ Mark
Safe, High-Quality Care	MSSA Bacteraemia (COHA & HOHA)	Chief Nursing Officer		0	1	2	0	0	2	2	2	0	1	1	1	0			12		1	10.0	Jan 2025				
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA & HOHA)	Chief Nursing Officer	2022/23 (35)	7	4	5	3	6	3	1	6	4	2	5	0	6			45		5	21.8	Jan 2025				
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (10)	1	1	1	0	1	0	0	2	1	1	1	1	1			10								
	Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	0	0	1	0	0	2	0	0	0	0	0	0	0	0			3								
	Serious Incidents	Chief Medical Officer	Actual	3																							
	Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	Actual		5	1	0	2	5	0	1	5	3	2	0	3			27								
	VTE Risk Assessments	Chief Medical Officer	≥95%	95.4%	96.9%	95.3%	97.6%	97.5%	97.3%	97.5%	97.2%	97.3%	97.5%	96.9%	96.4%	96.5%	4,161	4,310	96.8%								
	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%								
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	96.1%	95.8%	95.2%	95.4%	95.6%	95.5%	96.2%	96.8%	97.8%	97.8%	97.4%	97.1%	98.2%			96.5%								
	Number of complaints	Chief Nursing Officer	2021/22 (352)	6	13	9	10	12	7	9	8	6	2	5	9	5			95								
	Number of complaints referred to Ombudsman Assessment Stage BWFd	Chief Nursing Officer	0	0	0	2	0	0	0	0	0	0	1	2	0			5									
	Number of complaints referred to Ombudsman Investigation stage BFWd	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0			0									
	Number of complaints referred to Ombudsman Closed	Chief Nursing Officer	0	2	0	0	0	0	0	0	0	0	0	0	0			0									
	Complaints resolved within policy timeframe	Chief Nursing Officer	≥ 90% (FY_2023-24) ≥ 85% (FY_2024-25)	100%	84.6%	88.9%	80.0%	83.3%	85.7%	88.9%	87.5%	100%	100%	100%	100%		9	9	88.9%								
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	78.3%	76.6%	77.3%	77.6%	77.8%	81.9%	100%	100%	40.0%	12.5%	55.6%	90.9%	86.1%	31	36	74.1%		55.6%	80.0%	Jan 2025				
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	89.6%	91.8%	91.3%	90.4%	92.5%	87.4%	98.8%	99.0%	94.6%	90.4%	95.5%	95.1%	95.6%	219	229	93.7%		95.5%	94.0%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	95.2%	93.4%	88.6%	94.8%	87.7%	92.7%	0%	66.7%	100%	89.5%	96.4%	89.5%	95.7%	22	23	82.8%		96.4%	91.0%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	23.9%	23.7%	23.6%	27.7%	24.0%	24.9%	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%	0.5%	36	7183	10.6%		0.2%	10.0%					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	35.6%	24.4%	42.4%	33.2%	25.0%	37.9%	11.3%	11.0%	10.3%	3.6%	4.5%	6.0%	9.9%	229	2306	18.5%		4.5%	20.0%					
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	30.4%	32.2%	35.7%	28.0%	24.9%	22.3%	0%	1.3%	10.0%	8.2%	15.5%	8.2%	14.4%	23	160	16.9%		15.5%	13.0%					



Performance Against Target (Status)

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

People		Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/Fail	Trend Variation	DQ Mark
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	80.0%	81.4%	85.0%	86.9%	88.0%	87.4%	84.3%	83.6%	84.7%	82.8%	84.3%	84.4%	85.1%	1,739	2,044	84.8%							
	Mandatory Training	Chief People Officer	≥ 85%	94.1%	94.1%	94.4%	94.2%	94.2%	94.6%	94.2%	93.9%	93.4%	93.7%	93.5%	93.7%	94.0%	2,850	3,032	94.0%							
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%	5.7%	6.1%	6.5%	6.5%	6.0%	5.3%	4,977	93,432	5.5%		6.1%	5.6%	Nov 2024			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	5.2%	5.2%	5.1%	5.1%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.3%	5.4%	5.4%	56,546	1,041,941	5.2%							
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	15.9%	12.5%	12.1%	11.4%	10.9%	11.1%	10.4%	10.2%	10.1%	10.2%	10.2%	9.9%	9.8%	279	2,855	10.7%		10.2%	9.8%	Dec 2024			
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer			10	6	1	2	2	0	0	0	0	2	0	0			23							
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer			8	5	4	6	4	6	4	6	5	8	6	4			66							
	Vacancy Rate	Chief People Officer	< 10%	4.5%	13.9%	12.6%	12.2%	10.0%	10.1%	7.7%	8.8%	8.4%	9.6%	7.6%	7.3%	6.8%	221	3,237	9.5%		9.6%	6.4%	Dec 2024			

Finance and Use of Resources		Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 12 Month	GEH Latest month vs benchmark	National or Regional		Pass/Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	Plan	954	-1,608	-1,257	-916	208	507	46	465	-1,148	-627	-692	-333	2,377			-2,979							
	I&E - Margin (%)	Chief Finance Officer	Plan	3.2%	-7.8%	-6.0%	-4.4%	1.0%	2.4%	0.2%	1.7%	-5.2%	-2.8%	-3.1%	-1.5%	6.1%	2,377	39,190	-1.1%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥ 0	44	26	-18	-247	-39	-31	-527	209	-1,664	-1,291	-1,027	-959	1,891			-3,684							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	5.0%	2.0%	-1.0%	-37.0%	-16.0%	-6.0%	-92.0%	82.4%	-323%	-194%	-307%	-153%	389%	1,891	486	-523%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥ 0	-285	521	274	-197	-119	770	-1,420	-1,067	-84	-730	91	424	-531			-2,067							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	759	587	520	449	341	617	288	355	361	223	308	294	393			4,734							
	Agency - expenditure as % of total pay	Chief Finance Officer	≤3.2%	3.4%	3.9%	3.5%	3.0%	2.3%	4.4%	1.9%	1.9%	2.3%	1.4%	1.9%	1.8%	1.4%	393	27,557	2.4%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	211%	83.4%	74.0%	64.0%	90.0%	163%	76.0%	93.9%	96.0%	59.0%	81.5%	78.0%	104.0%	393	378	86.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,945	4,851	4,885	4,773	4,328	4,739	5,031	4,355	4,413	4,468	4,250	4,563	4,288			4,567							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥ 0	-832	-54	-20	266	193	576	514	781	269	295	1,071	-2,198	-2,494			-745							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	32.1	34.7	32.0	27.6	24.2	29.5	27.0	30.6	24.7	25.0	22.5	25.4	40.6			40.6							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	88.7%	96.4%	91.0%	98.0%	97.2%	98.1%	97.2%	93.2%	83.1%	90.0%	79.9%	73.1%	89.8%	10,728	11,945	90.7%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	91.3%	93.7%	96.1%	97.9%	97.9%	98.0%	97.3%	91.7%	94.9%	96.0%	89.6%	97.5%	97.1%	2,599	2,678	95.6%							

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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

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

Quality of care, access and outcomes									Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients								Chief Operating Officer	75%	84.2%	80.7%	75.5%	80.9%		1141	1410	77.2%	●					
	Cancer 2WW all cancers, Urgent GP Referral								Chief Operating Officer	93%	80.8%	83.1%	69.7%	77.1%		1051	1364	67.1%	●					
	Cancer 2WW Symptomatic Breast								Chief Operating Officer	93%	97.0%	98.6%	95.5%	94.4%		85	90	94.5%	●					
	Cancer 62 Day Standard								Chief Operating Officer	85%	65.2%	73.3%	59.7%	55.6%		55.0	99	62.4%	●					
	Cancer 31 Day Treatment Standard								Chief Operating Officer	96%	95.1%	94.3%	80.7%	91.1%		112	123	92.0%	●					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days								Chief Operating Officer	0	15	15	19	14		14								
Primary care and community services	Community Service Contacts - Total								Chief Operating Officer	2019/2020 Outturn	130.3%	132.2%	131.8%	132.8%	138.5%	92207	66560	133.9%	●					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)								Chief Operating Officer	80%	99.0%	98.9%	99.5%	99.3%	99.0%	1345	1358	99.5%	●					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)								Chief Operating Officer	70%	87.8%	85.1%	87.9%	87.6%	89.8%	1412	1572	88.1%	●					
	Emergency admissions discharged to usual place of residence								Chief Operating Officer		95.6%	95.0%	94.6%	95.6%	91.5%	2597	2838	95.3%						
	iSPA call response rate within one minute								Chief Operating Officer	80%	93.4%	91.8%	92.4%	89.3%	86.4%	9809	11357	91.4%	●					
Urgent and emergency care	A&E Activity								Chief Operating Officer	PLAN	130.3%	124.3%	116.9%	119.4%	177.9%	8893	4999	127.3%	●					
	A&E - Ambulance handover within 15 minutes								Chief Operating Officer	65%	31.5%	19.7%	24.4%	35.8%	37.3%	612	1641	35.2%	●					
	A&E - Ambulance handover within 30 minutes								Chief Operating Officer	95%	80.7%	54.9%	73.2%	81.4%	92.5%	933	1009	85.2%	●					
	A&E - Ambulance handover over 60 minutes								Chief Operating Officer	0.0%	5.0%	44.3%	12.2%	20.8%	1.9%	31	1641	8.4%	●					
	Total Non Elective Activity (Exc A&E)								Chief Operating Officer	PLAN	130.6%	146.2%	128.1%	129.0%	164.2%	14451	11715	131.8%	●					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)								Chief Operating Officer	-	46.3%	44.7%	45.7%	43.1%	44.9%	942	2097	43.9%						
	A&E - Percentage of patients spending more than 12 hours in A&E								Chief Operating Officer	-	4.1%	7.1%	9.0%	4.5%	3.4%	297	8861	3.3%						
	A&E - Time to treatment (median)								Chief Operating Officer	-	65	63	45	53	61	61		56						
	A&E max wait time 4hrs from arrival to departure								Chief Operating Officer	78%	65.0%	61.1%	64.0%	67.6%	69.4%	6149	8861	69.7%	●					
	A&E minors max wait time 4hrs from arrival to departure								Chief Operating Officer	78%	84.9%	81.0%	86.5%	86.9%	83.5%	3217	3854	87.0%	●					
	A&E - Time to Initial Assessment								Chief Operating Officer	-	19	19	14	15	15	15		16						
	A&E Quality Indicator - 12 Hour Trolley Waits								Chief Operating Officer	0	39	136	122	36	47	0		431	●					
	A&E - Unplanned Re-attendance with 7 days rate								Chief Operating Officer	-	4.2%	4.7%	4.0%	3.5%	4.2%	359	8608	4.4%						
	Referral to Treatment Times - Open Pathways (92% within 18 weeks)								Chief Operating Officer	92%	64.0%	64.4%	64.2%	64.2%	TBC	TBC	TBC							

Quality of care, access and outcomes									Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	16234	32721	31926	32007	31906	TBC	TBC															
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	623	544	503	472	TBC	TBC															
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	33	51	39	36	TBC	TBC															
	Referrals (GP/GDP only)	Chief Operating Officer	0	7487	6149	7786	6899	7506	7506															
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	106% 2019/20 Outturn	129.8%	133.6%	136.0%	135.9%	171.0%	9941	5815	135.5%													
	Outpatient Activity - Total	Chief Operating Officer	2019/20 Outturn	106.3%	109.1%	113.0%	111.1%	130.1%	35412	27224	113.8%													
	Elective Activity	Chief Operating Officer	106% 2019/20 Outturn	108.5%	110.1%	106.8%	112.5%	138.3%	3457	2499	115.3%													
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	75%	84.1%	83.2%	83.9%	83.3%	83.6%	88124	105360	83.3%													
	Elective - Theatre utilisation	Chief Operating Officer	85%	88.2%	88.5%	88.4%	88.7%	88.2%	99165	112440	88.1%													
	Cancelled Operations on day of Surgery	Chief Operating Officer	0.8% 2019/20 Outturn	0.00%	0.01%	0.00%	0.00%	0.00%	0		0.00%													
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	120% 2019/20 Outturn	114.8%	106.4%	123.2%	205.0%	346.4%	821	237	124.6%													
	Diagnostic Activity - Endoscopy	Chief Operating Officer	120% 2019/20 Outturn	96.3%	82.6%	120.2%	112.5%	172.6%	744	431	123.5%													
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	120% 2019/20 Outturn	210.6%	197.0%	212.5%	227.7%	324.7%	2000	616	242.8%													
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	95.4%	96.5%	97.4%	98.2%	95.4%	9092	9529														
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	80.1%	80.6%	79.2%	70.4%	69.6%	149	214	77.7%													
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	21.8%	22.1%	16.9%	21.3%	22.0%	62	282	21.4%													
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	33	26	33	29	36	36		387													
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	90.1%	91.9%	93.1%	88.2%	94.2%	258	274	89.7%													
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	23.4%	21.8%	18.6%	19.0%	20.2%	56	277	20.9%													
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	36.5%	36.5%	35.5%	36.3%	36.8%	93	253	35.6%													
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	85.1%	84.5%	85.8%	86.3%	86.3%	215	249	87.6%													
	Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	120.8%	108.3%	103.9%	113.3%	104.5%	280	268	109.7%													
	Midwife to birth ratio	Chief Nursing Officer	1:27	1:24	1:25	1:22	1:24	1:24	1:24		1:24													
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q2)	Chief Nursing Officer	46%						706	1501	47.0%													
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q2)	Chief Nursing Officer	46%						592	981	60.3%													
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q2)	Chief Nursing Officer	46%						235	461	51.0%													
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	89.9%	90.5%	91.0%	89.6%	88.7%	250	282	89.7%													
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	3.35%	5.7%	6.2%	5.8%	5.0%	5.4%	894	16524	5.7%													
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	95%	84.8%	87.2%	88.8%	89.4%	88.2%	13175	14936	88.9%													
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	46%	49.7%	49.6%	49.0%	49.7%	49.4%	13564	27446	56.0%													
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	85% OP/112% OPP 2019/20 Outturn	111.8%	115.0%	118.9%	113.9%	128.1%	17505	13660	117.5%													
	Outpatient Activity - New Virtual	Chief Operating Officer	Virtual vs Total	16.6%	17.2%	16.8%	17.7%	18.0%	1447	8037	18.30%													
	Outpatient Activity - Follow Up Virtual	Chief Operating Officer	Virtual vs Total	21.8%	23.3%	22.3%	21.8%	20.9%	2902	13882	22.06%													
	Outpatients Activity - Virtual Total	Chief Operating Officer		19.9%	21.1%	20.3%	20.3%	19.8%	4349	21919	20.7%													
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	8%	3.5%	0.8%	2.7%	3.2%	2.1%	6	282	3.0%													
	Occupancy Acute Wards Only	Chief Operating Officer	92%	99.7%	98.7%	102.0%	98.9%	99.7%	10423	10451	97.2%													
	Bed occupancy - Community Wards	Chief Operating Officer	90%	123.1%	126.1%	125.6%	126.8%	125.7%	1520	1209	119.0%													

Quality of care, access and outcomes									Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Safe, high quality care	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	0	0	0	0	0	0	0		0					0		0	•					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	2%	1.0%	1.3%	0.9%	0.8%	0.5%	15	3086	15					15	3086	1.0%	•					
	ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	27	27	29	38	33	39	1277	39					39	1277	32	•					
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	7.2	7.1	8.1	7.5	7.5	6983	934	6983					6983	934	7.3	•					
	ALoS – Elective Inpatients	Chief Operating Officer	2.5	1.8	1.9	2.0	2.5	2.6	886	339	886					886	339	2.1	•					
	Medically fit for discharge - Acute																							
	Medically fit for discharge - Community																							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	13.5%	12.7%	13.5%	12.5%	12.3%	286	2331	286					286	2331	12.4%	•					
	HSMR - Rolling 12 months Feb 24 - Jan 25	Chief Medical Officer	100						102.6		102.6					102.6		102.6	•					
	Mortality SHMI - Rolling 12 months Nov 23 - Oct 24	Chief Medical Officer	89-112						97.0		97.0					97.0		97.0	•					
	Never Events	Chief Nursing Officer	-	0	0	0	0	0	0		0					0								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0		0					0		1	•					
	MSSA Bacteraemia	Chief Nursing Officer	0	2	0	2	1	0	0		0					0		13	•					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	2	2	4	2	2	2		2					2		30	•					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.12	1.09	1.82	1.12	1.58	46	12463	46					46	12463	0.00	•					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	1	0	0	0	0	0		0					0		8	•					
	Serious Incidents	Chief Nursing Officer	-	0	0	0	0	0	0		0					0								
	VTE Risk Assessments (Q3)	Chief Nursing Officer	95%						3292	4165	3292					3292	4165	79.0%	•					
	WHO Checklist	Chief Nursing Officer	100%	99.1%	98.1%	98.1%	98.8%	98.6%	8483	8602	8483					8483	8602	98.7%	•					
	#N/A	#N/A	80%	-	-	-	-	-																
	Stroke - thrombolysis	Chief Operating Officer	-	-	-	-	-	-																
	#N/A	#N/A	80%	-	-	-	-	-																
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	-	-	-	-	-										98.3%	•					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	-	-	-	-	-										98.3%	•					
	No. of Complaints received	Chief Nursing Officer	0%	18	14	19	16	22	22		22					22		225	•					
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	1	0	1	0	0		0					0		6	•					
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	81.0%	72.2%	62.5%	55.9%	80.0%	8	10	8					8	10	71.4%	•					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	36.4%	82.8%	85.7%	92.1%	86.4%	261	302	261					261	302	84.5%	•					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	99.5%	95.2%	92.7%	94.6%	94.0%	4402	4681	4402					4402	4681	94.6%	•					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	100.0%	94.1%	97.8%	99.0%	96	97	96					96	97	99.1%	•					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	-	-	-	-	90.9%	10	11	10					10	11	93.3%	•					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	0.2%	5.8%	5.6%	7.5%	6.1%	302	4942	302					302	4942	16.8%	•					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	3.2%	4.9%	2.5%	3.4%	2.1%	150	7207	150					150	7207	4.6%	•					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	-	-	-	-	4.7%	14	296	14					14	296	3.2%	•					
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	3.2%	1.9%	0.8%	3.1%	1.3%	97	7606	97					97	7606	2.7%	•					
People									Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Look in	Agency - expenditure as % of total pay	Chief Finance Officer	-	2%	1%	1%	1%									1%								

Quality of care, access and outcomes								Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numertor	Denominat or	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance and Use of Resources								Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Denominat or	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)							Chief Finance Officer	-	65	-214	325	774		774								
	I&E - Margin (%)							Chief Finance Officer	-	-1%	-1%	-1%	-1%		-1%								
	I&E variance from plan (£)							Chief Finance Officer	-	65	-214	325	774		774								
	I&E - Variance from Plan (%)							Chief Finance Officer	-	N/A	N/A	N/A	N/A		0.0								
	CPIP - Variance from plan (£k)							Chief Finance Officer	-	-447	-335	-337	378		378								
	Agency - expenditure (£k)							Chief Finance Officer	-	423	334	363	359		359								
	Agency - expenditure as % of cap							Chief Finance Officer	-	48%	39%	42%	41%		41%								
	Productivity - Cost per WAU (£k)							Chief Finance Officer	-	5198	6311	4448	5317		5317								
	Capital - Variance to plan (£k)							Chief Finance Officer	-	-617	-2580	-845	-944		-944								
	Cash - Balance at end of month (£m)							Chief Finance Officer	-	10308	12908	18306	31269		31269								
	BPPC - Invoices paid <30 days (% value £k)							Chief Finance Officer	-	93%	94%	95%	93%		93%								
	BPPC - Invoices paid <30 days (% volume)							Chief Finance Officer	-	97%	97%	97%	97%		97%								
	Agency - expenditure as % of cap							Chief Finance Officer	-	48%	39%	42%	41%		41%								

Worcestershire Acute Hospitals NHS Trust

Trust Key Performance Indicators (KPIs) - up to Mar-25 data



Performance Against Target (Status)

Meeting Target

Not Meeting Target

Activity Performance Only

Over 5% above Target

5% above to 2% below Target

More than 2% below Target to 5% below Target

Over 5% below Target

Type	Item	Description	Example
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	
Trend Variation		Special cause variation - cause for concern (indicator where LOW is	
Trend Variation		Common cause variation	
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD	
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD	



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

Quality of care, access and outcomes			Responsible Director	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date (v Standard if available)	Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	73.4%	80.0%	78.3%	80.8%	80.4%	80.0%	82.5%	77.6%	77.3%	77.0%	79.9%	-	1,953	2,444	78.8%		80.2%	Feb-25			
	2 Week Wait all cancers	Chief Operating Officer	86.0%	89.0%	85.4%	93.0%	96.2%	96.5%	94.6%	92.0%	88.4%	92.9%	87.7%	-	2,279	2,600	91.0%		84.2%				
	Urgent referrals for breast symptoms	Chief Operating Officer	35.0%	27.4%	30.0%	67.0%	89.8%	94.0%	96.6%	61.5%	26.7%	56.0%	7.4%	-	5	68	53.9%		71.4%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	85.3%	87.1%	85.6%	82.4%	78.5%	79.9%	83.1%	78.7%	81.8%	82.7%	88.6%	-	279	315	83.1%		93.0%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	84.5%	86.8%	87.4%	83.6%	84.0%	84.3%	84.5%	78.0%	82.7%	86.6%	89.5%	-	469	524	84.7%		91.8%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	57.9%	54.4%	60.4%	67.5%	65.7%	68.4%	65.7%	59.6%	55.9%	54.2%	53.9%	-	107	199	60.5%		61.4%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	65.8%	59.4%	66.2%	70.6%	59.0%	79.3%	50.0%	28.6%	27.0%	29.6%	34.9%	-	11	32	52.2%		59.1%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	82.7%	77.2%	82.6%	84.6%	77.2%	77.8%	76.2%	73.5%	80.8%	82.5%	84.8%	-	67	79	80.1%		78.1%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	63.6%	60.9%	66.9%	71.3%	68.3%	72.0%	67.0%	60.3%	59.8%	61.6%	59.7%	-	185	310	64.8%		67.0%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	159	176	145	151	177	172	177	137	144	145	151	144									
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	85.6%	85.5%	85.4%	87.2%	87.4%	87.5%	85.5%	84.5%	83.7%	83.0%	84.7%	85.0%	2,872	3,379	85.4%		92.2%	Feb to Jan			
	A&E Activity (any type)	Chief Operating Officer	18,677	19,875	19,293	19,351	18,672	18,444	19,292	18,654	18,348	17,439	16,264	20,008			224,317						
	Ambulance handover within 30 minutes	Chief Operating Officer	64%	60%	64%	71%	65%	54%	46%	51%	42%	54%	72%	64%	2,516	3,904	58%		73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	836	922	784	639	784	1085	1268	1158	1458	1134	529	801			11,398		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	130%	119%	104%	123%	113%	123%	134%	126%	130%	111%	96%	99%	3,635	3,676	116.8%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	42.2%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%	14.7%	14.0%	15.4%	541	3,538	29.6%		36%	Feb to Jan			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	64.4%	66.3%	67.9%	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	58.7%	66.2%	66.0%	6,809	20,008	63.8%		72%				
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	16.6%	16.3%	15.4%	14.5%	14.8%	17.0%	17.8%	19.7%	22.0%	21.3%	18.3%	16.9%	2,328	13,805	17.5%		16%	Feb to Jan			
	A&E - Time to treatment	Chief Operating Officer	158	150	146	145	136	135	157	156	135	111	95	107			139		01:41				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	14	15	15	15	15	16	16	90	39	18	16	16			24		00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	248	271	307	270	335	369	487	305	605	713	663	730			5,303						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	6.8%	7.4%	7.5%	7.5%	7.7%	7.7%	7.2%	12.9%	12.6%	12.5%	13.3%	13.9%	1,925	13,805	9.4%		8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	54.8%	55.9%	56.1%	55.9%	55.6%	56.3%	56.9%	56.5%	55.5%	55.3%	58.2%	59.3%	32,880	55,450			59.2%	Feb-25				
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	61,740	62,118	62,152	61,348	61,862	60,779	59,873	58,765	57,382	55,581	56,124	55,450				7.40mil						
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	2,204	2,089	1,980	1,891	1,804	1,604	1,576	1,465	1,178	1,024	961	811				193,516						
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	472	464	402	357	300	105	57	23	40	39	28	18				13,223						
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	13	14	4	0	0	2	1	0	3	3	1	3				1,691						
	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	1	1	1				161						
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	9,438	9,533	8,546	9,787	8,699	8,978	10,138	9,354	8,269	10,073	9,701	10,060			112,576							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	118%	112%	119%	123%	129%	128%	148%	131%	134%	129%	138%	180%	22,172	12,314	131%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	106%	88%	84%	101%	93%	96%	100%	90%	105%	100%	102%	102%	22,172	21,828	97%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	113%	108%	110%	113%	118%	117%	133%	115%	118%	114%	121%	145%	61,409	42,219	127%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	119%	99%	92%	111%	99%	106%	107%	95%	106%	103%	103%	99%	61,409	62,153	113%							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	110%	105%	109%	115%	114%	115%	115%	107%	111%	114%	112%	142%	8,092	5,687	114%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	97%	102%	98%	117%	99%	110%	111%	99%	100%	100%	99%	97%	8,092	8,362	102%							
	BADS: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end)	Chief Operating Officer	84.0%	83.8%	84.0%	84.2%	84.6%	85.1%	85.2%	85.7%	85.5%	-	-	-	5818	6921	-		81%	Dec				
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	82%	83%	82%	83%	82%	84%	84%	83%	82%	83%	81%	84%			83%		78%	February				
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	84%	86%	85%	86%	84%	87%	87%	86%	84%	86%	85%	87%			86%		82%					
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	37	49	40	38	42	40	59	59	38	45	32	33			512		21,053	04-23-24				
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	115%	119%	115%	111%	112%	113%	105%	103%	112%	109%	108%	110%	6,899	6,279	111%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	115%	112%	97%	109%	103%	99%	112%	100%	106%	106%	107%	99%	1,473	1,483	116%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	100%	105%	96%	101%	116%	120%	106%	94%	94%	89%	93%	106%	2,425	2,290	102%							
Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	27.4%	29.7%	34.3%	31.1%	34.7%	29.2%	22.9%	22.6%	17.0%	16.0%	12.0%	14.4%	1,638	11,363			22.4%	Jan-25					
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	83%	85%	86%	88%	88%	84%	90%	90%	90%	89%	88%	86%	392	443	87%							
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	5.5%	6.5%	7.2%	7.6%	8.1%	8.4%	8.8%	8.9%	9.4%	9.7%	9.5%	-				8.8%	Dec-24					
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	59.3%	60.1%	60.7%	62.1%	63.1%	63.9%	63.8%	63.0%	62.9%	63.2%	62.7%	-				62.5%						
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	82.9%	82.3%	83.3%	84.6%	88.6%	87.0%	87.2%	87.8%	86.9%	87.5%	86.7%	-				84.1%						
	Maternity Activity (Deliveries)	Chief Nursing Officer	380	418	371	387	416	409	410	349	361	353	343	393			4,590							
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	4.8%	5.2%	5.3%	5.0%	5.2%	5.3%	5.1%	5.2%	5.3%	4.8%	4.6%	4.6%	2,900	63,471	5%		4.7%	Jan-25				
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	89%	90%	89%	88%	89%	89%	89%	89%	88%	89%	90%	90%	37017	41161	89%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	110%	106%	106%	109%	113%	113%	126%	108%	110%	107%	113%	131%	39,237	29,905	112%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	126%	105%	97%	118%	102%	112%	111%	98%	106%	105%	104%	97%	39,237	40,325	106%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	16%	17%	15%	16%	15%	16%	16%	17%	17%	17%	17%	17%	9,834	59,184	17%							
Prevention long term conditions	Maternity - Women who were current smokers at 36 weeks (or last smoking status)	Chief Nursing Officer	1.9%	2.1%	3.1%	2.6%	3.5%	4.3%	5.6%	4.0%	4.8%	4.3%	3.0%	2.8%	6	393	3.5%							

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	96%	96%	95%	96%	95%	95%	94%	94%	93%	96%	96%	94%	634	671	95%		90%	Q3 24/25			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	69	67	59	56	48	60	65	56	55	50	48	55			535		4,371	Feb 25			
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	7.8	7.9	7.7	7.5	7.2	7.7	8.1	8.2	8.2	8.3	8.5	7.6	21838	2891	7.9		4.4	Feb to Jan			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	3.3	3.1	3.3	2.8	3.1	3.0	3.6	3.4	3.3	3.1	3.1	2.7	1335	488	3.2		3.1	Feb to Jan			
	Medically fit for discharge - Acute	Chief Operating Officer	12%	13%	14%	12%	12%	15%	15%	13%	9%	15%	15%	15%	117	779	13.0%		23.1%	Dec			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	7.5%	8.2%	7.2%	6.9%	6.9%	5.1%	4.8%	4.5%	4.5%	4.3%	4.2%	4.63	546	11792	5.1%		7.5%	Jan to Dec			
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	102.8	103.43	103.17	104.10	103.70	103.76	104.39	105.00	-	-	-	-				As expected					
	Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0			0						
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	1			1						
	MSSA Bacteraemia	Chief Nursing Officer	3	3	3	5	5	6	7	8	5	5	6	9			65						
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	11	10	14	17	16	11	13	11	9	11	5	9			137						
	Number of falls with moderate harm and above	Chief Nursing Officer	3	6	5	13	10	2	6	3	7	6	4	2			67						
	Serious Incidents	Chief Nursing Officer	1	1	1	0	0	2	0	1	0	0	0	2			8						
	VTE Risk Assessments	Chief Medical Officer	96.3%	96.0%	97.0%	96.9%	97.0%	96%	97%	96%	95%	95%	97%	91.66	10,831	11,817	96%						
	WHO Checklist	Chief Medical Officer	98%	98%	99%	98%	98%	99%	98%	98%	97%	97%	97%	97.25	1,352	1,390	97%						
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	45%	62%	69%	83%	84%	75%	85%	62%	73%	89%	-	-	109	123	71%						
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	33%	57%	57%	43%	55%	67%	63%	43%	33%	-	-	-	-	-	52%						
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	78%	68%	74%	75%	59%	64%	70%	59%	61%	-	-	-	-	-	70%						
	Number of complaints	Chief Nursing Officer	80	66	73	72	70	58	70	60	61	76	52	65			738						
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0			0						
	Complaints resolved within policy timeframe	Chief Nursing Officer	48%	62%	73%	61%	62%	70%	59%	54%	50%	71%	46%	54%	44	82	66%						
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	76%	75%	75%	78%	82%	79%	75%	71%	61%	80%	79%	82%	2274	2757	78%		80%	Jan-25			
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	94%	94%	94%	95%	96%	95%	94%	95%	94%	97%	97%	96%	4143	4319	95%		95%	Jan-25			
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	100%	88%	92%	86%	78%	85%	85%	85%	92%	96%	95%	97%	158	163	88%		92%	Jan-25			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	22%	23%	21%	22%	24%	22%	21%	4%	0%	4%	12%	20%	2757	13741	16%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	35%	37%	38%	39%	44%	40%	36%	40%	35%	25%	36%	37%	4319	11565	37%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	4%	9%	8%	20%	10%	26%	19%	32%	28%	22%	22%	18%	163	902	17.9%						

People		Responsible Director	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	8.6%	9.0%	7.9%	8.6%	7.9%	8.3%	5.3%	6.9%	7.7%	6.9%	7.3%	5.8%
	Appraisals - Non-medical	Chief People Officer	79.0%	80.0%	80.0%	81.0%	80.0%	82.0%	82.0%	83.0%	84.0%	84.0%	83.0%	84.0%
	Appraisals - Medical	Chief People Officer	94.0%	96.0%	94.0%	93.0%	94.0%	93.0%	94.0%	94.0%	95.0%	96.0%	94.0%	94.0%
	Mandatory Training	Chief People Officer	91.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
	Overall Sickness	Chief People Officer	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.1%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	11.0%	10.9%	10.5%	10.4%	10.3%	10.4%	10.1%	9.8%	9.9%	9.7%	9.4%	9.2%
	Vacancy Rate	Chief People Officer	9.8%	9.3%	9.3%	9.2%	8.2%	7.0%	6.3%	5.7%	5.3%	6.2%	5.5%	5.0%

Latest Month		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/Fail	Trend Variation	
		7.5%						
5,110	6,063	81.8%						
546	578	94.3%						
79,888	88,381	90.4%						
11,131	217,765	5.5%						
568	6,203	10.1%						
372	7,032	7.2%						

Finance and Use of Resources		Responsible Director	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-£7,799	-£4,672	-£5,283	-£5,507	-£5,253	£24,901	£6	-£433	-£880	£1	-£9	-£557
	I&E - Margin (%)	Chief Finance Officer	-14.0%	-7.8%	-9.1%	-9.8%	-9.0%	28.2%	18.7%	-4.9%	-7.5%	12.2%	-0.2%	-0.6%
	I&E - Variance from plan (£k)	Chief Finance Officer	£971	-£836	-£635	£7	-£75	£190	£355	-£143	-£289	£457	£336	-£163
	I&E - Variance from Plan (%)	Chief Finance Officer	-11.0%	22.0%	14.0%	0.0%	1.0%	1.0%	-102.0%	50.0%	49.0%	-100.0%	-97.0%	41.0%
	CPIP - Variance from plan (£k)	Chief Finance Officer	-£669	-£223	-£240	£251	£194	£368	£456	-£439	£94	-£403	-£226	£831
	Agency - expenditure (£k)	Chief Finance Officer	£3,186	£3,406	£2,965	£3,121	£2,961	£3,113	£2,375	£2,700	£3,143	£2,756	£2,875	£2,404
	Agency - expenditure as % of total pay	Chief Finance Officer	8.6%	9.0%	8%	9%	8%	8%	5%	7%	8%	7%	7%	4%
	Capital - Variance to plan (£k)	Chief Finance Officer	£0	£0	-£2,314	-£832	-£118	-£1,592	£934	£564	£464	£2,580	£2,746	£12,471
	Cash - Balance at end of month (£m)	Chief Finance Officer	£1.125m	£1.712m	£1.182m	£1.617m	£6.732m	£13.291m	£24.208m	£16.708m	£16.428m	£14.106m	£18.729m	£35.262m
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	95.1%	87.9%	83%	64%	70%	55%	70%	76%	75%	74%	76%	77%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	87.4%	89.3%	71.5%	41.1%	54.2%	55.0%	56.3%	62.9%	64.4%	65.0%	67.0%	70.0%

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	
		-£5,485						
		-0.7%						
		£173						
		-3.0%						
		-£7						
		£35,006						
		7.3%						
		£2,432						
		-						
		77.0%						
		70.0%						

Performance Against Target (Status)

Meeting Target
Not Meeting Target

Activity Performance Only

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

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

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

Quality of care, access and outcomes												Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numerator	Denominator	Year to Date v Standard	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
Cancer	28 day referral to diagnosis confirmation to patients											Chief Operating Officer	77%	77.8%	79.2%	78.1%	79.3%	77.1%	72.7%	82.9%		828	999	78.0%		<div></div>	80.2%	February	<div>?</div>	<div></div>	<div><div>S</div><div>T</div><div>A</div><div>R</div></div>		
	2 Week Wait all cancers											Chief Operating Officer	93%	88.5%	92.1%	91.3%	86.4%	84.3%	85.9%	79.1%		881	1114	87.6%		<div></div>	84.2%		<div>?</div>	<div></div>			
	Urgent referrals for breast symptoms											Chief Operating Officer	93%	43.8%	39.1%	21.4%	7.7%	20.0%	15.4%	0.0%		0	6	30.5%		<div></div>	71.4%		<div>?</div>	<div></div>			
	Cancer 31 day diagnosis to treatment											Chief Operating Officer	96%	89.3%	89.8%	89.0%	91.9%	96.5%	90.2%	94.1%		80	85	89.9%		<div></div>	93.0%		<div>?</div>	<div></div>			
	Cancer 31 Days Combined (new standard from Oct 23)											Chief Operating Officer	96%	88.8%	87.1%	86.0%	91.5%	95.8%	88.3%	95.0%		96	101	88.5%		<div></div>	91.8%						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days											Chief Operating Officer		3	7	5	8	7	3	7				87		<div></div>		<div>?</div>	<div></div>				
	Cancer 62 days urgent referral to treatment											Chief Operating Officer	85%	74.8%	75.4%	73.5%	76.4%	71.3%	69.5%	67.2%		40	60	70.8%		<div></div>	61.4%	<div>?</div>	<div></div>				
	Cancer 62-Day National Screening Programme											Chief Operating Officer	90%	77.8%	100.0%	33.3%	66.7%	100.0%	88.9%	100.0%		1	1	84.9%		<div></div>	59.1%	<div>?</div>	<div></div>				
	Cancer consultant upgrade (62 days decision to upgrade)											Chief Operating Officer	85%	65.7%	90.5%	56.8%	65.9%	87.9%	77.1%	74.3%		13	18	71.4%		<div></div>	78.1%	<div>?</div>	<div></div>				
	Cancer 62 days Combined (new standard from Oct 23)											Chief Operating Officer	70%	71.4%	79.2%	69.4%	73.4%	77.6%	70.6%	68.6%		54	78	71.0%		<div></div>	75.7%						
	Cancer: number of urgent cancer patients waiting over 62 days											Chief Operating Officer	Plan	88	61	50	38	54	52	60	74						<div></div>		<div>?</div>	<div></div>			
	Primary care and community services	Community Service Contacts - Total											Chief Operating Officer	v 2023/24	111%	109%	124%	109%	118%	126%	110%		27801	25183	113%		<div></div>		<div>?</div>	<div></div>			
Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)											Chief Operating Officer	80%												97.7%		<div></div>		<div>P</div>	<div></div>				
Urgent Response > 1st Assessment completed within 2 hours (admission prevention)											Chief Operating Officer	70%	77%	77%	75%	70%	84%	88%	88%	86%		136	159	81.6%		<div></div>	85%	Feb	<div>?</div>	<div></div>			
% emergency admissions discharged to usual place of residence											Chief Operating Officer	90%	86.9%	87.4%	86.3%	87.3%	85.9%	85.2%	86.6%	86.2%		1582	1835	86.3%		<div></div>	93%	Feb to Jan	<div>?</div>	<div></div>			
Urgent and emergency care	A&E Activity											Chief Operating Officer	Plan	102%	103%	101%	105%	104%	100%	96%	102%		6466	6340	102%		<div></div>		<div>?</div>	<div></div>	<div><div>S</div><div>T</div><div>A</div><div>R</div></div>		
	Ambulance handover within 30 minutes (WMAS Only)											Chief Operating Officer	98%	75.9%	62.9%	51.1%	55.2%	49.4%	54.3%	60.3%	55.2%		849	1539			<div></div>	73%	July	<div>F</div>		<div></div>	
	Ambulance handover over 60 minutes (WMAS Only)											Chief Operating Officer	0%	14.5%	18.8%	29.1%	25.1%	30.9%	29.7%	21.4%	26.6%		409	1539	10.4%		<div></div>	12%		<div>?</div>		<div></div>	
	Non Elective Activity - General & Acute (Adult & Paediatrics)											Chief Operating Officer	Plan	115%	120%	119%	129%	124%	121%	122%	127%		1660	1304	119%		<div></div>		<div>?</div>	<div></div>			
	Same Day Emergency Care (0 LOS Emergency adult admissions)											Chief Operating Officer	>40%	42%	44%	48%	48%	46%	47%	47%	49%		1349	2747	46.7%		<div></div>	37%	Feb to Jan	<div>?</div>	<div></div>	<div><div>S</div><div>T</div><div>A</div><div>R</div></div>	
	A&E - % of patients seen within 4 hours											Chief Operating Officer	78%	67.6%	65.8%	65.8%	64.8%	63.4%	64.1%	65.9%	63.5%		4869	7672	66.1%		<div></div>	75%	Mar	<div>?</div>	<div></div>		
	A&E - Percentage of patients spending more than 12 hours in A&E											Chief Operating Officer		10.8%	12.5%	12.4%	12.2%	13.3%	14.6%	13.0%	13.2%		1014	7672	11.8%		<div></div>	5%	Feb to Jan	<div>F</div>	<div></div>		
	A&E - Time to treatment											Chief Operating Officer		01:42	01:38	01:40	01:56	01:58	01:51	01:43	01:47						<div></div>	01:42	Feb to Jan		<div></div>	<div><div>S</div><div>T</div><div>A</div><div>R</div></div>	
	A&E minors max wait time 4hrs from arrival to departure											Chief Operating Officer	78%	In development															<div></div>				
	Time to be seen (average from arrival to time seen - clinician)											Chief Operating Officer	<15 minutes	00:26	00:25	00:25	00:27	00:28	00:26	00:22	00:26						<div></div>	00:21	Feb to Jan	<div>F</div>	<div></div>		
	A&E Quality Indicator - 12 Hour Trolley Waits											Chief Operating Officer	0	312	284	270	256	232	322	219	293				610		<div></div>			<div>F</div>	<div></div>		
	A&E - Unplanned Re-attendance with 7 days rate											Chief Operating Officer	3%	8.3%	7.7%	8.9%	9.2%						107	5309	8.4%		<div></div>	9%	Feb to Jan	<div>F</div>	<div></div>		

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	55.6%	55.1%	55.8%	56.0%	55.1%	56.0%	56.4%	56.5%	13123	23209				59.2%	Feb			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	69.4%	69.5%	70.0%	70.0%	68.4%	69.2%	70.3%	70.0%	2988	4267								
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		28708	28783	28761	28246	27766	27410	27488	27476										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1169	987	865	804	764	740	727	692						193516	February			
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	145	74	42	29	34	34	39	32						13223				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	14	9	4	1	3	2	5	5						1691				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	3	2	1	0	0	0	0	0						161				
	GP Referrals	Chief Operating Officer	2019/20	87%	95%	103%	91%	105%	99%	91%	102%	4101	4031	98%							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	114%	111%	117%	109%	108%	113%	114%	148%	6273	4226	115%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	98%	83%	111%	78%	101%	104%	94%	82%	6273	7650	96%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	115%	111%	113%	108%	110%	109%	110%	140%	19533	13940	115%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	107%	91%	116%	83%	111%	113%	98%	86%	19533	22721	102%							
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	46%	43%	43%	44%	45%	47%	47%	47%	47%	12167	25143	44%		44.7%	Feb to Jan				
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	105%	110%	108%	101%	101%	104%	104%	128%	3049	2389	107%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	91%	88%	105%	78%	90%	98%	91%	77%	3049	3951	93%							
	Elective Recovery Fund (ERF) Actual v Plan (£)	Chief Operating Officer	Plan	114%	119%	126%	121%	120%	131%	127%	122%			117%							
	BADS Daycase rates	Chief Operating Officer	Actual	81.0%	80.6%	81.7%	77.5%	80.8%				0	0	80.3%		80%	Jan to Dec				
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	78.7%	80.2%	79.5%	78.8%	80.9%	80.3%	83.1%	82.0%			79.6%		80%	February				
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%	81.1%	82.7%	82.7%	82.9%	85.2%	83.4%	85.9%	86.7%			83.2%		85%					
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	40	32	26	31	39	34	20				359		22681	Oct to Dec				
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	101%	118%	104%	108%	104%	87%	87%	103%	3047	2967	106%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	127%	93%	91%	72%	83%	80%	89%	79%	830	1051	94%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	111%	116%	114%	127%	110%	93%	88%	119%	1760	1476	113%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	27.8%	17.2%	15.1%	13.3%	12.5%	21.1%	16.6%	21.4%	1468	6612			17.5%	Feb				
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	95.1%	88.9%	94.6%	94.0%	93.7%	97.1%	97.7%	97.8%	133	136	94.4%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	16.3%	15.6%	16.2%	18.4%	17.8%	20.4%	22.5%	21.8%	24	110	21.8%							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	55.7%	55.3%	55.6%	61.8%	65.1%	64.6%	61.5%	66.5%	127	191	66.5%							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	88.1%	85.9%	87.8%	88.2%	90.2%	89.7%	89.2%	90.8%	108	119	90.8%							
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2023/24	86%	108%	93%	95%	95%	101%	94%	88%	132	150	96%							
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:21	1:27	1:23	1:23	1:23	1:24	1:21	1:21										
Outpatient transformation	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer	In development									0	0								
	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	7.8%	6.5%	5.9%	6.3%	6.5%	6.2%	5.9%	5.4%	1539	26760	6.3%		6.9%	Feb to Jan				
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	89.9%	89.3%	88.8%	88.3%	87.8%	86.7%	88.7%	88.0%	15489	17611	88.2%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	116%	110%	112%	107%	110%	108%	108%	137%	13260	9714	115%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	111%	95%	118%	86%	117%	118%	100%	88%	13260	15071	105%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	19.8%	20.1%	19.9%	20.2%	20.1%	21.4%	21.4%	19.9%	3896	19533	20.2%		17%	Feb to Jan				
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		4.1%	6.7%	7.5%	8.7%	7.9%	8.0%	8.4%	7.4%	10	136								

Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	99%	100%	100%	99%	99%	100%	100%	95%
Bed occupancy - Community Wards	Chief Operating Officer	<92%	92%	94%	95%	90%	93%	97%	93%	97%
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	134	204	348	150	69	129	81	64
Patient ward moves emergency admissions (acute)	Chief Operating Officer		7%	7%	9%	8%	7%	7%	7%	6%
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	6.5	5.9	6.7	6.0	5.9	6.6	6.1	6.1
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.8	2.6	2.4	2.4	2.2	2.0	1.9	1.9
Medically fit for discharge - Acute	Chief Operating Officer	5%	17.1%	13.8%	15.5%	16.6%	15.1%	17.2%	19.3%	17.3%
Medically fit for discharge - Community	Chief Operating Officer	10%	50.1%	47.5%	53.1%	49.0%	38.8%	38.5%	36.6%	24.9%
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	4.5%	4.9%	4.5%	5.0%	4.5%	4.5%		
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	99.5	100.2	101.8	102.8				
Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0	0
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	1
MSSA Bacteraemia	Chief Nursing Officer		1	0	0	2	0	2	1	2
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	10	6	2	5	6	0	3	3
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	2	1	2	3	1	2	1	
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0								
Serious Incidents	Chief Nursing Officer	Actual								
VTE Risk Assessments	Chief Medical Officer	95%	91.6%	91.9%	92.0%	91.5%	89.2%	91.6%	92.0%	90.8%
WHO Checklist	Chief Medical Officer	100%		98.7%			99.4%			
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	73.9%	65.8%	64.4%	67.6%	63.0%	51.5%	65.5%	65.4%
Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	0.0%	66.7%	100.0%	80.0%	71.4%	54.5%	66.7%	66.7%
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	87.5%	76.5%	75.0%	86.0%	80.9%	73.9%	80.4%	75.9%
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	94.7%	95.7%	96.3%	94.7%	97.0%	97.7%	97.2%	96.2%
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	98.0%	97.7%	97.0%	97.0%	99.3%	98.0%	98.6%	97.8%
Number of complaints	Chief Nursing Officer	2022/23 (253)	18	31	44	26	25	33	27	34
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0	0
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	51.6%	50.0%	51.7%	67.9%	50.0%	60.0%	45.5%	26.5%

319	336	99%			95%	Mar			
73	76	94%							
		1486			4371	Jan			
76	1104	8%							
8631	1406	6.2			4.5	Feb to Jan			
506	260	2.5			3.0				
1576	9111				23.1%	Dec			
556	2236								
161	3540	4.6%			7.8%	Jan to Dec			
1385	1345				100	Nov to Oct			
		1							
		1							
		15							
		61							
		20							
		0							
		0							
3762	4413	91.9%							
19	26	63.6%							
6	9	59.7%							
22	29	80.0%							
		95.6%							
		97.3%							
		372							
		0							
9	34	49.3%							

Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%									4	5023	0.0%							
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	79%	75%	79%	77%	74%	80%	81%	76%					80%					
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	84%	83%	88%	82%	84%	87%	87%	86%	144	168	84.5%		94%					
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%									4	4	0.0%		95%					
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	86%	90%	97%	88%	92%	93%	94%	100%			92.8%		92%					
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	20%	18%	18%	19%	17%	18%	19%	19%										
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	17%	15%	15%	16%	15%	15%	16%	15%	168	1107	15.9%							
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	32%	30%	28%	32%	21%	23%	31%	24%	29	119	27.4%							

People		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	5.8%	4.5%	4.1%	4.6%	4.8%	5.3%	4.0%	2.6%
	Appraisals	Chief People Officer	85%	80.3%	79.8%	80.1%	79.5%	79.8%	79.7%	77.6%	77.7%
	Mandatory Training	Chief People Officer	85%	89.5%	88.0%	88.3%	88.6%	88.8%	89.3%	89.3%	89.4%
	Overall Sickness	Chief People Officer	3.5%	4.7%	5.0%	5.3%	5.0%	6.2%	6.0%	5.2%	5.0%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	9.8%	9.7%	9.4%	9.1%	9.1%	9.4%	9.2%	8.9%
	Vacancy Rate	Chief People Officer	5%	6.3%	3.9%	5.2%	4.7%	4.5%	4.1%	6.9%	4.2%

Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator			WVT Latest month v benchmark	National or Regional			
		5%						
0	0	79%			76%			
36045	40337	89%			88%			
5853	116661	5%			5%			
326	3656	9%						
165	3902	5%						

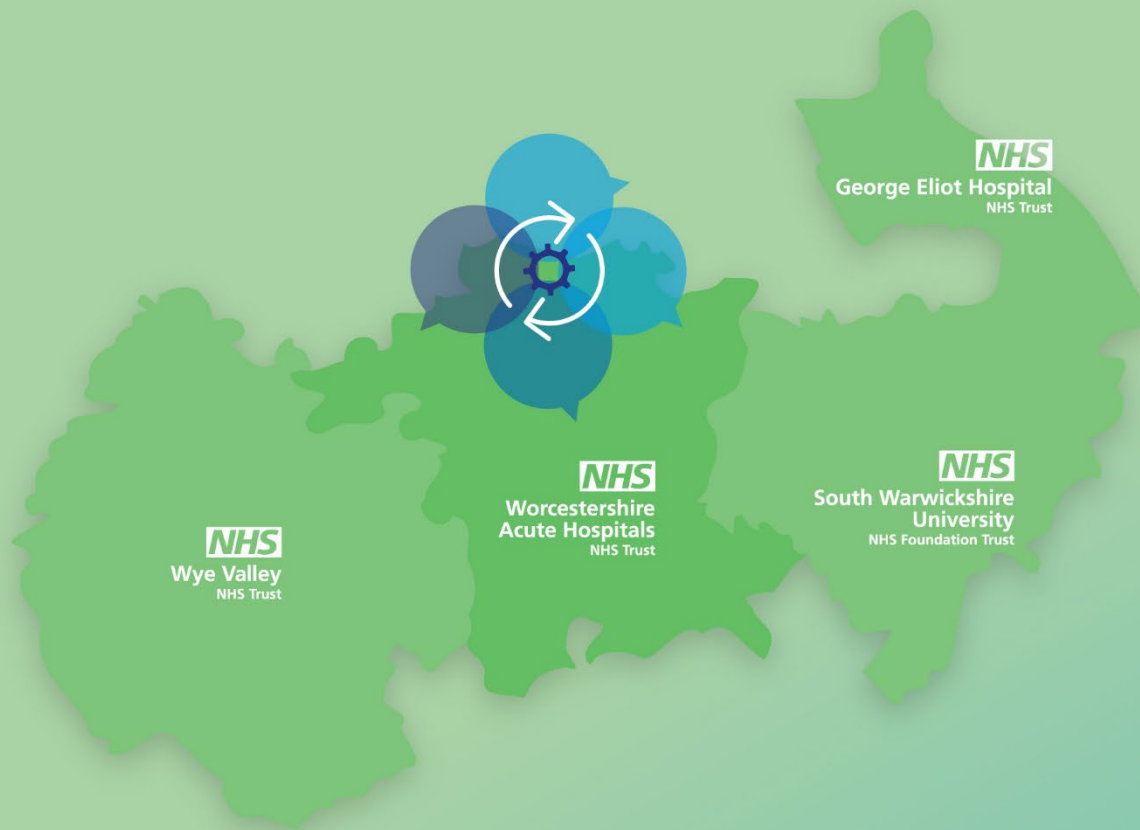
Finance and Use of Resources		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£3,686	£12,576	-£602	-£202	-£1,260	-£3,002	-£133	
	I&E - Margin (%)	Chief Finance Officer	≥0%	-13.6%	28.9%	-1.6%	-0.6%	-4.1%	-9.6%	-0.4%	
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£606	-£645	-£178	£106	-£953	-£2,908	-£39	
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-2.2%	-1.5%	-0.5%	0.3%	-3.1%	-9.7%	-0.1%	
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£811	£539	-£498	-£598	-£489	-£798	-£487	
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£725	£573	£755	£634	£582	£2,848	£804	
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	3.9%	3.1%	3.0%	3.2%	3.0%	14.7%	4.1%	
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£284	-£242	-£697	-£345	-£431	£175	-£873	
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£18	£14	£37	£29	£25	£21	£31	
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	87.0%	97.6%	95.2%	94.9%	98.6%	97.5%	99.7%	
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	99.3%	99.3%	97.4%	98.6%	99.2%	98.9%	99.3%	

Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator			WVT Latest month v benchmark	National or Regional			
		-£11,428						
-£133	£31,110							
		-£8,420						
-£39	£31,110							
		-£5,565						
		£11,018						
£804	£19,414	5.2%						
		-£2,271						
£12,498	£12,530	97.2%						
£4,729	£4,763	98.9%						

Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	7 May 2025		
Title of Report	Outpatients Deep Dive		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion		
Author:	Robin Snead, Chief Operating Officer – George Eliot Hospital NHS Trust (GEH), Chris Douglas, Acting Chief Operating Officer – Worcestershire Acute Hospitals NHS Trust (WAHT), Harkamal Heran, Chief Operating Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Andrew Parker, Chief Operating Officer – Wye Valley NHS Trust (WVT)		
Lead Executive Director:	Robin Snead, Chief Operating Officer of GEH, Chris Douglas, Acting Chief Operating Officer WAHT, Harkamal Heran, Chief Operating Officer SWFT, and Andrew Parker, Chief Operating Officer of WVT		
1. Purpose of the Report	<p>To provide the Foundation Group Boards with an overview across all four Trusts of some key Outpatient productivity metrics.</p> <p>This report is to:</p> <ul style="list-style-type: none"> - stimulate discussion for areas of potential variance, - to share approach and learning between trusts for initiatives that provided productivity improvement, - reduce variances where they are not expected. 		
2. Recommendations	The Foundation Group Boards are asked to receive the report and be assured that shared learning is occurring and to anticipate a future report that provides evidence of improvement as a result.		

3. Executive Assurance

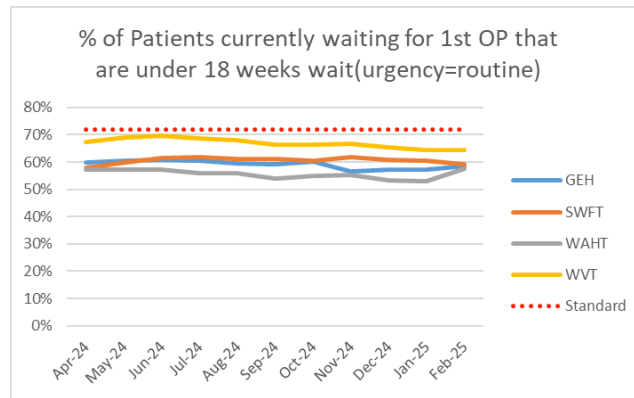
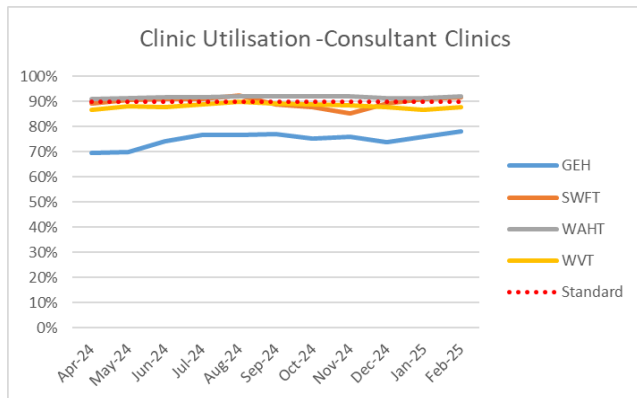
Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings



Outpatients Deep Dive

Chief Operating Officers

Clinic Utilisation - What variance does the data show?



- GEH has the most opportunity for increased productivity in clinic utilisation*, and has second most opportunity to improve the percentage of patients waiting under 18 weeks for a first Outpatient (OP) appt.
- WAHT has the most improvement required to meet the national standard of 72% for patients waiting below 18 weeks.
- All Trusts have submitted a national compliant plan for patients waiting under 18 weeks for a first OP appt.



Clinic Utilisation- Shared Learning

- Pathway analysis and the use of Patient Initiated Follow Up (PIFU) could release follow up appts to be converted to new appt clinics.
- Maximise clinic templates to focus on Outpatient new and urgent capacity.
- Approach and findings of a Follow up waiting list review – impact of follow up appointments for patients (post clock stop).
- Outpatient Improvement Programmes are running. Share approach and success implementing a 6-4-2 process (similar to Theatre approach)
- Approach to monitoring blocked appointments – shared logic and investigation.
- *Ensure comparability of data.



Clinic ave.appts- What variance does the data show?

Data has been analysed and shows the following:

- SWFT, WVT and WAHT consistent average appts for Cardiology, Ear, Nose, Throat (ENT), Ophthalmology, Respiratory, Trauma & Orthopaedics (T&O) and Urology.
- Consistency in Gastroenterology between WVT and WAHT, but lower than both SWFT and GEH.
- Possible improvement for WVT within Gynaecology.
- Consistency across all Trusts within Urology.



Clinic ave.appts – Shared Learning

- Ensure clinic templates and governance is robust; learning from Further Faster Getting it Right First Time (GiRFT) programme.
- Undertake a review at consultant level and matching to job plan. Sharing across the Foundation Group to inform consistency (where applicable).
- Maximise Direct Clinical Care (DCC) time in clinical job plans.
- Review blocked appointments and what they are used for? Checks for consistency across the Foundation Group.
- Develop more one stop shop clinics and group appointments.

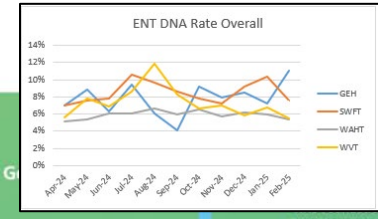
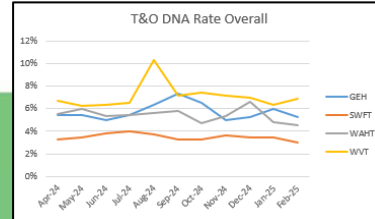
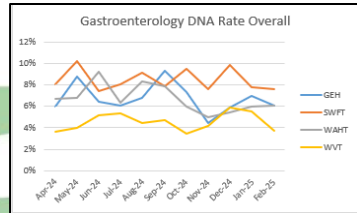
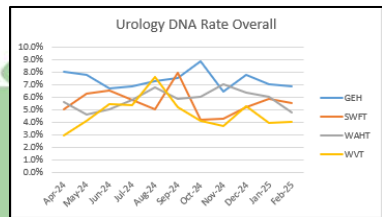
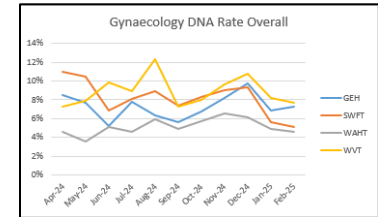
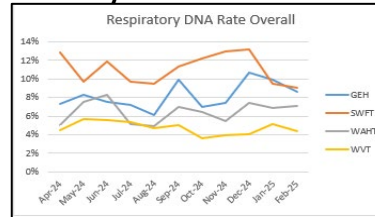
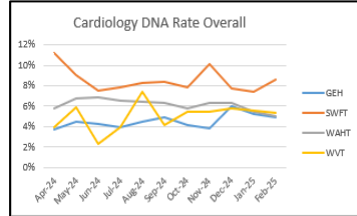
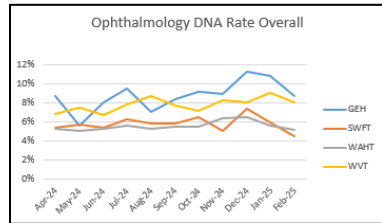


DNA's - What variance does the data show?

March 2025 DNA (Did Not Attend) rate – GEH – 3.7%, SWFT – 5.6%, WAH – 4.0%, WVT – 4.0%

All Trusts have committed to meeting the national expectation of 5% or below dependent on current DNA rate.

- WAHT has consistently low DNA rates in most specialties with little variation month on month, the exception being Gastroenterology which fluctuates.
- GEH – possible opportunity in Ophthalmology and Urology.
- SWFT – possible opportunity in Cardiology, Gastroenterology and Respiratory
- WVT – possible opportunity in T&O and Cardiology
- Largest variation between Trusts is within Respiratory.



DNA's - Shared Learning

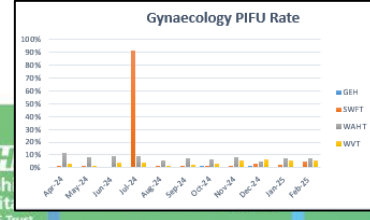
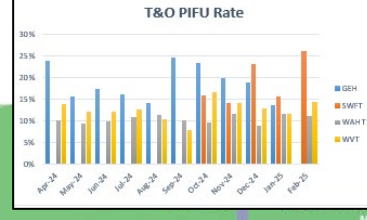
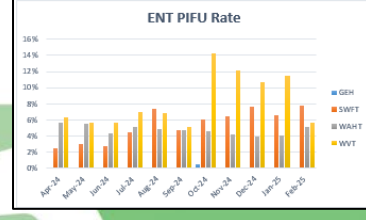
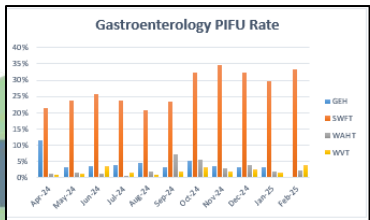
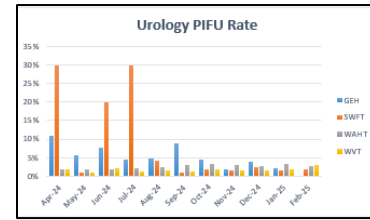
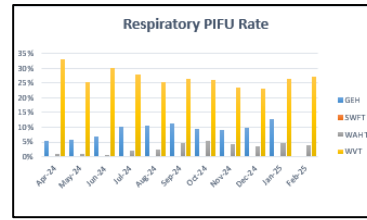
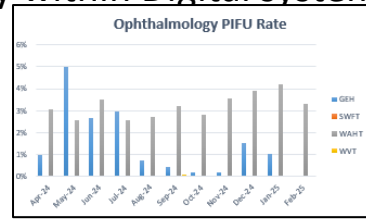
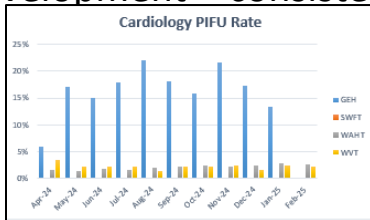
- Approach to (two-way) text reminder service for Outpatient appointments. Sharing processes, exclusions and learning – what has worked well and what has not worked well.
- All Trusts to complete analysis on the specialties requiring improvements to identify possible cohorts for improvement; previous analysis has shown Paediatrics as a cohort with a high DNA rate.
- Share learning from calling patients who have a history of missing appointments, calling improved attendances by 25% in some cohorts.
- Approach to using the volunteers to undertake reminder calls for Outpatient appointments.
- Approach for transferring DNA patients to Patient Owns Contact (POC) – patients to contact in next 4 weeks or automatic discharge.
- Preparations for the full implementation of the Patient portal.



PIFU - What variance does the data show?

- GEH using PIFU more than other Trusts in Cardiology
- SWFT using PIFU more than other Trusts in Gastroenterology
- WAHT using PIFU more than other Trusts in Ophthalmology, WVT has decreasing PIFU usage over 24-25.
- WVT using PIFU more than other Trusts in Respiratory
- No PIFU being used in ENT by GEH, other Trust are using it, but increased usage by WVT since October 24.

*Caveat: For some Trusts data capture within Electronic Patient Records (EPR) still requires development – consistency within Digital systems.



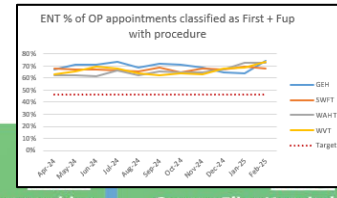
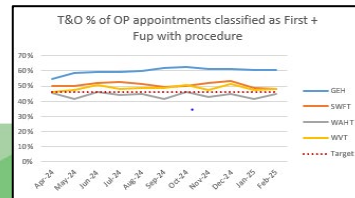
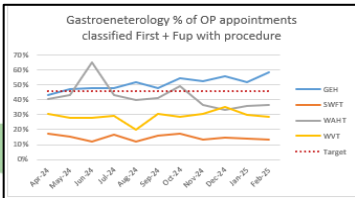
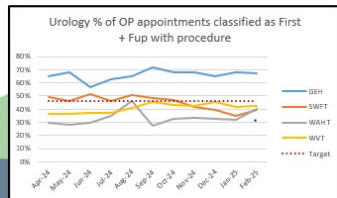
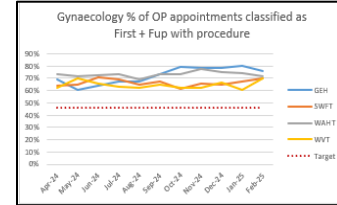
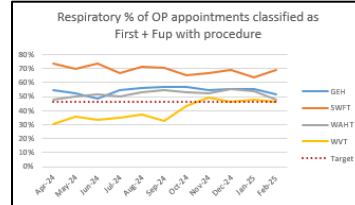
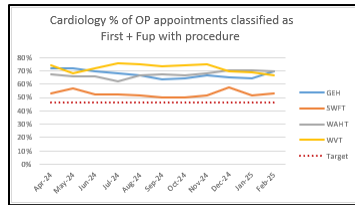
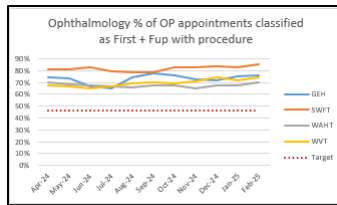
PIFU- Shared Learning

- Annual plan – All Trusts have submitted plans that will achieve or better national target
- Approach for assuring that clinicians discharging where appropriate rather than PIFU. Logic for monitoring individual application.
- Clinical discussions between Foundation Group Trusts to discuss pathways where PIFU is applied.
- Successful approaches for engaging and educating for application in specialties achieving below 5%.
- Undertake quality assurance analysis for high usage specialties to evaluate appropriate clinical application. Evaluate existing pathways in low usage specialties for pathways where follow ups add little clinical value to the patients – evaluate ‘PIFU by default’.
- Review of the GiRFT recommendations and sharing learning from implementations.
- Correlation across other specialties beyond these.



OP Procedures - What variance does the data show?

- Gastroenterology has the most variation between Trusts, GEH has been increasing steadily (not Community Diagnostic Centre related) and WAHT has reduced its performance.
- Urology has the second most variation with GEH much higher than the other three Trusts. T&O has a similar profile with GEH leading the performance.
- SWFT have higher performance in Ophthalmology and Respiratory compared to the other three Trusts.



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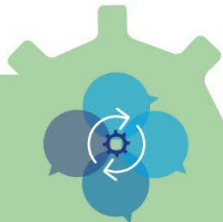
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OP Procedures- Shared Learning

- Sharing what practice is contributing towards the increase at GEH within Gastroenterology. Are the procedures offered here also offered at the other Trusts and how are they being recorded?
- The Coding Forum to identify areas of improvement already put in place at their host Trust and share between teams, using this data as a driver for conversation.
- A review of GIRFT packs across Trusts to identify comparable improvements and share approaches or planned approaches.
- Approach for left shift for procedures from Theatres to Outpatients.



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Summary of shared learning/practice

- Approach to clinic template audits and governance processes.
- Document for consistency definitions for future comparability of clinic and appointment data.
- Text reminder services (approach, value for money, improving data quality of contact details)
- What works well regarding Clinical engagement for Patient Initiated Follow Ups.
- Use of volunteer services for frequent DNA patients.
- Approach for comparing job plans to clinic templates.
- Approach for partial bookings.
- Plans/approach for implementation of Patient Portal including data quality improvements for capturing patient email addresses (requests via General Practitioner (GP) forums for capture at referral stage).
- Run an internal version of Further Faster – GiRFT. Deep dive into one specialty per month – driven by the Productivity Dashboard.
- Review referrals and discharges after first appointment – to identify productivity opportunities (communication guides)



Report to	Foundation Group Boards	Agenda Item	6.3
Date of Meeting	7 May 2025		
Title of Report	Urgent and Emergency Care Impact on Mortality and Morbidity		
Status of report: (Consideration, position statement, information, discussion)	Information and Discussion		
Author:	Dr Ed Mitchell, Deputy Chief Medical Officer – Worcestershire Acute Hospitals NHS Trust (WHAT), Varadarajan Baskar, Chief Medical Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Chizo Agwu, Chief Medical Officer – Wye Valley NHS Trust (WVT).		
Lead Executive Director:	Dr Jules Walton, Chief Medical Officer WHAT, Varadarajan Baskar, Chief Medical Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Chizo Agwu, Chief Medical Officer – Wye Valley NHS Trust (WVT).		
1. Purpose of the Report	To inform the Foundation Group Boards of the consequences of triage, available services and decision making in the Emergency Department.		
2. Recommendations	To continue focus on improving access and services for elderly, frail patients and especially those who are at high risk of death.		
3. Executive Assurance	The Foundation Group Boards should be assured that the Summary Hospital-level Mortality Indicator (SHMI) remains 'as expected'.		



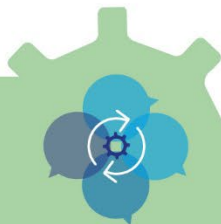
Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

Wye Valley NHS Trust

Introduction

- Office for National Statistics (ONS) National data confirm increased mortality associated with long waits in the Emergency Department (ED)
 - Mortality was 1.9 times higher for those who spent nine hours in Accident and Emergency (A&E), 1.6 times for those who spent six hours, and 1.1 times for three hour stays
- Mortality post discharge also higher for long waits
- In WVT, Summary Hospital-level Mortality Indicator (SHMI) remains in expected range at 103
- To review impact of long waits in ED, we reviewed data for 1st Jan2025 to 31st March 2025



WVT ED Data & Outcomes:

ED Attendances from January 1st 2025 to 31st March 2025

Group	Jan	Feb	Mar	Grand Total
Majors	3668	3359	3617	10644
Resus	134	121	147	402
Total	3802	3480	3764	11046

71 (0.64%) attendances were removed due to poor data quality

Outcomes of ED attendances by LOS in Department

ED DATA	AE OUTCOME	Under 5 Hours	Over 5 Hours	Over 12 Hours
	Admitted	895	1594	2046
	Died in ED	14	13	17
	Mortality Rate %	0.35	0.34	0.53
	Discharged	3123	2216	1120
	Mortuary - BID/DOA	2	1	5
	Grand Total	4034	3824	3188



Patient Demography

Total	Under 5hrs		Over 5 hrs		Over 12 hrs	
Total	895		1594		2046	
Male	299	Average Age: 65.6	693	Average Age: 69.2	1061	Average Age: 70.6
Female	596	Average Age: 52.5	901	Average Age: 68.3	985	Average Age: 71.1
Average Age:	57.1yrs		68.7yrs		71.1yrs	
Deceased	Under 5hrs		Over 5 hrs		Over 12 hrs	
Total	19		83		129	
Male	11	Average Age: 76	43	Average Age: 78.7	70	Average Age: 78.1
Female	8	Average Age: 86	40	Average Age: 86.3	59	Average Age: 85.4
Average Age:	80.2yrs		82.3yrs		81.4yrs	
LOS:	2.7 days		6.6 days		7.6 days	
Live	Under 5hrs		Over 5 hrs		Over 12 hrs	
Total	876		1511		1917	
Male	288	Average Age: 50.2	650	Average Age: 68.6	991	Average Age: 70.2
Female	588	Average Age: 64.1	861	Average Age: 67.5	926	Average Age: 69.9
Average Age:	54.8yrs		67.9yrs		70.0yrs	
LOS:	2.8 days		6.6 days		7.4 days	



WVT Inpatient Outcomes:

- ED and Inpatient data from *1st January 2025 to 31st March 2025.*
- *Excluding paediatrics and minor injuries.*

ED DATA	AE OUTCOME	Under 5 Hours			Over 5 Hours			Over 12 Hours		
	Admitted	895			1594			2046		
IP Outcomes	IP OUTCOME	Count	%	AVG LOS	Count	%	AVG LOS	Count	%	AVG LOS
	Care Home	12	1.3	20.6	52	3.3	21.3	91	4.4	15.1
	Died	19	2.1	8.7	83	5.2	9.4	129	6.3	9.9
	Home	819	91.5	1.9	1342	84.2	4.7	1643	80.3	5.7
	Transfer	28	3.1	6.6	53	3.3	15.5	84	4.1	14.0
	Other	17	1.9	19.2	64	4.0	24.5	99	4.8	23.7
	LOS	2.7 days			6.6 days			7.6 days		
	Mortality Rate	2.1			5.2			6.3		
	Grand Total	895			1594			2046		



Next Steps...High Impact Actions

- **Reduce Demand** (15% growth in admissions of over 65yrs compared to 2019)
 - Neighbourhood plan using population health data to identify high risk patients and optimise care

Reduce Admissions

- Community Response Hub (CRS), Virtual ward , call before convey, Bridging Team

○ **Optimise Navigation**

- Introduce use ED acuity tool
- Optimise use of Same Day Emergency Care (SDEC) to support front door

○ **Improve flow through ED**

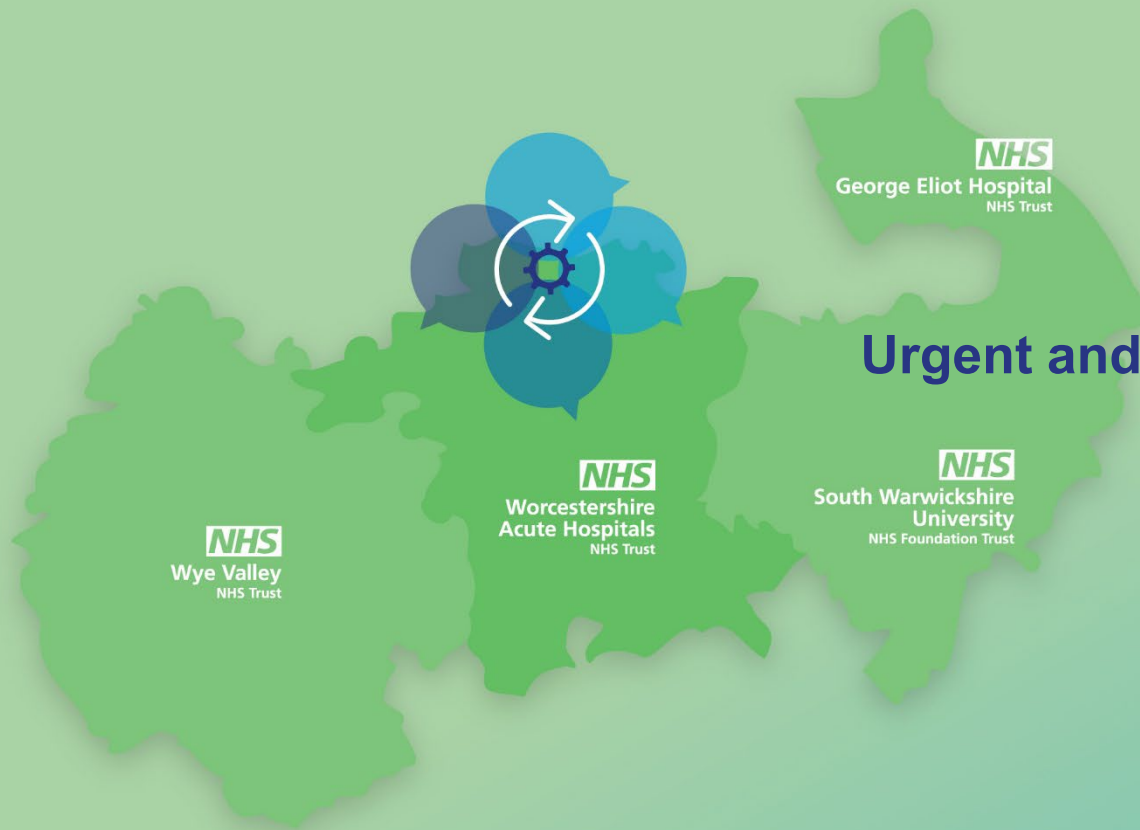
- Optimise performance for Stroke/Fractured Neck of Femur (#NOF)
- Reduce duplication, improve timeliness of imaging

○ **Fast Track pathways for at risk patients**

- #NOF, Stroke etc

○ **Improve Discharges and reduce Medically Fit for Discharge (MFFD)**





Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

**South Warwickshire University
NHS Foundation Trust**

Introduction

- ONS National data confirm increased mortality associated with long waits in ED
 - Mortality was 1.9 times higher for those who spent nine hours in A&E, 1.6 times for those who spent six hours, and 1.1 times for three hour stays.
- Mortality post discharge also higher for long waits
- In SWFT, SHMI remains in expected range at 98
- To review impact of long waits in ED, we reviewed data for 1st 2025 to 31st March 2025



SWFT ED Data & Outcomes:

ED Attendances from January 1st 2025 to 31st March 2025

EDData				
Group	Jan-25	Feb-25	Mar-25	Grand Total
Majors	3,642	3,405	3,866	10,913
Resus	113	106	104	323
Total	3,755	3,511	3,970	11,236

Outcomes of ED attendances by LOS in Department

EDData	ED Outcome	Under 5 Hours	Over 5 Hours	Over 12 Hours
	Admitted	1,841	2,112	954
	Died in ED	1	1	1
	Mortality Rate %	0.02%	0.02%	0.08%
	Discharged	3,563	2,453	310
	Mortuary - BID/DOA			



SWFT Inpatient Outcomes:

- ED and Inpatient data from *1st January 2025 to 31st March 2025.*
- Excluding paediatrics and minor injuries.*

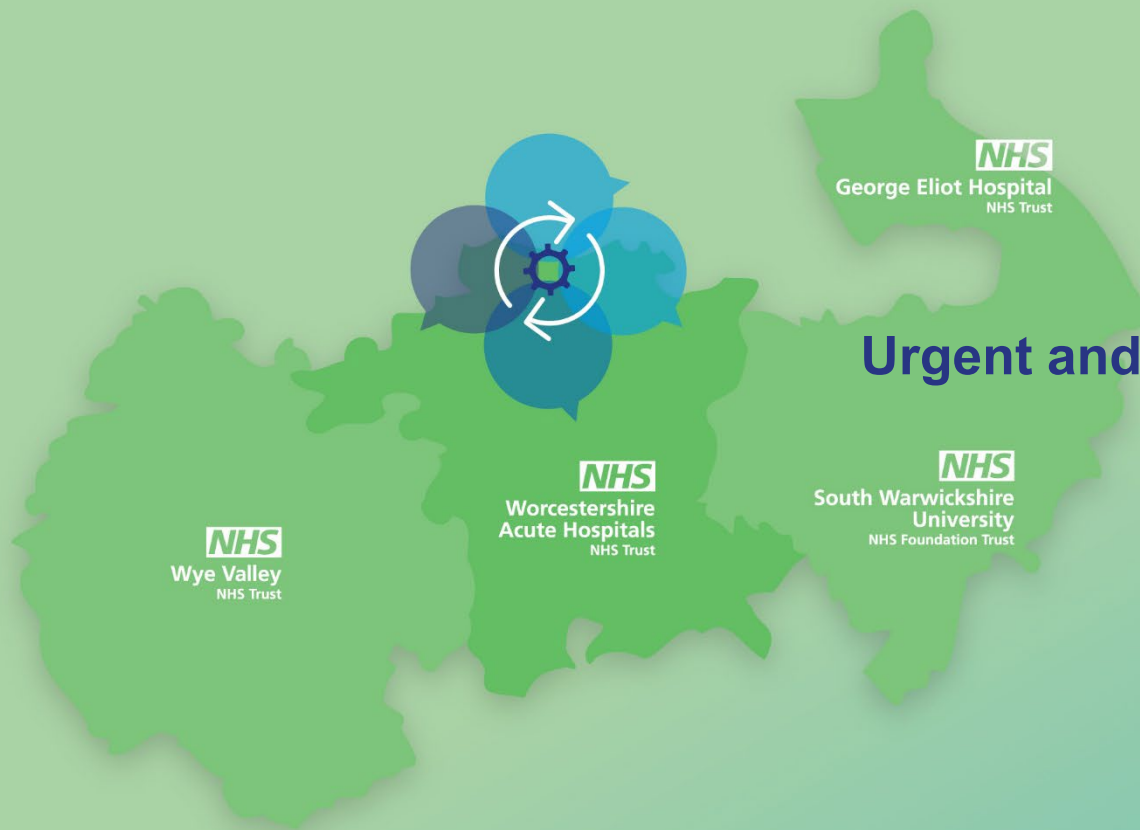
ED Data	ED Outcome	Under 5 Hours		Over 5 Hours		Over 12 Hours	
	Admitted	1,841		2,112		954	
IP Data for admitted patients	IP Outcome	Under 5 Hours		Over 5 Hours		Over 12 Hours	
		Count	Avg LoS	Count	Avg LoS	Count	Avg LoS
	Care Home	10	15.3	41	26.1	20	25.3
	Died	36	9.4	131	11.3	68	11.6
	Home	1,778	2.1	1,861	6.0	828	7.2
	Transfer	16	4.8	63	5.7	31	4.8
	Other	2	28.5	17	16.4	8	17.5
	LoS	2.4		6.8		7.9	
	Mortality Rate %	2.0%		6.2%		7.1%	
	Grand Total	1,842		2,113		955	



Next Steps...

- **Deeper dive on**
 - **Patient factors predicting longer ED wait and mortality**
 - **Common themes of admission diagnosis by wait and mortality outcome**
 - **Operational factors predicting longer ED wait and mortality (Non admission alternative uptake; MFFD proportion)**
 - **Frailty versus non frailty interception of admissions and any impact**





Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

George Eliot Hospital NHS Trust

Length of stay in ED & Associated mortality risk

What we did:

- ED and Inpatient data from 1st January 2025 to 31st March 2025
- Excluded paediatrics
- 3 key groups analysed:
 - <5hrs in ED
 - >5hrs in ED
 - >12hrs in ED
- Understanding patient outcomes in ED and inpatient setting



ED Data & Outcomes:

January 25	February 25	March 25	Total
6570	6120	6781	19741

* Excluding paediatrics



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ED Data & Outcomes:

	Under 5 Hours	Over 5 Hours	Over 12 Hours	Total
Admitted to a Hospital Bed /became a LODGED PATIENT of the same Health Care Provider	3622	1122	2230	6974
Died in Department	8	10	8	26
Mortality Rate %	0.06%	0.26%	0.29%	0.13%
Discharged - did not require any follow up treatment	8510	2562	442	11514
Left Department before being seen for treatment	750	150	16	916
Transferred to other Health Care Provider	37	2	2	41
Grand Total	12927	3846	2698	19471

** Total admissions include patients admitted to SDEC- where there is a DTA completed in ED prior to transfer to SDEC*



Inpatient Outcomes:

*103 patients have place of Discharge data missing
39 Remain as inpatients currently

ED Data	ED Outcome	Under 5 Hours		Over 5 Hours		Over 12 Hours		Total
	Admitted	3547		1114		2210		6871
IP Data for patients admitted via ED	IP Outcome	Under 5 Hours		Over 5 Hours		Over 12 Hours		
		Count	AVG LOS	Count	AVG LOS	Count	AVG LOS	
	Care Home	3	15	14	34	42	32	59
	Died	14	10	67	7	161	14	242
	Home	3516	1	1000	6	1916	8	6432
	Transfer	12	5	21	9	61	11	94
	Other	1	0	1	0	3	10	4
	LOS	1 Day		6 Days		9 Days		
	Inpatient	1	-	11	-	27	-	39
	Mortality Rate %	0.4%		6%		7%		3.5%
	Grand Total	3547		1114		2210		6871



Summary of Learning

- Patients who are in ED longer have a longer length of stay
- Patients who come from care homes have the longer length of stay
- The longer a patient is in ED correlates to a higher mortality rate
- Data sets are not complete and further analysis is required
- Figures may be inaccurate due to DTA aligned to SDEC transfer- ? Comparable to other Trusts process



Next Steps...

- Data insights across Foundation Group for comparable analysis
- Review of data collection processes
- Mortality Improvement action plan to be addressed via Trust Mortality meeting
- Insight cascade to clinical staff...

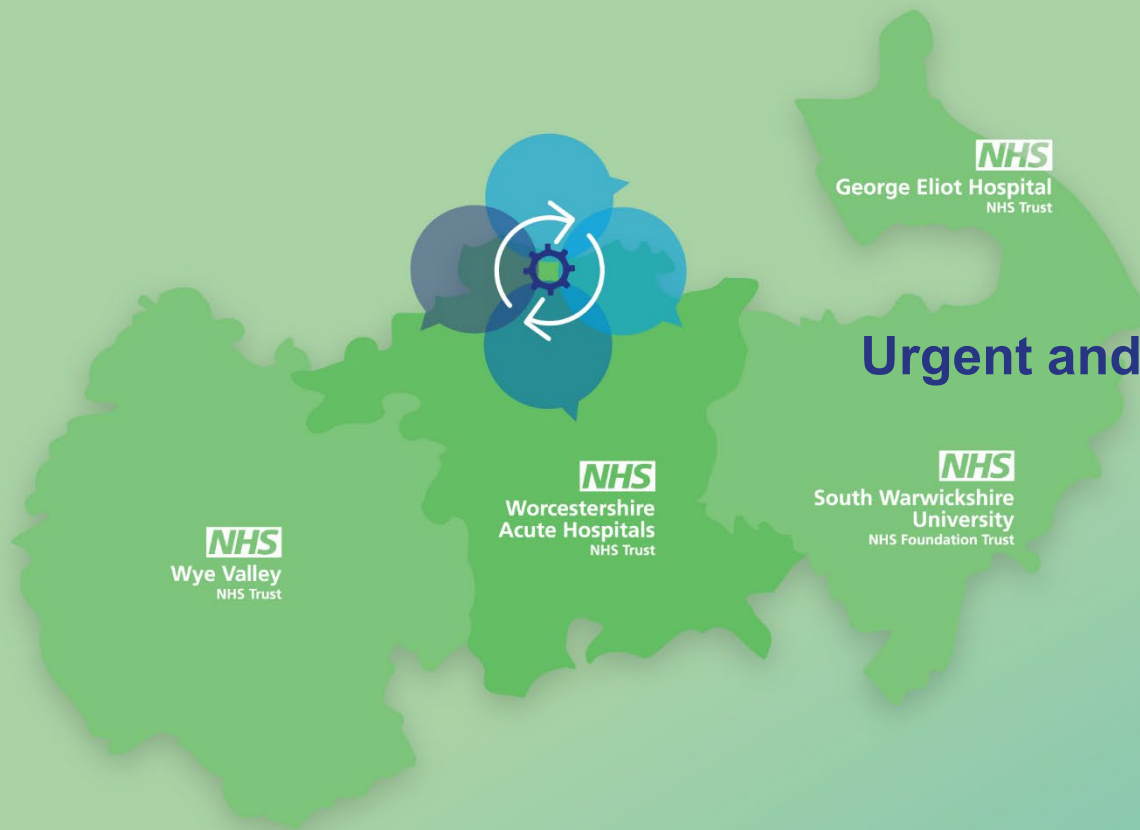


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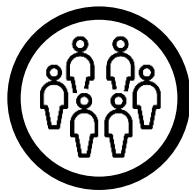
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Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

**Worcestershire Acute Hospitals
NHS Trust**



Broader trends:

ED is getting busier

People are waiting longer

More people are dying in ED

‘Excess’ deaths in UK still elevated.

Cohort study:

100x patients >24hrs in ED

100x patients <12hrs in ED

All with DTA = attended ED between July – September 2023.

Ambulance waits:

Long-stayers are more likely to arrive by ambulance

And wait longer on/in the ambulance prior to entering ED.

Frailty component:

Long-stayers are likely to be older, repeat attendees + present with conditions synonymous with frailty

Yet triage + NEWS2 scores do not suggest any lesser acuity.

Time spent in ED:

Long-stayers wait 1hr longer to see a Dr + start treatment

They also wait longer prior to DTA

20% of patients are discharged home or leave.

Tests + treatment:

Long-stayers undergo more treatment and have more medical investigations

Some of this will be the cause + some the result of the extended time in ED.

Length of stay:

Long-stayers are more likely to be admitted / discharged under Gen Med

Have a significantly longer LOS

Be discharged on a complex pathway/

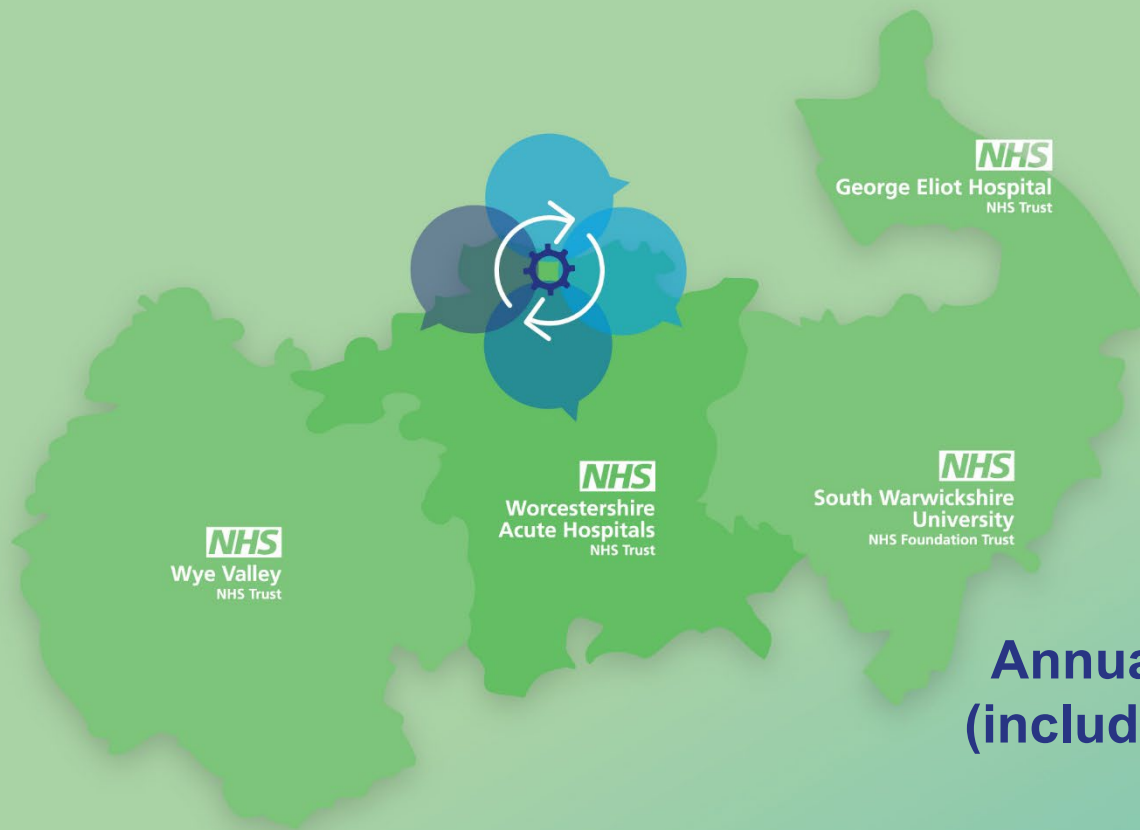
Mortality outcomes:

Long-stayers have a higher crude mortality rate

They also make up the majority of the patients who die in our care.



Report to	Foundation Group Boards	Agenda Item	6.4
Date of Meeting	7 May 2025		
Title of Report	Annual Safe Staffing Overview (including Nurse per Bed Ratio)		
Status of report: (Consideration, position statement, information, discussion)	For Information		
Author:	Lucy Flanagan, Chief Nursing Officer - Wye Valley NHS Trust (WVT), Susan Smith, Deputy Chief Nursing Officer – Worcestershire Acute Hospitals NHS Trust (WAHT), Rebecca Badhams, Acting Deputy Chief Nursing Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Natalie Green, Chief Nursing Officer – George Eliot Hospital NHS Trust (GEH).		
Lead Executive Director:	Fiona Burton, Chief Nursing Officer SWFT, Lucy Flanagan, Chief Nursing Officer WVT, Natalie Green, Chief Nursing Officer GEH and Sarah Shingler, Chief Nursing Officer WHAT.		
1. Purpose of the Report	To provide the Foundation Group Boards with an overview of nursing and Healthcare Support Worker staffing metrics.		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	This data is accurate at the time of reporting and uses measures that are counted and can be compared. All four Trusts have made good progress in reducing agency spend and improving substantive recruitment.		



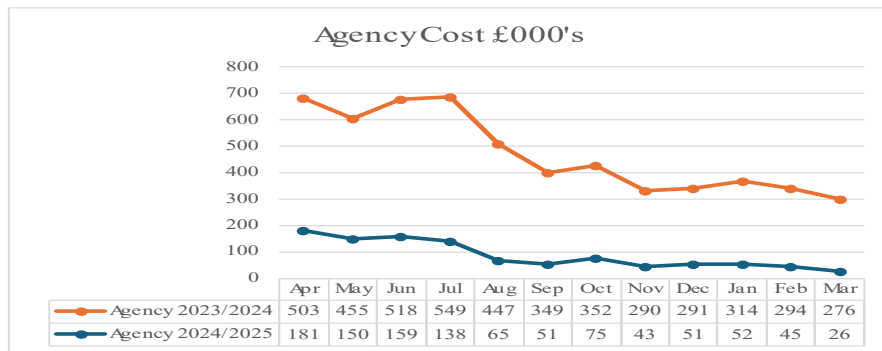
Annual Safe Staffing Overview (including Nurse per Bed Ratio)

Chief Nursing Officers

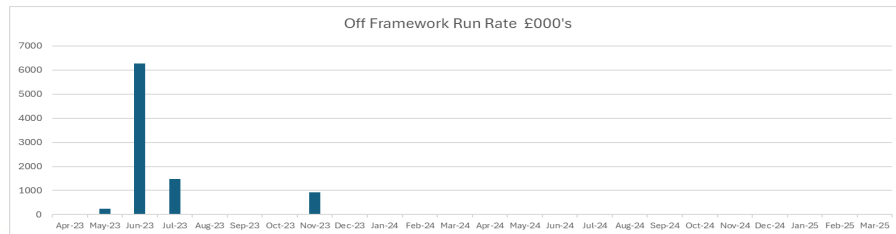
Staffing dashboard	GEH			SWFT				WAH				WVT			
Month	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Number of funded beds	405	405	405	388	388	388	827	827	827	827	386	386	386		
Number of escalation beds (daily average)	25	25	25	31	26	25	16	16	16	16	10	10	9		
Number of Temporary Escalation spaces (daily average)	17	15	16	0	0	0	49	49	49	49	25	26	24		
Number of patients waiting for a bed in ED 8am (daily average)	16	20	17	3	2	2	53	50	49	49	19	18	17		
% of patients above funded bed base	14%	15%	14%	9%	7%	7%	14%	14%	14%	14%	14%	14%	13%		
Safer staffing return overall (%) planned staffing versus actual	120%	126%	114%	103%	103%	102%	104%	104%	104%	104%	109%	107%	108%		
Overall NHSP/bank & Agency requests and fill RN (%)	85%	87%	89%	95%	91%	91%	92%	92%	94%	94%	79%	70%	74%		
Overall NHSP/bank & Agency requests and fill HCA (%)	78%	82%	82%	85%	83%	84%	88%	90%	92%	92%	80%	86%	88%		
Care hours per patient day (CHPPD) overall	7.4	6.7	7.7	8.8	9	8.7	9	9.1	8.8	8.8	8.7	8	8.5		
Vacancy rates RN (%)	8%	7%	4%	2%	2%	1%	3%	3%	3%	3%	1%	1%	0%		
Sickness RN (%)	7.9%	7.2%	6.3%	8%	8%	not available	6.77%	5.97%	5.80%	5.80%	6.8%	4.9%	5.6%		
Maternity Leave RN (%)	3.3%	3.2%	3.3%	4%	4%	4%	4.4%	4%	4%	4%	6.0%	6.9%	7.0%		
Vacancy rates HCA (%)	18%	10%	7%	5%	4%	3%	11%	11%	9%	9%	7%	6%	6%		
Sickness HCA (%)	9%	10.1%	7.9%	9%	8%	not available	7.94%	7.83%	7.39%	7.39%	9.1%	7.7%	8.7%		
Maternity Leave HCA (%)	3.3%	3.7%	4.2%	3%	4%	4%	2.4%	2.35%	1.9%	1.9%	2.7%	3.0%	3.0%		
Quality indicators:															
Falls with harm per 1,000	0.08	0.09	0.08	1.82	1.12	1.58	0.22	0.16	0.08	0.08	0.11	0.11	0.11		
Incidents / red flags	16	11	10	21	18	19	25	16	23	23	13	20	9		
Friends and family recommended %	96%	95%	96%	93%	95%	94%	96%	97%	96%	96%	92%	93%	92%		



Nurse Agency Reduction – George Eliot



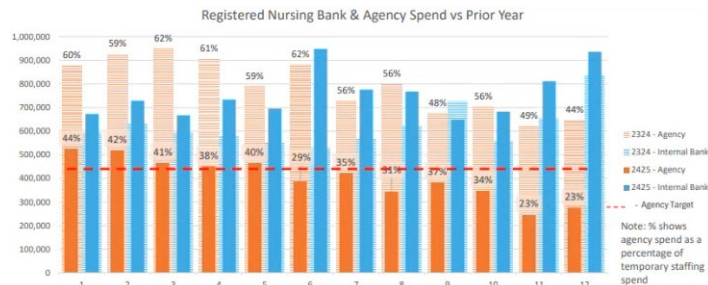
Agency
 £1.036K YTD (2024/2025)
 £4.638K YTD (2023/2024)



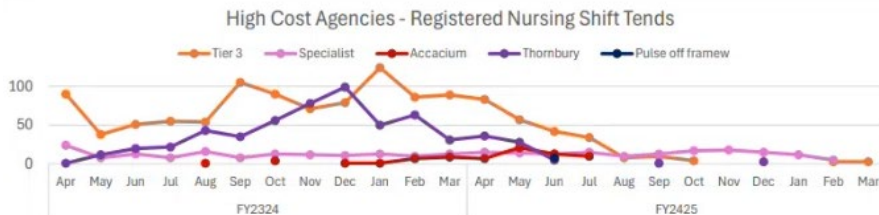
- Significant cost reduction year on year
- Elimination of off framework - 2023
- **Bank and agency reduction plan:**
 - Agency reduction of 30% = £312,681
 - Bank reduction of 10% = £1,228,108
 - Recruitment to bank for flexible cover
 - Maintain existing controls and scrutiny
 - Rate card reductions in line with regional collaboration project
 - Price cap compliance from April 2025
 - Review of bank rates and alignment to Agenda for change
 - Alignment with national project on Enhanced Therapeutic Observations and Care (EToC)



Nurse Agency Reduction – South Warwickshire

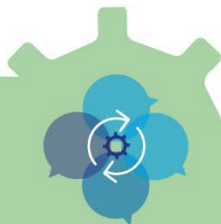


- The Trust had ended the year with Nurse agency spend of £4.8 (below the target of £5.2m) compared to 2023/2024 which was £9.501m.
- No Clinical Support Worker (CSW) agency spend since May 2024.
- No Thornbury spend since August 2024 except for a 'break glass' shift for Paediatrics in December 2024.
- The Trust has now achieved NHS England's agency rate reduction target for all Registered Nurses (RN's), Registered Children's Nurses (RCN's) and Registered Mental Health Nurses (RMN's) and is at an agreed capped rate for Theatre staff.
- Chemotherapy agency nurses will be at an agreed capped rate from May 2025.

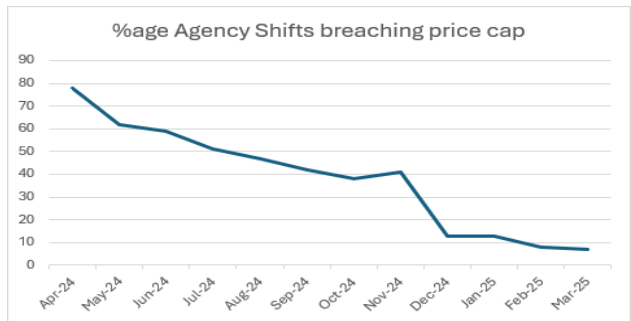


2025/26 Target

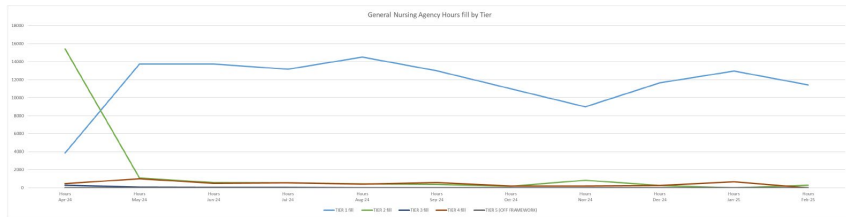
- Reduce agency spend by 40%
- Reduce Bank spend by 15%
- Reduce RMN spend and promote use of CSW's when safe to do so
- Evaluate enhanced care team PDSA (Plan, Do, Study, Act)
- Focus on sickness management



Nurse Agency Reduction – Worcester Acute



Reduction in use of Tier 2,3 & 4 agency with a swap to tier 1



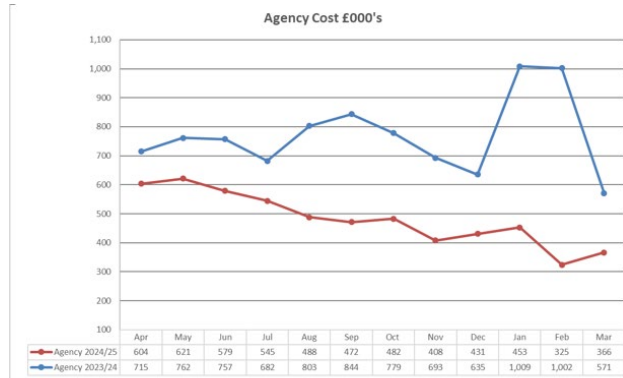
- The Trust has achieved the NHS England (NHSE) Price cap compliance performance for all RN's including Emergency Department (ED) RNs & theatre nursing within timescale. Chemotherapy agency rates set at Price Cap Compliance from April 25.
- No use of general RN Thornbury for 12 months and Occupational Nurse usage ceased in Feb 25. Minimal usage for paediatrics during the past 12 months.

Agency / bank reduction plans for 25/26:

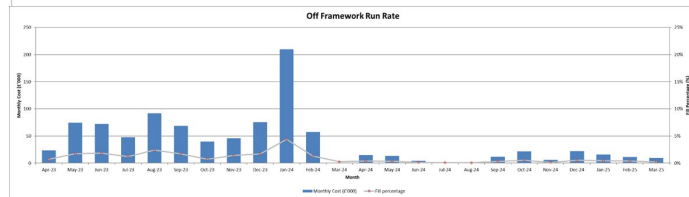
- Eliminate all off framework agency from April 2025
- Continue active recruitment drives for all staff groups
- Continue staffing controls and scrutiny with additional roster check and challenge meetings, finance literacy training, generic finance dashboard development.
- Proposals being worked up: Recruit substantively to maternity leave, targeted elimination of agency usage area by area
- Rate card negotiations to continue with active recruitment to bank
- Involvement with national project on EToC



Nurse Agency Reduction – Wye Valley



Agency
 £5,774k YTD (2024/25)
 £9,251k YTD Prior Year (2023/24)
 £9,251k Prior Year (2023/24)



- Significant cost reduction year on year £5.7m 24/25 compared to £9.2m 23/24
- Positive progress with off framework reduction
- **Bank and agency reduction target of £4.4m 25/26**
 - Recruitment to bank for flexible cover
 - Eliminate off framework fully
 - Cessation of band 2 agency by June 2025
 - Focus on sickness management
 - Maintain existing controls and scrutiny
 - Rate card reductions for specialist in line with regional collaborative
 - Price cap compliance performance management with master vend provider



Summary Slide

- All four trusts experiencing pressures with escalation beds, patients in temporary escalation spaces and patients waiting in the ED for a bed – driving safer staffing return above 100%
- Sickness rates are above national benchmark (3.5%) for nurses and health care support staff yet particularly high for Health Care Support Workers
- Strong vacancy position for registered nurses – GEH catching up
- Health care support worker vacancies position more problematic particularly for GEH and WAH
- Good progress across all 4 trusts with agency reduction, working towards capped rate compliance and eliminating off framework/high-cost agency use
- Clear plans for 25/26 for agency/bank reduction in line with national requirements



Report to	Foundation Group Boards	Agenda Item	7.2
Date of Meeting	7 May 2025		
Title of Report	Fit and Proper Persons Test Annual Compliance		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	<p>Gweny Scott, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)</p>		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with assurance that the annual Fit and Proper Persons Test process for all voting and non-voting Board members across the Foundation Group have been undertaken in accordance with NHS England's Fit and Proper Person Test Framework.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.		
3. Executive Assurance	The Foundation Group Boards can be assured by the work taken place to ensure each Trusts compliance with the 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 – 7 May 2025

Fit and Proper Persons Test Annual Compliance

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

As Board members are aware, NHS England (NHSE) published the 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](#)).

2. FPPT Framework Annual Compliance

The FPPT Framework was adopted into process within each Foundation Group Trust in 2023/24. The Framework requires quality assurance of compliance with the Framework by the Care Quality Commission (CQC), NHS England and Internal Audit and by an annual report to the Board in public to confirm the requirements for FPPT assessment have been met.

This report provides confirmation that in each of the four trusts, the full FPPT assessment has been completed for 2024/25. This includes:

- A signed self-declaration by each board member.
- A series of background checks, including pre-employment checks for new members.
- Retention of all assessment documentation on confidential files.
- Recording of all information required by the Framework on the Electronic Staff Record.
- Confirmation letter to confirm FPPT compliance for joint roles across the Foundation Group provided by the employing organisation to other relevant Trusts.

In accordance with the respective trust policies, audits of the confidential files have been undertaken to confirm completion of the assessment in each case and to remedy any gaps.

The Framework requires trusts to report the outcome of the full FPPT assessment to NHS England by 30 June 2025. The FPPT assessment for SWFT and GEH was submitted to NHS England on 28 April 2025, and the FPPT assessment for WVT and WAHT will be submitted by the required deadline.

The Framework also requires an independent assessment of the processes, controls and compliance supporting the FPPT assessments every three years by Internal Audit or external review. SWFT's Internal Audit reviewed the Trust's compliance against the FPPT Framework as part of their 2024/25 work plan and gave a significant assurance opinion. A review is included in the respective 2025/26 internal audit plans for WVT and WAHT. GEH will add the assessment to a future internal audit plan.

3. Recommendation

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

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

Sarah Collett
Trust Secretary – SWFT and GEH

Report to	Foundation Group Boards	Agenda Item	7.2
Date of Meeting	7 May 2025		
Title of Report	Foundation Group Objectives in Common 2025/26		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion.		
Author:	Glen Burley, Foundation Group Chief Executive		
Lead Executive Director:	Glen Burley, Foundation Group Chief Executive		
1. Purpose of the Report	To provide the Trusts within the Foundation Group with a view of their objectives in common across the Foundation Group.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.		
3. Executive Assurance	This report provides assurance that all Trusts within the Foundation Group continue to work together on key objectives, in line with the Foundation Groups Strategy.		

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

Report to Foundation Group Boards – 7 May 2025

Foundation Group Objectives in Common 2025/26

Introduction

At this point in the year, I review the objectives set for each Trust to establish some common themes and to encourage lead Executives to work together to maximise the benefits of collaboration. Attached to this paper are the current versions of Corporate Objectives as agreed by our Boards.

In the case of WAHT, we have recently signed off a new Strategic Direction which will now create a framework for the development of a 2025/26 Operational Plan. The overarching structure of that strategy is similar to elsewhere in the Group and is attached. It should be noted however that detailed objectives are not yet available.

This year's National Planning Guidance identified a small number of big priorities, including further improvement of elective waiting times, as measured by the Referral to Treatment (RTT) indicator and improving waiting times in Urgent and Emergency Care (UEC) as measured by 4 hour and 12 hour waits. Both of these improvements will have to be delivered alongside the requirement to deliver financial plans.

In addition to the national priorities, it is clear however that there are a number of common objectives themes across the four Trusts which I have drawn out below:

Common Themes in Agreed Objectives

Minimising Bed Occupancy in **UEC pathways** - all Trusts are modelling future demand which, without pathway changes will result in bed occupancy increases which will almost certainly be unaffordable. Whilst anticipated changes to UEC tariff will help in most cases, the best solution will be to improve outcomes by delivering on our common Big Move to **move care closer to home**. Individual Trust plans include the development of virtual wards and the Community Recovery Service (CRS) at SWFT, work at GEH to improve discharge pathways and processes, and further reducing UEC bed demand at WVT. The WHAT plan will include a major work programme to improve discharge pathways with a particular focus on community hospital length of stay.

Linked to the above are plans to implement Neighbourhood Health models and tackle Health Inequalities. This will be an important area of work for the coming year, particularly due to the prominence that this issue will have in the new 10 Year Health Plan. All Trusts are seeking to position themselves alongside system and place partners to ensure that local services are more tailored to neighbourhood needs. Whilst this has been an ambition for some time, we now have access to more useable data to ensure that we can localise solutions and priorities. The way that we work with primary care in this space will be key to our success and hence WVT and SWFT particularly reference their Lead Provider roles and working with partners in areas such as the Better Care Fund.

Sustainability, linked to our Big Move to '**Lead the NHS on carbon reduction**' - all four Trusts have some wide-ranging objectives to decarbonise their estate. SWFT and WVT specifically identify the opportunity to reduce paper records.

From a '**Being a very Flexible Employer**' Big Move, all four Trusts are actively working on how they reduce agency expenditure and promote more flexible working. Only WVT specifically reference Job Planning of consultants. WVT and GEH reference sickness reduction, although data shows that all four Trusts could improve in this area. SWFT specifically reference increasing the use of volunteers.

Other than the move away from paper records, the main references to Digital centre around the SWFT and GEH Electronic Patient Record implementation plans. The coming year will require a great deal of preparation work to ensure that these are truly transformational programmes. There is good learning on this at both WVT and WHAT which is also part of the Board Workshop programme.

Improving **Productivity** does not get as much direct attention as I would have imagined. Only SWFT reference work to reduce back-office costs. WVT and GEH reference improving Diagnostic pathways. Bearing in mind the expansion of Community Diagnostic Centre (CDC) capacity in all four Trusts, this would feel like an area where we may be able to consider optimal pathway changes through closer collaboration. For example, improving Direct Access pathways for primary care could contribute to reducing waiting list growth and hence contribute to the RTT priority.

All four Trust have ambitious cost reduction plans this year, and the national financial reset will set a clearer target for operating cost. This exercise will place specific pressure on GEH but will also require some efficiency improvement in WAHT and WVT. The likely scenarios will be covered in the Workshop session of this meeting, but it does feel like this area will require more focus than our plans currently imply and will certainly benefit from Group wide collaboration.

Action Required

Managing Directors and Acting Chief Executives are in the process of finalising their Trust's plans for the coming year and assigning Executive Leads. Each is asked to take account of the comments above in finalising their plans. In addition to the regular liaison between Executives, collaboration on the issues flagged above will improve delivery.

I would also **recommend** that Group Board workshop sessions include a focus on the areas highlighted above.

Glen Burley
Foundation Group Chief Executive

Report Summary			
Report to	Public Trust Board	Date of Meeting	4 March 2024
Report Title	Trust and Foundation Group Annual Objectives 2025/26	Agenda Item	7.2
Executive/ Non-Executive Lead	Glen Burley, Chief Executive	Report Author(s)	Jenni Northcote, Chief Strategy, Improvement and Partnership Officer
Report Previously Discussed at and Outcome from the Meeting	Approved by Trust Management Board (TMB) on 25 February 2025		

Purpose of the Report		
To outline the proposed 2025/2026 Trust Annual Objectives for 2025/26.	For Approval	✓
	For Discussion	✓
	For Information	

Recommendations and Action Required
The Trust Board is asked to approve the Trust Annual Objectives for 2025/26.

Impact (is there any impact arising from the report on the following?)			
Quality	✓	Equality	✓
Finance	✓	Risk	
Performance	✓	Compliance	✓
Workforce	✓	Legal	

Trust Values (which of the Trust Values is the report helping to deliver?)			
Effective open communication	✓	Respect and Dignity	✓
Excellence and Safety	✓	Local Healthcare that inspires confidence	✓
Challenge but support	✓		

Relationship to the Board Assurance Framework (BAF) and Risk Register	
Are any existing risks on the BAF/Risk Register affected?	✓
Identify the BAF/Risk Register risk ID and description – explain how the risk has been affected – reduced or increased as a consequence of the evidence within the report.	
Objectives will be reflected in the BAF for 2025/26, with actions, controls and measures detailed in the BAF.	
Do you recommend a new entry to the BAF and/or Risk Register is made as a result of this report? If yes, describe the new risk.	

Overall Level of Assurance for this Report	
Full Assurance	✓
Significant Assurance – with minor improvement opportunities	
Partial Assurance – with improvements required	
No Assurance	

George Eliot Hospital NHS Trust

Report to Public Trust Board – 4 March 2025

Trust and Foundation Group Annual Objectives 2025/26

Executive Opinion and Assurance

This report sets out in Appendix 1 the refreshed Trust Annual Objectives for the year ahead.

These high-level themes build on the previous year's objectives and represent our continued focus on driving delivery of the Trust's Strategic Aims. The objectives also align with and reflect key commitments and ambitions articulated in our Trust Strategy and Directorate Business Delivery Plans (BDPs). The draft Trust Objectives have been shaped and coproduced with staff and our clinical leadership. Furthermore, the draft annual objectives also align with the latest Planning Guidance.

These objectives are set in the context of an Integrated Care System, with the Trust taking a leading role at Place; reflect the ambitions of the Warwickshire North Clinical Strategy and Place priorities.

The annual objectives reflect our common Big Moves across the Foundation Group and provide a platform for collaboration and optimising effort.

Executive Summary

This report outlines the approach to this year's Annual Objective setting, building on last year's objectives. Our Annual Objectives aim to drive improvement and deliver the Trust's Strategic Aims. The draft objectives align with our Trust Strategy, Directorate BDPs and the Elective Recovery Planning Guidance, though the final guidance is pending.

Set against a financially challenged care system, these objectives aim for a more productive, preventative and integrated care system. They emphasise our commitment to the Warwickshire Care Collaborative, our role as an anchor organization and our efforts to optimise collaboration and partner assets for integrated care delivery.

Our objectives also reflect the changing commissioning landscape and our role in supporting South Warwickshire University Foundation NHS Trust as the Lead Provider across Warwickshire, aligning with the Warwickshire North Clinical Strategy, Place Priorities and Health Inequality challenges.

The annual objectives are intended to incorporate our common Big Moves across the Foundation Group, providing a platform for collaboration and optimising effort. The Draft Trust Objectives have been discussed and endorsed by TMB and will be presented for further discussion at the Trust Leading with Purpose engagement event in February 2025, before being discussed and finalised with the Trust Board.

The objectives are intended to support our priorities of productivity improvement, financial sustainability and quality and patient safety, aligned with our vision to excel at patient care. They will be reflected in the Board Assurance Framework (BAF) for 2025/26, with actions, controls and measures detailed in the BAF. Senior Responsible Officers (SROs) will ensure risk management and achievement of the objectives.

Given the ongoing pressures, we have taken a pragmatic approach to engagement and co-production using TMB, Leading with Purpose events, Leadership Forum and public engagement on the Place Clinical Strategy to shape our objectives. The draft objectives are presented to Trust Board for discussion and final sign off.

Once approved, the objectives will be communicated across the Trust, shaping individual objectives across all staff groups. They will also be reflected in the Directorate BDPs, underpinning the 2025/26 business planning process.

Our Communications Teams across all four Trusts within the Foundation Group will work together to develop a consistent approach for communicating and cascading the Trust annual objectives internally and externally to wider stakeholders.

We will disseminate posters, slide packs and briefing sheets to all line managers. Line Managers will be asked to discuss these objectives in team meetings and PDR's, agreeing team and individual contributions to our Trust-wide objectives. This will ensure that together we mobilise a collective effort to achieve our annual objectives.

Recommendation

The Trust Board is asked to approve the Trust Annual Objectives for 2025/26.

Jenni Northcote
Chief Strategy Improvement and Partnership Officer

Appendix 1

Draft 2025/26 Objectives aligned to Big Moves or Identified as an Enabler.

Reduce Bed Occupancy – *Home First supported by technology* -Chief Operating Officer / Chief Medical Officer and Chief Nursing Officer

- Treat as many patients as we can in our Virtual Ward and Same Day Emergency Care (SDEC), Frailty and Surgical Assessment Units (SAU)

Measure:

- 5% improvement in direct access to our ambulatory care pathways
- Maintain and standardise the implementation of Multi-disciplinary Team (MDT) processes as well as clinical, operational and professional standards across the Trust

Measure:

- Audit compliance with the safer bundle

- Get people home safely and quickly by reducing the number of people across the Trust who are medically fit for discharge (MFFD)

Measure:

- Reduce our average number of MFFD to below 25 patients (reduce our unfunded bed capacity by the equivalent of one ward)
- increasing the proportion of patients seen, treated and discharged in 1 day or less (>33% of the emergency admissions)
- increasing the percentage of patients discharged by or on day 7 of their admission (<65% of admitted patients)
- Maximise the use of the Virtual Ward (maintain >80% virtual occupancy)

Reduce Waiting Times – Chief Operating Officer

- Provide diagnostic tests to more patients more quickly

Measure:

- improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026

- Reduce the number of patients waiting for treatment

Measure:

- reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% by March 2026
- Achieve 4% overall improvement in theatre productivity

Support Our People – *Very Flexible employer* - Chief People Officer

- Reduce sickness and improve wellbeing of our staff

Measure:

- Increase staff retention and attendance
- Optimise the People Promise action plan in response to the national staff survey

- Empower the voice of our staff through our staff networks, shared decision-making councils and digital and green champions

Measures:

- Increase the membership of our networks
- Increase the number of active shared decision-making councils and create a platform where their improvement projects are shared Trust wide
- Continue to increase up take of champion roles (base lines to be provided)

- Continue to expand opportunities for our staff to work flexibly

Measure:

- 85% of flexible working requests approved

- Reduce reliance on temporary staffing

Measure:

- Deliver a 40% reduction in agency costs
- Reduce bank use by 15%

Reduce Inequalities – *Enabler* - Chief Strategy Officer

- Identify and tackle health inequality wherever we can during our day-to-day work
 - Capture case studies across the Trust which demonstrate HI impact
 - Include HI objectives within team / Directorate plans
 - Include HI objectives in Personal Development Reviews (PDR's)
- Focus on the 5 areas identified nationally by the NHS in need of improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and the prevention of cardiovascular disease
- Focus on our local inequality challenges by prioritising diabetes care and the expansion of our breast care unit into the Community Diagnostic Centre (CDC).

Measure:

- Utilise population health management data to increase targeted interventions and community partnerships to improve diabetes care and breast cancer screening rates.
- Use local health data to identify high-risk populations and track improvements over time
- Enable all our colleagues and job applicants to have the best opportunities to develop and thrive, regardless of their background, ethnicity, physical ability or neurodiversity.

Measure:

- Improvement in workforce diversity metrics – Workforce Race Equality Standard / Workforce Disability Equality Standard (WRES/WDES)

Shape Integrated Care in Warwickshire North Place: *Home first* - Chief Strategy Officer

- Contribute to the successful delivery of the Place Clinical Strategy

Measure:

- Track progress against Clinical Strategy priorities reporting demonstrable progress by April 2026

- Influence the design of integrated care in our community, focussing on the needs of local people

Measure:

- Establish mechanism to monitor and assess impact of integrated care on patient access and outcomes

- Support the design and delivery of neighbourhood teams

Measure

- Integrated neighbourhood health model established by March 2026
- Agree mechanism to track operational effectiveness of neighbourhood health model by March 2026

Prepare for digital transformation: *Enabler* - Chief Operating Officer

- Implement the Electronic Patient Record (EPR) together with our clinicians

Measure:

- Track the number of departments using the EPR system, the number of clinicians trained, and the system's usage rates.
- Monitor improvements in data accuracy and accessibility

- Make best use of digital to deliver care and improve outcomes for our patients

Measure:

- Increase the use of digitally enabled health tools (e.g., telehealth, remote monitoring) by April 2026.

- Make use of digital to support effective timely advice and guidance reducing unnecessary hospital referrals

Measure:

- Reduce unnecessary hospital referrals by March 2026 through the use of digital advice and guidance tools.

Focus on prevention – *Embed Prevention in Every Service* - Chief Strategy Officer

- Identify, promote and support the prevention of ill health wherever we can both during our day-to-day work and in agreeing on priorities

Measures:

- All Directorates identify specific prevention priorities within service plans
- All Business cases and improvement programmes consider opportunities to optimise prevention

Promote sustainability and reduce carbon dioxide (CO₂) emissions – *Lead the NHS in CO₂ reduction* - Chief Strategy Officer

- Reduce the amount of waste produced by the Trust

Measure:

- 5% reduction in waste

- Encourage colleagues to make journeys in physically active ways where possible

Measure:

- Monitor the uptake of active travel initiatives.
- Set a target to increase participation annually
- Track the reduction in business mileage by staff, aiming for a 5% decrease each year

- Focus on CO₂ reduction when planning estates and capital projects

Measure:

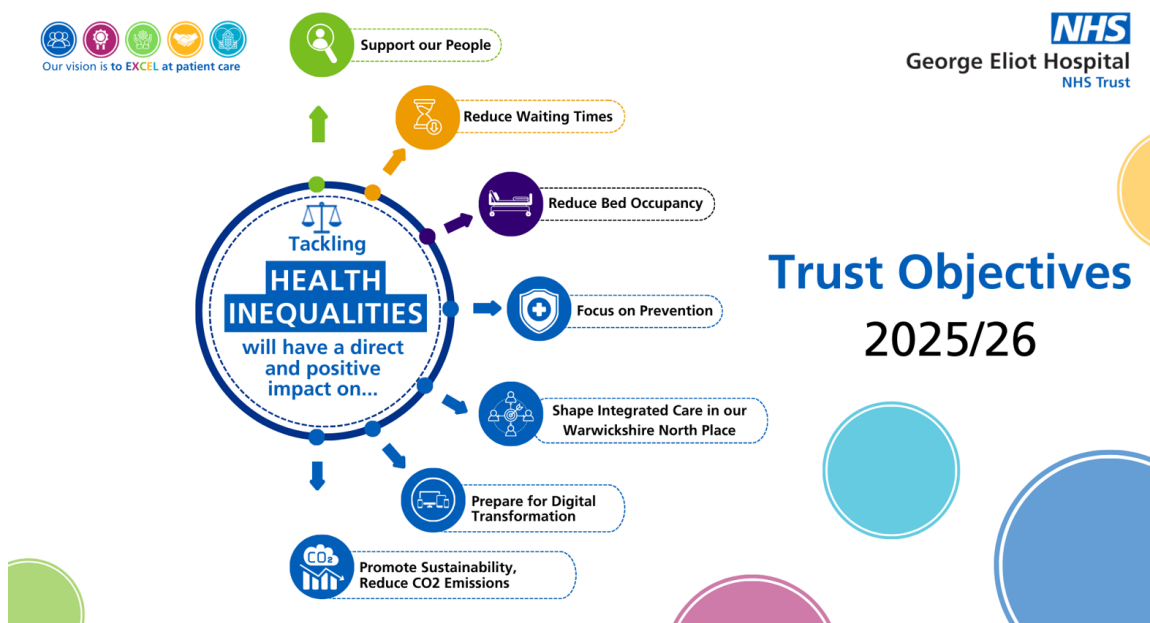
- Track the reduction in CO₂ emissions aiming for a 4 % decrease in energy consumption by March 2026

- Reduce risk of climate change impact on service delivery by implementing our Trust climate adaptation plans.

Measure:

- Monitor implementation and progress of climate adaption plans assessing their effectiveness in reducing climate-related risks to service delivery.

Note: *Improvement measures have been identified for each of the deliverables under each of the high-level objectives, reflect starting position, improvement trajectories, and target end state; aligned with planning guidance and performance targets as appropriate.*



Report Summary			
Report to	Board of Directors	Date of Meeting	5 March 2025
Report Title	Annual Trust Objectives 2025/26	Agenda Item	9.3
Executive/ Non-Executive Lead	Glen Burley, Chief Executive	Report Author(s)	Mary Powell, Head of Strategic Communications and Fundraising; Sophie Gilkes, Chief Strategy Officer
Report Previously Discussed at		Management Board – 22 November 2024	

Purpose of the Report		
The purpose of the report is to outline the proposed Annual Trust Objectives for 2025/26.	For Approval	✓
	For Discussion	
	For Information	

Recommendations and Action Required
The Board of Directors is asked to consider and approve the Annual Trust Objectives for 2025/26.

Impact (is there any impact arising from the report on the following?)			
Quality	✓	Equality	
Finance	✓	Research	
Performance	✓	Compliance	
Workforce	✓	Legal	

Applicable Quality Improvement Priorities			
Grow our Volunteers	✓	Flexible Employer	✓
Prevention and Reduce Readmissions	✓	Children and Young People's Services	✓
HomeFirst/Domiciliary Care	✓	Sustainability/Carbon Reduction	✓
Primary Care Networks	✓	Warwickshire Integrator	✓
Electronic Patient Record (EPR)	✓		

Trust Values (which of the Trust Values is the report helping to deliver?)			
Safe	✓	Compassionate	✓
Effective	✓	Trusted	✓
Inclusive	✓		

Relationship to the Board Assurance Framework (BAF) and Risk Register	
Are any existing risks on the BAF/Risk Register affected?	No
Identify the BAF/Risk Register risk ID and description – explain how the risk has been affected – reduced or increased as a consequence of the evidence within the report.	N/A
Do you recommend a new entry to the BAF and/or Risk Register is made as a result of this report? If yes, describe the new risk.	No

South Warwickshire University NHS Foundation Trust

Report to Board of Directors – 5 March 2025

Annual Trust Objectives 2025/26

Executive Summary

The Trust has developed the proposed objectives for 2025/26, which take account of Trust strategy, local priorities, and national planning guidance.

The objectives will form divisional and departmental objectives, to ensure everyone is aligned to the Trust's wider ambitions.

They are also proposed objectives against the six strategic pillars which enable us to deliver against our Big Moves.

Recommendation

The Board of Directors is asked to consider and approve the Annual Trust Objectives for 2025/26. These objectives will also be used to develop underpinning action plans and measures which will populate our Board Assurance Framework for 2025/26.

Trust Annual Objectives 2025/2026

Each year we have Trust objectives which help us focus as an organisation and support the delivery of our strategic Big Moves which are:

- Home First (including Domiciliary Care) supported by technology and collaboration
- Be a very flexible employer
- Embed prevention in every service
- Lead the NHS on Carbon Reduction

The proposed objectives take account of Trust strategy, local priorities, and national planning guidance.

There will be lots of other great achievements outside of these objectives, but they are important as they provide direction for where we want to be as an organisation. They will also form divisional and departmental objectives, to ensure everyone is aligned to the Trust's wider ambitions.

Big Move	Objectives
Home First (including Domiciliary care) supported by technology and collaboration	<ul style="list-style-type: none"> • Mobilise and embed the community integrator contract using a transformational approach to ensure it reflects place-based need. • Work with partners to maximise the use of virtual wards, supported by technology as appropriate. • Develop and embed a sustainable model for the Community Recovery Service offer for Warwickshire patients in collaboration with partners.
Embed prevention in every service	<ul style="list-style-type: none"> • Embed an approach to tackle Health Inequalities at all levels in our organisation and Places, with a focus on Children and Young People's services with the renewal of the dedicated Children and Young Peoples Board. • Strengthen our infrastructure to deliver health and well-being interactions. • Increase the number of prevention initiatives developed and embedded between place partners, with a focus on 'making every contact count'.
Be a very flexible employer	<ul style="list-style-type: none"> • As our role as an anchor organisation, work with local schools and Universities to the next workforce and become an employer of choice. • Empower our staff to work flexibly through initiatives such as self-rostering. • Embed the new Volunteering strategy, maximising opportunities with in-house volunteers and working with the wider voluntary sector.
Lead the NHS on Carbon Reduction	<ul style="list-style-type: none"> • Ensure those who wish to receive correspondence and information electronically do. • Implement the Coventry and Warwickshire Climate Adaptation Plan. • Engage and motivate the organisation in the delivery of Net Zero by 2040, ensure all opportunities, including procurement, are reviewed through a sustainability lens.

There are six strategic pillars which enable us to deliver against our Big Moves. These are Digital, Research, Workforce, Quality, Sustainability and Productivity. The following objectives have been set against these:

- Commence the implementation of the Cerner Electronic Patient Record (EPR) system. Drive clinical and operational engagement for the digital transformation and ensure ways of working, processes and pathways are aligned to the new EPR.
- Identify opportunities to work with partners to develop corporate and back-office functions to utilise expertise efficiently.
- Commence fit-out of short stay wards in the Elective Hub.
- Pursue opportunities for joint pathway transformation with system partners and through the Acute Provider Collaborative.
- Develop and embed the organisation's responsibilities as a lead provider, working with system and place partners.
- Prepare the organisation for maintaining our outstanding Care Quality Commission (CQC) rating.

Next Steps

Once approved, the proposed objectives will be shared with the organisation and used to shape the individual objectives of Executive Directors and their teams. Divisional objectives will be developed to support the delivery of the Trust objectives. These objectives will also be used to develop underpinning action plans and measures which will populate our Board Assurance Framework for 2025/26. A visual version of our Objectives for 2025/26 is attached at Appendix A.

Recommendation

The Board of Directors is asked to consider and approve the Annual Trust Objectives for 2025/26.

Glen Burley
Chief Executive

Objectives 2025/26

HELPING US TO DELIVER OUR BIG MOVES

Home First (including Domiciliary Care) supported by technology and collaboration

- Mobilise and embed the community integrator contract using a transformational approach to ensure it reflects place-based need.
- Work with partners to maximise the use of Virtual Wards, supported by technology as appropriate.
- In collaboration with partners, develop and embed a sustainable model for the Community Recovery Service offer for Warwickshire patients.



Embed prevention in every service

- Embed an approach to tackle health inequalities at all levels in our organisation and at Place, focusing on Children and Young People Services with the renewal of the dedicated Children and Young Peoples Board.
- Strengthen our infrastructure to deliver health and wellbeing interactions.
- Increase the number of prevention initiatives developed and embedded between Place partners, focusing on 'making every contact count'.

Be a very flexible employer

- As our role as an anchor organisation, work with local schools and universities to develop the next workforce and become an employer of choice.
- Empower our staff to work flexibly through initiatives such as self-rostering.
- Embed the new Volunteering Strategy, maximising opportunities with in-house volunteers and working with the wider voluntary sector.



Lead the NHS on carbon reduction

- Ensure those who want to receive correspondence and information electronically can do so.
- Implement the Coventry and Warwickshire Climate Adaptation Plan.
- Engage and motivate our workforce to enable our organisation to achieve Net Zero by 2040, ensuring all opportunities, including procurement, are reviewed through a sustainability lens.

There are six strategic pillars which enable us to deliver against our BIG MOVES, and they are

DIGITAL + **RESEARCH** + **WORKFORCE** + **QUALITY** + **SUSTAINABILITY** + **PRODUCTIVITY**

The following objectives have been set against these:

- Commence implementing the Cerner Electronic Patient Record (EPR) system. Drive clinical and operational engagement for the digital transformation and ensure ways of working, processes, and pathways are aligned with the new EPR.
- Identify opportunities to work with partners to develop corporate and back-office functions and utilise expertise efficiently.
- Commence fit out of short-stay wards in the Elective Hub.
- Pursue opportunities for joint pathway transformation with system partners and through the Acute Provider Collaborative.
- Develop and embed the organisation's responsibilities as a Lead Provider, working with System and Place partners.
- Prepare the organisation for maintaining our Outstanding Care Quality Commission (CQC) rating.



Wye Valley Trust Objectives

Final Draft 2025/26

Quality

- Improve urgent and emergency care with our One Herefordshire system partners, resulting in reduced demand for acute inpatient beds and more care in the community
- Improve the inpatient experience by working with our partners to improve food quality

Digital

- Improve the functionality of existing systems, improving user and patient experience and productivity whilst reducing paper usage
- Test artificial intelligence technology to deliver productivity and quality improvements and develop business cases for rapid implementation
- Develop a plan that sets out the future direction for electronic patient records

Sustainability

The slide features a decorative background with several concentric circles in shades of blue, grey, and orange. At the bottom, there is a wavy line composed of multiple overlapping bands in blue, orange, and green.

- Deliver agreed secondary prevention initiatives and schemes that reduce referrals for elective services by working with general practice teams
- Improve the financial sustainability of the organisation by delivering a significant transformation programme

Workforce

- Improve attendance in key workforce areas and improve staff well being
- Deliver and monitor job planning and e-rostering across all clinical services
- Increase the number of opportunities to grow our volunteer workforce, in numbers and reach

Productivity

The background features a series of concentric circles in light blue, grey, and yellow. At the bottom, there is a wavy line composed of multiple overlapping bands in blue, orange, and green.

- Deliver our Diagnostic Centre project to reduce waiting times for our population
- Implement our neighbourhood health model with One Herefordshire partners and deliver better value from the Better Care Fund

Who we are

We are experts in healthcare services. Dedicated to improving the health of our population, we provide joined-up services with partners that meet everyone's needs, nearer to home.

Why we exist

Our Purpose

Helping people to live healthier, more fulfilling lives

What we do every day

Our Mission

Being the best team we can be for our patients, each other and our partners

Where we want to get to

Our Vision

Everyone is proud of the difference we make. We are more than a hospital, we bring care together for people

How we will get there

Strategic Priorities

By being better connected with what matters



People

Nurturing a culture people want to be a part of



Patients

Meeting the needs of our patients and communities



Collaboration

Building strong connections and pathways



Excellence

Focusing on continuous improvement



Effectiveness

Enhancing our efficiency and effectiveness

Guided by our Values

Being open and honest • Ensuring people feel cared for • Showing respect to everyone

Our Strategy 2025-30



Report to	Foundation Group Boards	Agenda Item	7.3
Date of Meeting	7 May 2025		
Title of Report	Foundation Group Strategy Committee Report from the Meeting held on 18 March 2025		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 18 March 2025.		
3. Executive Assurance	N/A		

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

Report to Foundation Group Boards – 7 May 2025

Foundation Group Strategy Committee Report from the Meeting held on 18 March 2025

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

1. Digital Update – What is the Group Approach to Artificial Intelligence (AI)?

The Chief Executive for Innovate presented an update on AI strategy within the Foundation Group, highlighting its early but rapidly advancing role in healthcare. He emphasised the importance of hospitals staying current with AI developments and adopting a safe, experimental approach. Low-cost tools like Copilot and ChatGPT were being trialled and had shown positive productivity impacts. More advanced and costly AI applications, such as chatbots and imaging automation, are also being explored.

Ongoing AI initiatives include tools like the Lola chatbot, a fracture analysis system, and automated service desk management, with plans to expand into radiology, pathology, and further Copilot rollout. A group-wide AI Steering Group has been set up to guide implementation with a focus on safety, ethics, and control.

In the discussion, Managing Directors supported quick adoption of AI tools like Copilot but stressed the need for clear delivery models to support cost-saving measures at Trust level. The Group Chief Executive reinforced AI's role in cost and service improvements.

2. Supporting Research Across the Foundation Group

The Group Chief Executive provided an overview of current research support across the Foundation Group, highlighting that Professor Simon Brake had been supporting research through a shared role across SWFT, GEH, and WVT, though WAHT was not initially part of the agreement. With WAHT now part of the Group and Professor Brake also supporting them, a decision was needed on whether to formalise his role or consider a new approach amid financial pressures. It was agreed that there was a need for a strong leadership approach to Research, potentially Managing Director led however the Committee recommended extending Professor Simon Brake's role for at least twelve months with clear targets.

3. Procurement – How are organisations benefiting from the Group approach and what are the next steps?

The Chief Finance Officer for WVT presented an update on the Procurement Shared Service to the Committee, which had shifted to a more strategic view. The Shared Service had worked on improving collaboration but also refocused the workplan to drive greater opportunities. A task and finish group had been set up across the Foundation Group to identify and realise procurement savings, and this had strong Non-Executive Director (NED) engagement. The work was being approached under two pillars, Value for Money (VFM) and the Service Model with both pillars having short and long-term goals. This included commissioned spend analytics, opportunity reviews and managed service scoping.

4. WAHT Trust Strategy Update

The Chief Clinical Strategy Officer for WAHT provided the Committee with a position update on their Trust Strategy, highlighting that the Trust was working towards a strategy that would guide staff to where the organisation wanted to be. WAHT had partnered with a company called Morgan to support with the development of the Trust Strategy by undertaking internal and external engagement with partners. This involved explaining the purpose, mission and how to get there which enabled a fully collaborative approach to the Trusts Strategy.

5. NHS Strategic Developments Update

The Group Chief Executive updated the Committee on the current strategic developments within the wider NHS. This included the 10 Year Plan, his new responsibilities as National Financial Reset and Accountability Director within the NHS Transition Team, and the changes to NHS England (NHSE). The Group Chief Executive also briefly updated the Committee on the financial changes, including aligning financial incentives with performance, and ensuring Trust-level accountability for financial management.

6. Foundation Group Boards Overview and Agenda Planning

The Committee reviewed the draft agenda for the May 2025 Foundation Group Boards meeting, which was approved.

Recommendation

The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 18 March 2025.

Chelsea Ireland
Foundation Group EA