

Foundation Group Boards

Wed 06 August 2025, 13:30 - 16:10

via Microsoft Teams

Agenda

1. Apologies for Absence

Lucy Flanagan (Chief Nursing Officer WVT, Emma Smith deputising), Sharon Hill (NED WVT), Zoe Mayhew (Chief Commissioning Officer - Health and Care, SWFT), Sarah Raistrick (Vice Chair GEH), Sarah Shingler (Chief Nursing Officer WAHT, Sue Smith deputising), David Spraggett (Vice Chair SWFT), Nicola Twigg (NED WVT), and Jules Walton (Chief Medical Officer WAHT, Dr Ed Mitchell deputising).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 7 May 2025

13:35 - 13:40 *Russell Hardy*

 Agenda Item 3 - Minutes of the Meeting held on 7 May 2025.pdf (13 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

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

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:10 *Managing Directors*

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

6.2. Urgent and Emergency Care and Winter Plan Planning, Preparedness and Assurance Stocktake 2025/26

14:10 - 14:40 *Chief Operating Officers*

 Agenda Item 6.2 - UEC and Winter Plans.pdf (21 pages)

6.3. Equality Update Report

14:40 - 14:55 *Chief People Officers*

 Agenda Item 6.3 - Equality Update Report.pdf (17 pages)

7. Items for Information

7.1. NHS Oversight Framework

14:55 - 15:10 *Glen Burley*

 Agenda Item 7.1 - NHS Oversight Framework.pdf (8 pages)

7.2. Foundation Group Strategy Committee Report from the Meeting held on 17 June 2025 (including Annual Report and Self-Assessment of Effectiveness)

15:10 - 15:15 *Russell Hardy*

 Agenda Item 7.2 - FGSC Report from the Meeting held on 17 June 2025.pdf (15 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

Lucy Flanagan (Chief Nursing Officer WVT, Emma Smith deputising), Sharon Hill (NED WVT), Zoe Mayhew (Chief Commissioning Officer - Health and Care, SWFT), Sarah Raistrick (Vice Chair GEH), Sarah Shingler (Chief Nursing Officer WAHT, Sue Smith deputising), David Spraggett (Vice Chair SWFT), Nicola Twigg (NED WVT), and Jules Walton (Chief Medical Officer WAHT, Dr Ed Mitchell deputising).

11. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

12. Confidential Minutes of the Meeting held on 7 May 2025

15:50 - 15:55 *Russell Hardy*

 Agenda 12 - Confidential Minutes of the Meeting held on 7 May 2025.pdf (6 pages)

13. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

 Agenda Item 13 - Confidential Matters Arising and Actions Update Report.pdf (2 pages)

14. Confidential Items for Information

14.1. Foundation Group Strategy Committee Minutes from the Meeting held on 18 March 2025

16:00 - 16:05 *Russell Hardy*

 Agenda Item 14.1 - FGSC Minutes from the Meeting held on 18 March 2025.pdf (11 pages)

15. Any Other Confidential Business

16:05 - 16:10

16. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 5 November 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 7 May 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.

Present

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
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Acting Chief Executive GEH/SWFT
Oliver Cofler	(OC)	NED SWFT
Stephen Collman	(SC)	Acting Chief Executive WAHT/WVT
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
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
Jo Newton	(JN)	Chief Strategy Officer WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Sarah Raistrick	(SR)	NED and Vice Chair GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	NED GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED and Vice Chair SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Chief Medical Officer WAHT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

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In attendance:

Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
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
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Fiona Gurney	(FG)	Communications 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)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Alex Moran	(AMo)	ANED WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Mary Powell	(MP)	Head of Strategic Communications SWFT
Nicholas Rees	(NRe)	Interim Deputy Chief People Officer SWFT (deputising for Interim Chief People Officer SWFT and Interim Chief People Officer GEH)
Louise Robinson	(LR)	Deputy Company Secretary WVT (observing)
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Robin Snead	(RS)	Chief Operating Officer GEH
Adrian Stokes	(AS)	Group Strategic Financial Advisor
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH

Apologies:

Paul Capener	(PC)	ANED GEH
Neil Cook	(NC)	Chief Finance Officer WAHT
Paramjit Gill	(PGi)	Nominated NED SWFT
Simone Jordan	(SJ)	NED GEH
Elva Jordan-Boyd	(EJB)	Interim Chief People Officer SWFT
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH
Dame Julie Moore	(JM)	NED WAHT
Bharti Patel	(BP)	ANED SWFT
Grace Quantock	(GQ)	NED WVT
Sue Sinclair	(SSi)	ANED WAHT

There were four SWFT Governors and one member of the public also in attendance.

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<u>MINUTE</u>		<u>ACTION</u>
25.023	<p><u>DECLARATIONS OF INTEREST</u></p> <p>No new declarations of interest were declared.</p> <p><u>Resolved</u> – that the position be noted.</p>	
25.024	<p><u>PUBLIC MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2025</u></p> <p><u>Resolved</u> – that the public Minutes of the Foundation Group Boards meeting held on 5 February 2025 be confirmed as an accurate record of the meeting and signed by the Group Chair.</p>	
25.025	<p><u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u></p>	
25.025.01	<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>	
25.026	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p> <p>The Group Chair provided an overview of the key discussions that had taken place in the Foundation Group Boards Workshop earlier that day. This included an interesting presentation on large scale change by Helen Bevan, Professor at Warwick Business School. The Group Boards then heard from Distie Profit, Vice-President and General Manager of Oracle Health UK, which provided opportunity for a conversation on Electronic Patient Records and Artificial Intelligence (AI). The Group Chair took the time to celebrate the team in WVT, on seizing the opportunities arising through AI. The Group Chair continued that in the second half of the Foundation Group Boards Workshop, the Group Chief Executive updated on all things taking place in the wider NHS which highlighted areas where the Group could drive transformational change. The Foundation Group Boards Workshop concluded with the Chief People Officers updating on the position of Talent and Succession Management across the Foundation Group.</p> <p><u>Resolved</u> – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.</p>	
25.027	<p><u>FOUNDATION GROUP PERFORMANCE REPORT</u></p> <p>The Acting Chief Executive's for each Trust highlighted key points from the Foundation Group Performance report as follows:</p>	

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ACTION

WVT

The Managing Director for WVT informed the Foundation Group Boards that the Cancer standards for 62-Days and Faster Diagnosis Standard (FDS) had been met for the patients of Hereford and Mid Powys over the last year. She commended the teams involved for their efforts and noted the increasing challenge these standards would pose in the coming year as they increase and become harder to achieve. The Managing Director for WVT explained that Theatre productivity had previously been a challenge throughout the year, however improvements were starting to be seen. In the last quarter there had been a 5% increase in utilisation, and this would continue to be focused on moving forward. Patient Initiated Follow Up (PIFU) had started to increase, which had been mainly due to a technical change in the Electronic Patient Records (EPR) that had allowed patients to initiate their own follow up in a safe and effective way. The Managing Director for WVT was concerned about Urgent and Emergency Care (UEC) as performance had deteriorated with ambulance handover delays increasing and a significant number of temporary escalation spaces being used. This had both a quality, and a financial impact and was therefore being treated as WVTs highest priority for improvement. The Managing Director for WVT explained that one of the ways to improve UEC would be to use National Capital that had been awarded to the Trust to expand the assessment and Same Day Emergency Care (SDEC) areas in the Emergency Department (ED). WVT would also be working in collaboration with General Practitioners (GPs) on a neighbourhood health model to support care at home. Finally, an internal hospital process redesign would take place, with clinical engagement, on how UEC pathways work through the hospital.

SWFT

The Acting Chief Executive for GEH/SWFT started by celebrating SWFTs ability to maintain Elective Care performance during a challenged winter period operationally. This had been down to the teams and the work involved in managing to maintain and ring-fence Elective beds. This had improved outpatient services and strong PIFU processes had contributed significantly to capacity. The Acting Chief Executive for GEH/SWFT shared that the area he had a significant concern over was Cancer performance. SWFT had seen a significant increase in Oncology wait time, and although leadership roles had been recruited too and systemic changes initiated, performance had not improved. This has been exacerbated by staff shortages and service dependencies from University Hospital Coventry and Warwickshire NHS Trust (UHCW). The Acting Chief Executive for GEH/SWFT explained that there was significant planning work to still be done, however the team was in place and conversations were happening to continue to drive improvement forward. He concluded that UEC was an area SWFT were watching with a continued deterioration in 4-hour ED performance, largely due to an increase in self-presenting patients and high bed occupancy. The Acting Chief Executive for GEH/SWFT continued that intelligent conveyancing had also declined slightly but did not offset internal demand pressures. Estates limitations in the ED were now a critical issue for SWFT and a bid for national funding to expand front-door services had been submitted.

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GEH

The Managing Director for GEH presented the GEH metrics to the Foundation Group Boards. Firstly 4-hour performance in ED had been the worst on record, with overcrowding in the department, particularly overnight, being identified as a root cause. Recent weeks had shown improvement, however the challenges with medically fit for discharge (MFFD) patients remained a challenge. Positive steps had been made towards improving MFFD, which was credit to two members of staff, one from the GEH Complex Discharge Team and the other from SWFT Community Services. This has led to promising conversations with Integrated Care Board (ICB) colleagues and external stakeholders on how to do things differently. The Managing Director for GEH went on to highlight GEHs sickness levels, which were still well above the 4% target at 5.3%. These had improved on the previous 6% but would remain a focus area. She explained that the elevated sickness levels were driving temporary staffing costs and impacting financial performance. Cancer performance continued to be challenged. However, there was variable performance, particularly against the FDS which was almost at the target. She acknowledged that there was more work to be done to pick up cancer performance. The Manager Director for GEH continued that Referral to Treatment (RTT) would be particularly challenged in 2025/26 with more challenging national targets. She explained that whilst GEH 65-week wait list had been eliminated in September 2024, these had re-emerged due to conflicting priorities towards the end of the year with the need to hit financial targets and the need to deliver performance. This could also be seen in the ERF figures. Whilst Outpatients was doing well this had dipped towards the end of the financial year. She concluded by celebrating the improvements in Theatre utilisation and PIFU rates. She thanked colleagues from across the Foundation Group for the operational learning which had been a key enabler in the improvements.

WAHT

The Acting Chief Executive for WAHT/WVT explained that UEC continued to be an issue for WAHT and although ambulance delays had improved slightly, overall performance remained a key area of concern. WAHT had recently had its first Tier 1 Improvement Review, and three priorities were identified to focus on: internal discharge process improvement, frailty pathway integration across community and acute care, and community hospital length of stay. A 30/60/90-Day Plan had been created to rapidly improve. Work was taking place with partners to improve flow, particularly for patients who needed onward support once they left hospital. The Acting Chief Executive for WAHT/WVT explained that Sarah Shingler, Chief Nursing Officer for WAHT had been leading on important work to help support flow. This included Virtual Hospital implementation with support from the ICB, and the 'Out by 5' programme which focused on discharging patients safely by day five and getting proper rehab back into community hospitals. The results were looking positive with length of stay (LoS) going from 29 days to 14. He concluded by providing an update on Cancer Services for the Trust. He explained that WAHT had done a lot of work with partners to reduce the 62-Day backlog, and this has started to improve.

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Despite this work was required with tertiary partners to address the ongoing challenges and fragility.

The Group Chair requested an update from each Trust on their financial position at year end for 2024/25 compared to the planned position. Each Acting Chief Executive and Managing Director provided this information as follows: -

Trust	Planned Position	Actual Position	Variance/Comment
WVT	Break-even	£5.6m Deficit	Under delivery of Cost Improvement Programme (CIP) by £6m; higher target carried into 2025/26.
SWFT	£1.3m Surplus	£1k Surplus	Hit break-even; surplus effected by Community Recovery Service (CRF) costs.
GEH	£0.7m Surplus	£3.0m Deficit	CRS contributions effected actual position but not entirely.
WAHT	£5.7m Deficit	£5.5m Deficit	Delivered £200k ahead of plan.

The Chair highlighted that SWFT remained the only Midlands trust with a break-even performance and had reported a break-even position for over a decade. He also emphasised that a national financial reset was anticipated. The Group Chief Executive noted that some Trusts would show a break-even position but would have received deficit support. The intention was to take that out to get the true picture.

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

The Group Chief Executive raised concerns around SDEC data and queried the validity of zero LoS metrics, particularly at GEH. It showed that WVT had converted a lot to SDEC but WAHT and GEH didn't show that. The Chief Operating Officer for GEH explained that the data showed GEH to have 49.3% of ED patients requiring admission, being turned around without an overnight hospital stay. This was a combination of patients going through SDEC, Surgical Assessment Area (SAU), Gynaecology Assessment Unit (GAU), Frailty Assessment Unit (FAU), and all ambulatory pathways.

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

25.028

OUTPATIENTS DEEP DIVE

The Chief Operating Officer for WAHT presented the Outpatients Deep Dive. He explained that there had been a lot of positive work taking place across the

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Foundation Group on Outpatients, and all Trusts had benefited from the Getting it Right First Time (GiRFT) Further Faster programme. Clinic utilisation showed that overall, there was good clinic utilisation, however GEH had the most opportunity for increased productivity and improving the percentage of patients waiting under 18-weeks for a first outpatient appointment. The Chief Operating Officer for WAHT highlighted the shared learning was taking place and this included pathway analysis and use of PIFU, maximising clinic templates, approach and findings to follow up waiting list review, outpatient improvement programmes and approach to monitoring blocked appointments. Data showed there was a variance in the average appointments per clinic in some specialities and therefore identified potential improvements for further consistency. The Chief Operating Officer for WAHT explained that work was needed on making clinic templates consistent, but also how benchmarking could be done across the Foundation Group and nationally. It was important to match those clinic expectations into job plans, and identify how things could be done differently to enable patient being seen in a timelier manner. The Chief Operating Officer for WAHT presented the Did Not Attend (DNA) data for March 2025 and the rates were as follows, GEH 3.7%, SWFT 5.6%, WAHT 4% and WVT 4%. All Trusts had areas of opportunity to improve DNA rates across varying specialties. There had been several pieces of work done so far to address DNA rates and these included implementing a two-way text reminder service, calling patients who had a history of missed appointments and transferring DNA patients to Patient Owns Contact (POC).

The Chief Operating Officer for GEH presented the data on PIFU, which highlighted some variance across the Foundation Group in services that were actively using PIFU. This identified that there was more work to be done to identify what was driving the variance in the specialties and how to standardise the approach. All Trusts within the Foundation Group had submitted plans that would achieve, or better, the national target for PIFU. Shared learning was already taking place to ensure these plans were met. This included ensuring that clinicians were discharging patients where medically appropriate rather than moving them to a PIFU pathway and clinical discussions between Trusts to discuss pathways where PIFU was applied were taking place. The Chief Operating Officer for GEH explained that engagement with services that had a successful approach for PIFU was also taking place to help with engaging and educating specialties achieving less than 5%. On top of this GiRFT recommendations and learnings continued to be reviewed and exploring the option of an opt out rather than an opt in approach. The Chief Operating Officer for GEH concluded by highlighting plans to run an internal Further Faster programme to deep dive into a different speciality each month, driven by the productivity dashboard.

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

The Acting Chief Executive for WAHT/WVT celebrated the success of the Foundation Group Operational Conference that had taken place in May 2025.

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He queried whether PIFU had the right clinical engagement to drive improved delivery. The Foundation Group Boards agreed with this, and it was agreed to make an action for PIFU clinical engagement to be sourced.

The Group Chief Executive agreed with the Acting Chief Executive for WAHT/WVTs comment and added that it was clear clinical adoption was holding PIFU back. He added that the New to Follow Up ratios should also be looked at as part of PIFU, as there were probably opportunities there to also improve and free up capacity.

Resolved – that

- A) The Outpatients Deep Dive be received and noted, and**
- B) Clinical leadership and engagement with PIFU be agreed to help drive delivery, and**
- C) New to Follow Up Ratios be looked at for any potential capacity opportunities.**

CMOs

COOs

25.029

URGENT AND EMERGENCY CARE IMPACT ON MORTALITY AND MORBIDITY

The Foundation Group Boards received the presentation on the correlation between prolonged ED waits and patient outcomes, with the data gathered from 1 January 2025 to 31 March 2025.

The Chief Medical Officer for WVT presented the key findings for WVT, which aligned with the Office for National Statistics (ONS) confirming that increased waiting times in ED were associated with higher mortality rates. She explained that a cohort analysis was undertaken, excluding patients who were under sixteen and patients attending with minor injuries. This left WVT with 11,000 patients. The Chief Medical Officer for WVT continued those patients who waited over 12hours in ED had an average age of 71, compared to 57 for those who waited under five hours. The data showed that patients who waited longer in ED also had a longer admitted LoS, averaging 7.6-days for over 12hour waits vs 2.8-days for those under 5hours. Patients discharged to care homes consistently experienced the longest LoS averaging between 15-20-days and this was regardless of ED wait time. The Chief Medical Officer for WVT confirmed that mortality was significantly higher among those waiting over 12hours at 6.3% vs 2.1% for under 5hours. She explained that it was the elderly population that were most affected by this, with the average age of patients having died after waiting more than 5hours being 82, compared to 84 for those who had waited less than 5hours. Men were also noted to be seven years younger on average at time of death compared to women. The Chief Medical Officer for WVT presented the mitigations that WVT were taking to reduce overcrowding in ED and therefore long waits. This included focusing on reducing demand, improving flow, expediting discharges and addressing delays for MFFD patients.

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The Chief Medical Officer for SWFT presented the SWFT data and key findings. This was very similar findings, and the numbers were quite similar with around 11,000 patients being seen between 1 January 2025 and 31 March 2025. SWFT were a positive outlier with less than 10% of patients experiencing ED waits exceeding 12hrs, however the mortality trends mirrored those identified at WVT. However, he emphasised that this was not causality, it just underscored the importance of identifying the cohort of patients waiting the longest and why. The Chief Medical Officer for SWFT explained that a deep dive would follow that would evaluate operational contributors, including MFFD and frailty team interception.

The Chief Medical Officer for GEH confirmed that GEH identified similar trends, however they had included minor injury patients. He noted that despite the figure being small, it was important to recognise that patients were dying within the Foundation Groups EDs, including those arriving post-cardiac arrest and palliative care patients due to lack of hospice access within the North of the county. GEH had introduced a Bluebell Room which was a quieter area in ED for those patients at end of life to die in dignity and respect with their families. The Chief Medical Officer for GEH continued that there was established evidence linking prolonged ED stays to increased mortality and LoS. He concluded by explaining there was a real need to expedite the care of frail, elderly patients with general medical conditions. Patients with pre-diagnosed conditions, did tend to move through the system more efficiently already.

The Chief Medical Officer for WAHT assured the Foundation Group Boards that WAHTs figures were very similar to that of the Trusts in the Group. WAHT had done a further deep dive into these findings on a cohort of 200 patients. She explained that post the Covid-19 pandemic pressures on ED services in the UK had resulted in increased waiting times and spikes in excess deaths which is what had triggered the review. Long-wait patients (those waiting over 12hours) were more likely to arrive by ambulance and had a longer ambulance handover. These patients were typically older, had multiple comorbidities and were often admitted under general medicine rather than specialist pathways. These patients experienced delays in medical review, decision making, discharge with higher crude mortality rates, had more tests and care whilst waiting, and more complex inpatient journeys. The Chief Medical Officer for WAHT cautioned against attributing causation but stressed the significant implications for quality of care and patient experience. She continued that it was important to address the findings and use them to better patient care. The Chief Medical Officer for WAHT informed the Foundation Group Boards that WAHT had already begun a service redesign, including improvement to frailty models, early discharge pathways and pre-identifying high-risk patients early to support more proactive interventions.

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

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The Group Chief Executive noted there were two key areas to this work. One was improving flow through ED to enhance outcomes but also ensuring patients were being cared for in the right setting. Whether that be outreach services, advice and guidance or end of life care.

The Managing Director for WVT advised the Foundation Group Boards that she chaired the End-of-Life Programme Board for Herefordshire and Worcestershire. As part of that work she had been trying to get a digital Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form implemented. Digital ReSPECT forms would travel with the patient wherever they were, drive higher-quality clinical conversations and improve continuity of care. Sarah Raistrick, NED and Vice Chair GEH, supported the proposal of a digital ReSPECT form. She also suggested a research opportunity to track the impact particularly when patients documented wishes were not honoured.

Resolved – that

- A) The UEC impact on mortality and morbidity be received and noted, and**
- B) The Acting Chief Executives identify Foundation Group representation to continue driving the digital ReSPECT form proposal forward.**

ACEs

25.030

ANNUAL SAFE STAFFING OVERVIEW (INCLUDING NURSE PER BED RATIO)

The Chief Nursing Officer for WVT presented the Annual Safe Staffing Overview and dashboard. The dashboard included the number of funded beds for each organisation and new data on the number of additional patients being cared for beyond the funded capacity. The Chief Nursing Officer for WVT explained that the figures included escalation beds, the number of patients cared for in temporary escalation spaces and the number of patients waiting in ED with a decision to admit at 8am. This information was presented to provide context, particularly regarding the workforce pressures and staffing implications resulting from overcapacity. All trusts were operating above their funded bed base.

The Chief Nursing Officer for WVT explained that Trusts were required to submit “Safer Staffing Return” to NHS England (NHSE). This submission, broken down at ward level, compared planned staffing levels to actual staffing levels on the day. The data consistently showed that the four Trusts in the Foundation Group had filled over 100% of planned staffing levels, primarily due to the increased demand from the additional beds open beyond funded levels. The Chief Nursing Officer for WVT presented the wider workforce metrics to the Foundation Group Boards, and it was reiterated that a substantive workforce delivered better quality care, improved continuity, and greater productivity. This was due to substantive staff being more familiar with local systems and processes. She continued that nationally, a vacancy factor of less

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

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MINUTE

ACTION

than 5% was considered a good benchmark and it was reported that all Four trusts within the Foundation Group had achieved this for Registered Nurses (RNs) which was positive. However, there was greater variability in the Healthcare Support Worker (HSW) Group, with continued challenges in both recruitment and retention. This group remained a key focus for 2025/26.

The Chief Nursing Officer for WVT presented the sickness absence data. All four Trusts in the Foundation Group demonstrated levels of sickness absence above the national benchmark with a particular challenge in the HSW group of staff. There was no national benchmark for maternity leave; however, the Foundation Group budgeted 1% headroom in its establishments to account for staff on maternity leave. The data indicated high maternity leave levels across the Group. The Chief Nursing Officer for WVT highlighted that the Quality and Safety metrics included in the Friends and Family Test (FFT) showed all Trusts consistently achieving positive response rates above 90% which was considered excellent. However, response rates to the survey itself remained below desired levels. The Chief Nursing Officers across the Foundation Group had recognised this as an area requiring further improvement.

All four Trusts made good progress in reducing agency spend over the last twelve months. Collaborative efforts through the Regional Nurse Agency Reduction Programme had contributed to these improvements, particularly by enforcing NHSE capped rates and eliminating the use of high-cost, off-framework agencies. While all trusts had made progress, some were advancing faster than others, offering opportunities for shared learning and best practice. The next phase of the Programme would be to focus on bank rates, with all trusts committing to participate. Additionally, each trust had set agency and bank reduction targets for 2025/26 in alignment with national expectations.

Resolved – that the annual safe staffing overview be received and noted.

25.031

FIT AND PROPER PERSONS TEST ANNUAL COMPLIANCE

The Trust Secretary for GEH/SWFT presented the Fit and Proper Persons Test annual compliance to the Foundation Group Boards. The report provided assurance against the Fit and Proper Person Test Framework and the processes that were in place across all four boards to assess Board members and their fit and proper persons status prior to the annual submission to NHS England.

Resolved – that the Foundation Group Boards receive and note the Fit and Proper Persons Test Annual Compliance.

25.032

FOUNDATION GROUP OBJECTIVES IN COMMON 2025/26

The Group Chief Executive presented the Foundation Group objectives in common for 2025/26. He explained that whilst the Foundation Group didn't have specific Group objectives, each Trust's personal objectives were

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compared and key themes identified to encourage collaboration. WAHT were still finalising their objectives after completing their strategy refresh, however it was possible to see the Trust's direction.

The Group Chief Executive identified the objectives in common for the Group as UEC Pathway Improvement, Care Closer to Home, the implementation of Neighbourhood Health, sustainability, reducing paper records, and EPR. He did highlight that he was surprised to not see more explicit focus on productivity and appreciated that whilst some of the objectives would deliver against productivity, he felt it needed more of a focus. This could be achieved through the Community Diagnostic Centres set up and updated through the Foundation Group Strategy Committee. He also noted that the NHS financial reset would see individual organisation numbers change, and financial recovery plans become an area of high focus.

Resolved – that the Foundation Group Objectives in Common for 2025/26 be received and noted.

25.033

FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING HELD ON THE 18 MARCH 2025

The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting that took place on the 18 March 2025.

Resolved – that the Foundation Group Strategy Committee Report from the meeting held on 18 March 2025 be received and noted.

25.034

ANY OTHER BUSINESS

No further business was discussed.

Resolved – that the position be noted.

25.035

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

No questions were received.

Resolved – that the position be noted.

25.036

ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

25.037

CONFIDENTIAL DECLARATIONS OF INTEREST

25.038

CONFIDENTIAL MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2025

25.039

CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
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**Public Minutes of the Foundation Group Boards Meeting
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<u>MINUTE</u>		<u>ACTION</u>
25.040	<u>FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 17 DECEMBER 2024</u>	
25.041	<u>ANY OTHER CONFIDENTIAL BUSINESS</u>	
25.042	<u>PROPOSAL TO MITIGATE RISKS IN THE JOINT ELECTRONIC PATIENT RECORDS PROGRAMME – GEH/SWFT ONLY</u>	
25.043	<u>DATE AND TIME OF NEXT MEETING</u> The next Foundation Group Boards meeting would be held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair)
Russell Hardy

Date: 6 August 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 – 6 AUGUST 2025

AGENDA ITEM	ACTION	DUE DATE	LEAD	COMMENT
ACTIONS COMPLETE				
25.028 (07.05.2025) Outpatients Deep Dive	New to Follow Up Ratios be looked at for any potential capacity opportunities.	5 November 2025	H Heran / R Snead / A Parker / C Douglas	Completed – the Chief Operating Officers have included under Appendix A an update on productivity opportunities within Outpatients as part of their Urgent and Emergency Care and Winter Plans agenda item at the 6 August 2025 Foundation Group Boards meeting.
25.029 (07.05.2025) Urgent and Emergency Care Impact on Mortality and Morbidity	The Acting Chief Executives identify Foundation Group representation to continue driving the digital Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form proposal forward.	6 August 2025	A Carson / S Collman	Completed - A Carson explained that a single Foundation Group Lead had been challenging due how the digital ReSPECT will work in Herefordshire and Worcestershire was quite different to Coventry and Warwickshire currently. In Coventry and Warwickshire, the method of access is through the Integrated Care Record, and this has been picked up through the relevant leads for that. Likely roll

AGENDA ITEM	ACTION	DUE DATE	LEAD	COMMENT
				<p>out was expected around November 2025.</p> <p>S Collman – confirmed that J Ives had led this for Herefordshire and Worcestershire and will go live in September 2025.</p>
ACTIONS IN PROGRESS				
REPORTS SCHEDULED FOR FUTURE MEETINGS				
25.028 (07.05.2025) Outpatients Deep Dive	Clinical leadership and engagement for Patient Initiated Follow Up (PIFU) be agreed to help drive delivery.	5 November 2025	C Agwu / N Rashid / V Baskar / J Walton	Update as of 30 July 2025 – Chief Medical Officers requested that an update against this action be deferred to November 2025 meeting to allow further discussions to take place.

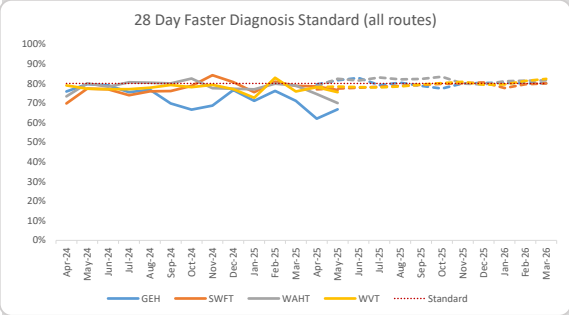
Report to	Foundation Group Boards	Agenda Item	6.1
Date of Meeting	6 August 2025		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Steven Price, Senior Performance Manager – Worcestershire Acute Hospitals NHS Trust (WAHT)		
Lead Executive Director:	Catherine Free, Managing Director - George Eliot Hospital NHS Trust (GEH), Adam Carson, Acting Chief Executive – GEH and South Warwickshire University NHS Foundation Trust (SWFT), Stephen Collman, Acting Chief Executive - WAHT and 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

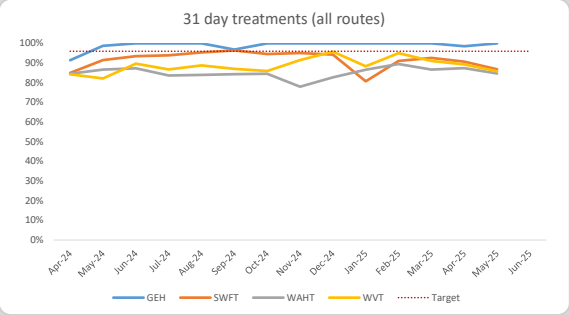
George Eliot Hospital NHS Trust (GEH)										South Warwickshire University NHS Foundation Trust (SWFT)					Worcestershire Acute Hospitals NHS Trust (WAHT)					Wye Valley NHS Trust (WVT)				
Indicator		Standard	Latest Data National		Benchmark	Latest Data - Provider	RAG Rating Base	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	
Cancer	Cancer 62 days Combined (new standard from October 2023)	75%	May-25	National	67.8%	May-25	vs May-25 plan trustwise	64.4%	75.0%			56.2%	75.5%			57.4%	75.3%			77.6%	75.4%			
	Cancer 31 days Combined (new standard from October 2023)	96%	May-25	National	91%		vs Mar-26 trajectory trustwise	100.0%	97.0%			86.8%	96.3%			84.7%	94.0%			85.8%	95.9%			
	28 day referral to diagnosis confirmation to patients	80%	May-25	National	80.2%		vs May plan trustwise	66.8%	80.1%			76.6%	80.0%			70.0%	81.5%			75.5%	82.3%			
Urgent and emergency care	Emergency Department (ED) 4 hour standard	78%	Jun-25	National	74.3%	Jun-25	vs Jun-25 plan trustwise	69.5%	78.2%			75.7%	79.2%			66.1%	78.3%			65.2%	78.0%			
	ED 12 hour standard	N/A		Midlands	71.1%		vs national Standard	10.4%	12.0%			1.7%	1.2%			14.8%	13.7%			11.6%	9.3%			
	Ambulance Handovers < 45 mins (%)	80%					vs national Standard	N/A	N/A			N/A	N/A			80.8%				71.1%				
	General and Acute (G&A) Occupancy(Adult)	< =92%	Jun-25	National	94.2%		vs national Standard	100%				99%				95%				100%				
Referral to Treatment Time	Referral to Treatment (RTT)-52 week waits as % of WL (English pop)	<1%				Jun-25	vs Jun-25 plan trustwise	3.4%	1.5%			2.2%	0.009			1.7%	0.9%			3.2%	1.1%			
	RTT 65 week plus waiters (English Only)	0						8				0				22				17				
	RTT - Open Pathways (92% within 18 weeks for treatment) - English Standard	65%/ 5% improvement	May-25	National	England		vs Jun-25 plan trustwise	60.7%	64.4%			65.8%	69.0%			59.9%	61.5%			59.8%	61.1%			
	RTT - Open Pathways (92% within 18 weeks for first appointment) - English Standard	72%	Jun-25	National	65.7%		vs Jun-25 plan trustwise	66.1%	72.0%			64.6%	70.1%			62.2%	67.0%			66.4%	72.0%			
Elective Care	Theatre Utilisation (Capped)	85%	Feb-25	National	80.0%	Jun-25	vs national Standard	83.2%				89.3%				85.4%				85.0%				
	Cancelled Operations on the day of surgery for non clinical reasons as % of total operations	N/A				Jun-25		13.0%				0.0%				3.0%				2.2%				
	Patient Initiated Follow Up (PIFU) Rate	5%				Jun-25	vs Jun-25 plan trustwise	3.4%	5.0%			5.7%	5.5%			5.5%	7.1%			5.4%	5.1%			
	Did Not Attend (DNA) rate	<4%				Jun-25	vs national Standard	7.3%				6.1%				5.0%				5.0%				
	Slot Utilisation	90%				Jun-25	vs national Standard	79.5%				83.3%				89.8%				89.0%				
	% of Outpatient (OP) appointments First or (Follow up+procedure)	46%				Jun-25	vs Jun-25 plan trustwise	41.2%	60.1%			50.2%	59.9%			46.5%	52.0%			46.9%	52.0%			
	Diagnostic Waits >6 weeks	5%				Jun-25		4%				3%				21%				26%				
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Mar-24 to Feb-2025	National	1.0	Mar-24 to Feb-2025		Within expected range				Within expected range				Within expected range				Within expected range				
Quality	% of patients with a fractured Neck of Femur (NOF) receiving surgery within 36 hours	70%				01/06/2025, WVT Mar 25	01/06/2025, WVT Mar 25	#N/A				67%				20%				61%				
	% of occupied beds considered fit for discharge	5%				Jun-25		25%				14%				16%				18%				
Workforce	Staff Sickness	4.0%	Feb-25	National	5.2%	Jun-25	vs national Standard	5.2%				5.5%			N/A	4.7%				4.8%				
	Clinical Whole Time Equivalent (WTE) Establishment			Midlands	5.5%			2,219				4,203				5,855				3,169				
	Clinical WTE Actual							2,119				4,372				5,428				2,855				
	Non-Clinical WTE Establishment							939				998				1,768				901				
	Non-Clinical WTE Actual							901				968				1,637				869				
	Frozen Posts (where no agency or bank is being used)						NA				NA				NA				NA					

Foundation Group Key Metrics

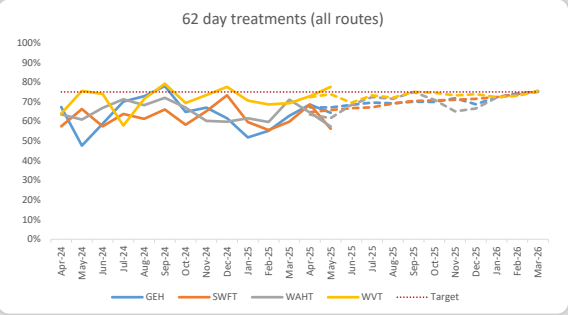
Cancer Waiting Time Standards



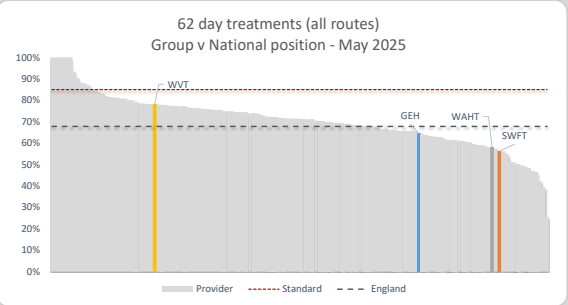
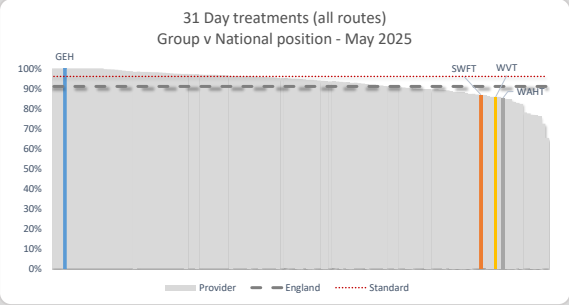
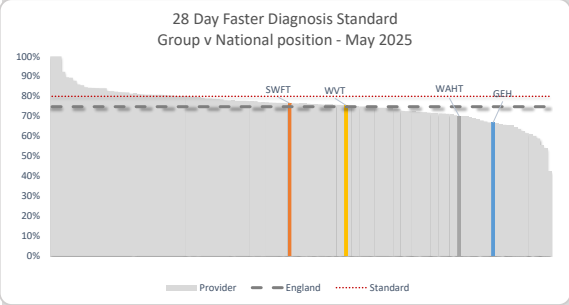
Dotted lines are trajectory values from April 2025 onwards where available



Group Analytics



Dotted lines are trajectory values from April 2025 onwards where available

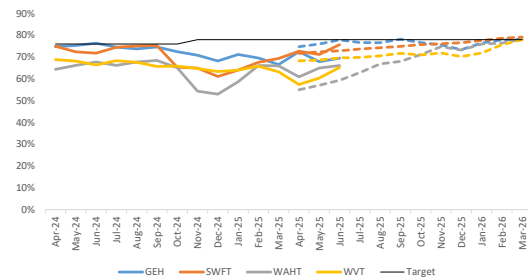


Narrative	
<p>Understanding Performance</p> <p>Cancer referrals across the Foundation Group (FG) Trusts have continued to increase compared to 2024. This growth in demand is a key factor in not achieving the 28-day Faster Diagnosis Standard (FDS) with all four are below their plan. With the exception of Wye Valley NHS Trust (WVT) who are meeting the March 2026 standard, the other three Trusts require improvement to reach their trajectory.</p> <p>Only George Eliot Hospital NHS Trust (GEH) are achieving the 31-day treatment standard.</p> <p>WVT, South Warwickshire University NHS Foundation Trust (SWFT) and Worcestershire Acute Hospitals NHS Trust (WAHT) are experiencing high volumes of demand and delays to treatment in the following specialties; Breast, Urology and Dermatology. Lung and non-site specific specialties remain under pressure for GEH.</p>	<p>Key Improvements</p> <p>Breast - discussions are on-going between WVT and WAHT regarding capacity issues at both sites and how best to mitigate them. SWFT has increased its capacity for imaging and has implemented a clinic specifically for under 38-year olds. This would present an opportunity for shared learning.</p> <p>Dermatology - the plans to implement Teledermatology at WAHT are progressing with plans to go live in the coming months. SWFT is commencing a service redesign programme to identify opportunities to improve the timeliness of the patient pathway.</p> <p>Urology - WAHT has secured additional consultant capacity linked to funding provided by West Midlands Cancer Alliance (WMCA). SWFT has an Executive led improvement programme. WVT is realising improvements in their FDS pathway for Urology patients due to local pathway changes. This would present an opportunity for shared learning.</p> <p>ctDNA Blood Tests - are being tested by the GEH Lung team who are optimistic about it's contribution to timely care.</p> <p>Area of shared learning - WVT has implemented the use of text messages to inform patients of benign results. The impact of this will be reviewed. Some Trusts are targeting Primary Care services to further educate on the appropriate use of referral forms. There is also an opportunity for discussion with GEH as to how they manage their 31-day performance</p>

Foundation Group Key Metrics

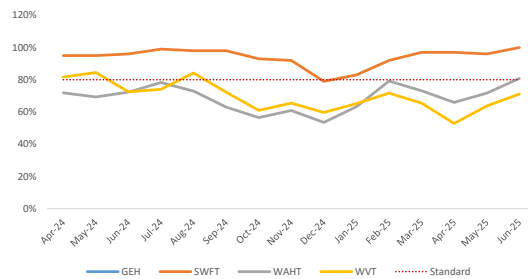
Urgent and Emergency Care

A&E - % of patients seen within 4 hours (any type)

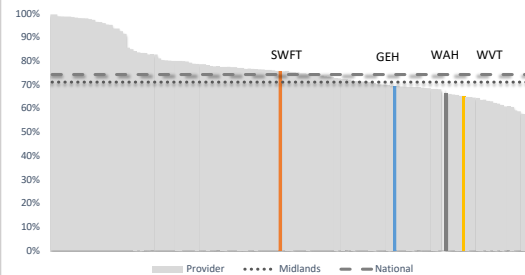


Dotted lines are trajectory values from April 2025 onwards where available

Ambulance Handover with in 45 mins (%)



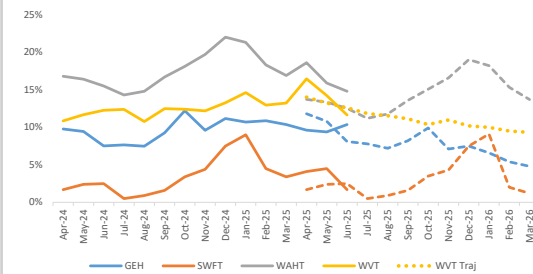
Total ED 4 hour performance - Group v National position - June 2025



Group Analytics

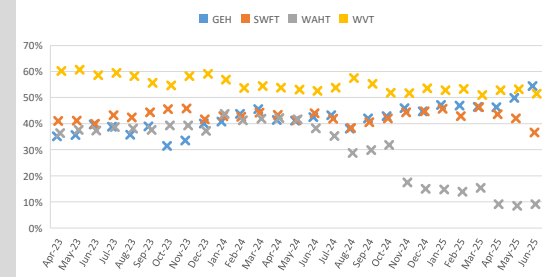


A&E - Percentage of patients spending more than 12 hours in A&E (any type)



Dotted lines are trajectory values from April 2025 onwards where available

Emergency 0 LOS (Adult Emergency)excluding SDEC



Narrative

Understanding Performance

Attendances to emergency departments (EDs) have continued to be higher than those experienced in 2024/25. Despite that, there are improvements in the urgent and emergency care (UEC) metrics above but there are further opportunities to improve patient experience by e.g. reducing the time spent in the department. Two Trusts are meeting their 4-hour trajectory, and two Trusts are meeting their 12-hour Accident and Emergency (A&E) trajectory. Occupancy levels remain high, there is risk that winter pressures and financial savings linked to release of unfunded capacity will add further challenge to ensuring patient flow.

Key Improvements

All Trusts have urgent care programmes that are starting to show green shoots of improvement driven by the need to manage the increase in demand.

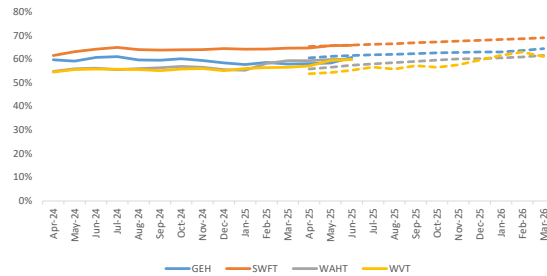
Improvements include:

- Navigation at the Front Door
- Extension of Same Day Emergency Care (SDEC) hours
- Daily escalation of delays to specialty review
- Focus on surgical pathways from ED such as an Acute Surgical Unit and plaster technicians in ED
- Streamlining community pathways
- On-going dialogue with primary care and community teams to reduced emergency attendances
- Increase in use of Virtual Wards e.g. Hospital at Home (HAH)
- On-going discussion between West Midlands Ambulance Service (WMAS) and Trusts to identify improvements where alternative healthcare could have been provided
- Expansion of Single Point of Access (SPA) for pre-defined conditions that could be managed in the community
- WAHT - Emergency Care Improvement Support Team (ECIST) support plan

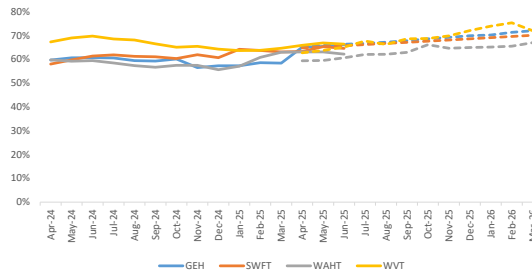
Foundation Group Key Metrics

Referral to Treatment (RTT) performance - English patients

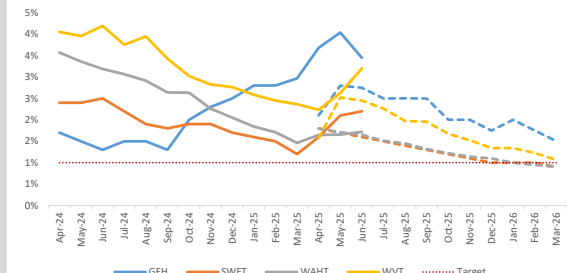
RTT - Open Pathways (% within 18 weeks)



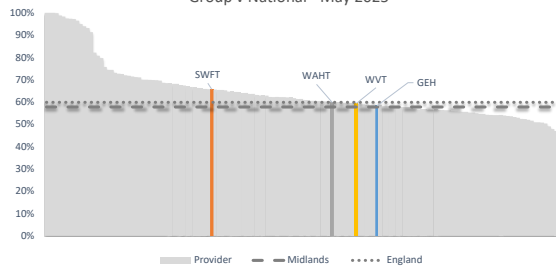
RTT - % of patients within 18 weeks for a first appointment



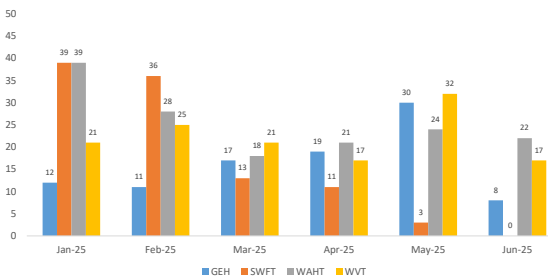
RTT-52 week waits as % of Waiting List



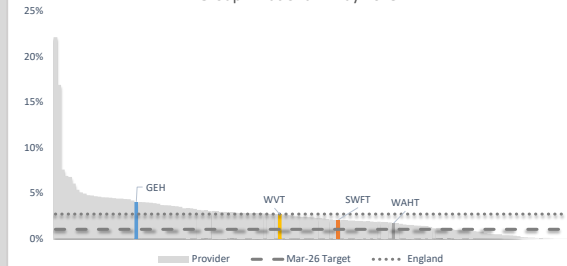
RTT Incomplete Pathways % < 18 weeks
Group v National - May 2025



RTT Incomplete Pathways - Patients over 65 week waits



RTT Incomplete Pathways % > 52 weeks
Group v National - May 2025



Narrative

Understanding Performance

Three Trusts are on trajectory for their Referral to Treatment (RTT) performance (within 18-weeks) and within a recoverable tolerance of achieving the patients within 18-weeks waiting for first appointment.

All Trusts, by varying degrees, are above their target for reducing the percentage of patients waiting over 52-weeks. Specialties of challenge are different by organisation: Ear, Nose and Throat (ENT) for WAHT, GEH and WVT, Dermatology for SWFT, and Trauma and Orthopaedics (T&O) for WAHT and WVT.

SWFT is the only Trust to have mitigated their 65-week breach patients for June 2025.

Key Improvements

All Trusts have taken part in the NHS England (NHSE) Validation Sprint. The volume of opportunity has been different for each Trust depending on their routine validation processes (i.e. WAHT validate using texts every 12-weeks so little opportunity presented so far).

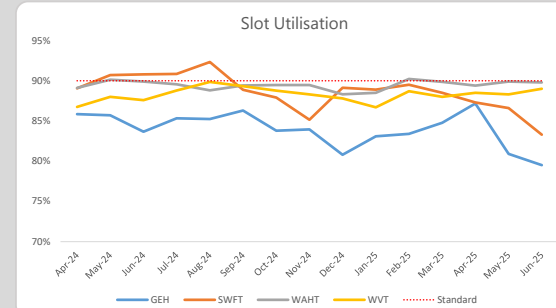
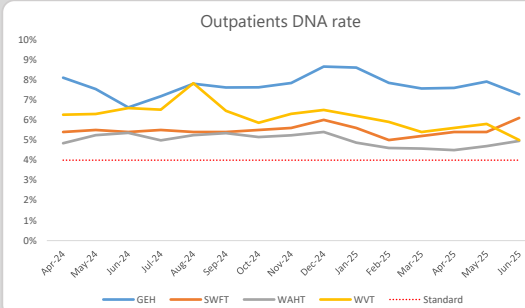
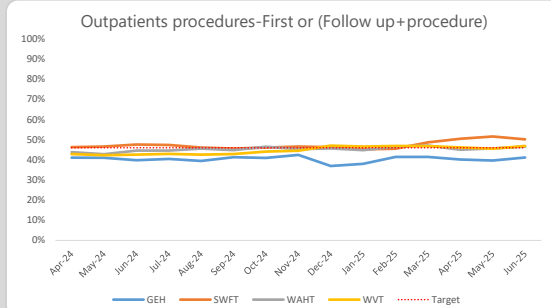
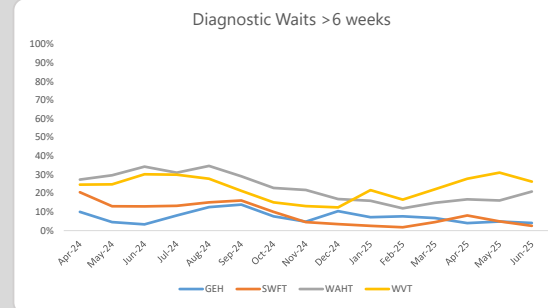
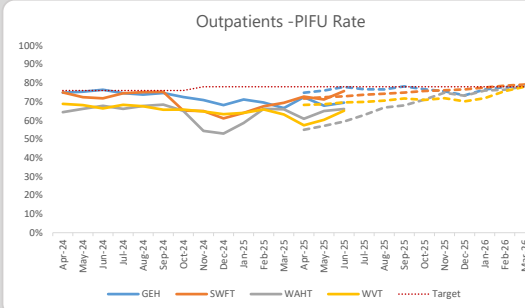
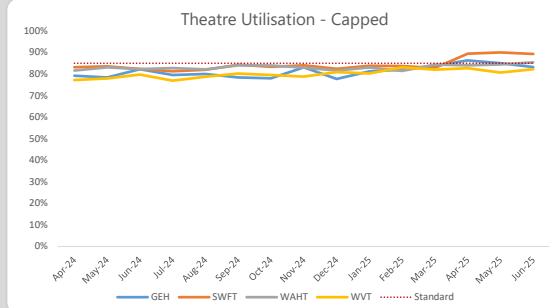
Timeliness of diagnostic testing needs to improve and should be an opportunity for shared learning. Monitoring advice and guidance (G&A) levels from Primary Care and providing feedback on themes for common conditions that can be managed outside of acute settings is another area to improve.

Some organisations continue to support their mitigation of patients at risk of breaching with insourcing.

Some of the improvements relating to cancer and elective care will contribute to managing RTT waiters.

Foundation Group Key Metrics

Theatre, Diagnostics and Outpatients



Narrative

Understanding Performance

Two Trusts are at the required baseline performance for capped theatre utilisation.

All four Trusts are showing small improvements in patients being transferred or discharged to PIFU but all falling short of the 6% target.

Although there is no nationally agreed target for diagnostic tests within 6-weeks, WVT and WAHT do have a higher proportion of their waiting list breaching 6-weeks than GEH and SWFT.

Three of the four Trusts are above target for outpatient procedures.

All Trusts are above the DNA target of 4% with little change in the month to month profile.

Three Trusts are below the slot utilisation standard of 90%.

Key Improvements

Consultants who are failing to meet 85% capped utilisation are provided with management support to mitigate barriers.

Using the deep dive analytics to identify variances in performance across FG Trusts especially for PIFU (i.e. WAHT had zero PIFU for Gastroenterology whereas the other three Trusts had some, an investigation identified coding issues and clinician to clinician conversations have resulted in some improved education).

Some Group support between Trusts for Diagnostic modalities is in place (i.e. CardioEchographs & Colonoscopies) and a First to Follow up deep dive was in progression which may identify opportunities for repurposing appointments or preventing Waiting List Initiatives (WLIIs).

Discussions relating to pathway analysers in use at each Trust may identify possible pathway efficiencies.

Use of Digital tools such as the Federated Data Platform (FDP) and/or IQVIA products.

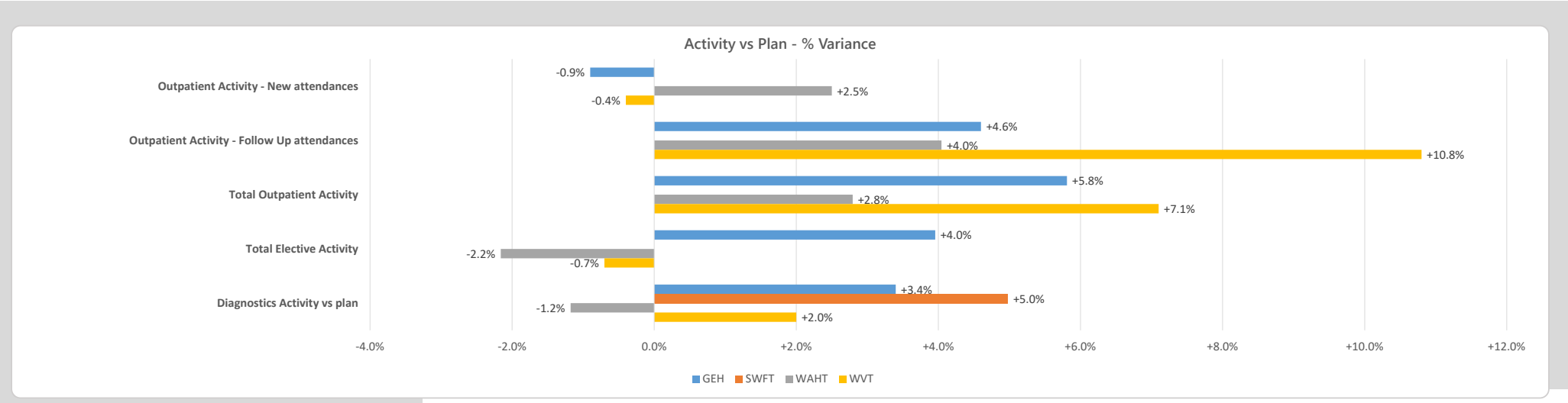
Use of volunteer teams to call patients with the ambition to minimise DNAs.

Review of the clinical role delivering minor procedures to move from consultant to registrar (e.g. joint injections)

Foundation Group Key Metrics

Activity Volume vs Plan variance

% variance -Activity Volume vs Plan June 2025	GEH	SWFT	WAHT	WVT
Outpatient Activity - New attendances	-0.9%		+2.5%	-0.4%
Outpatient Activity - Follow Up attendances	+4.6%		+4.0%	+10.8%
Total Outpatient Activity	+5.8%		+2.8%	+7.1%
Total Elective Activity	+4.0%		-2.2%	-0.7%
Diagnostic Activity vs plan	+3.4%	+5.0%	-1.2%	+2.0%



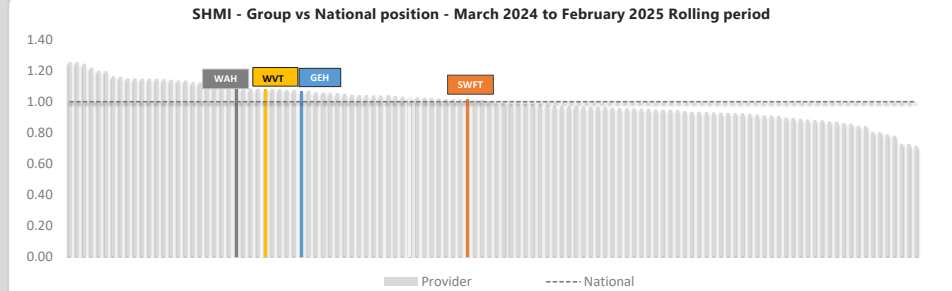
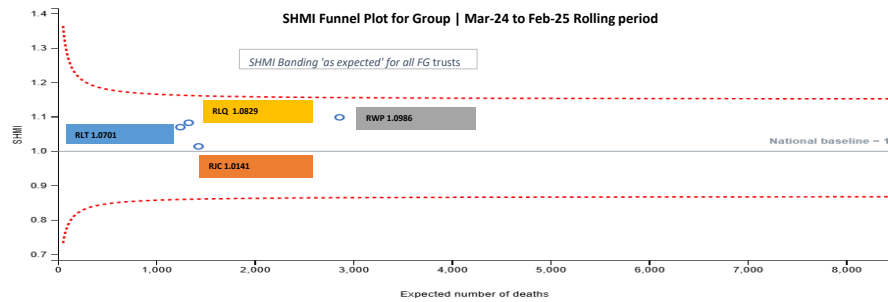
Narrative

Understanding Performance

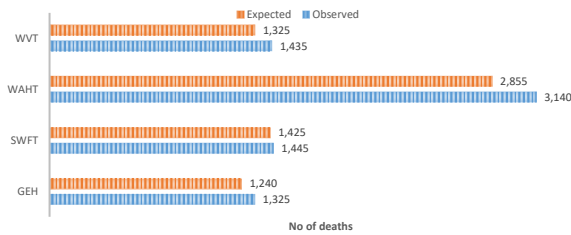
The chart above shows each Trust's variance to plan for key pods of activity. There is some variation from organisation to organisation. This could be attributed to a plan that was set too high or low depending on available capacity or as a result of changes to delivery since the annual plan was submitted. There could be a link between the above plan diagnostic activity seen at SWFT and GEH contributing towards their improved DM01 6-week wait position.

Foundation Group Key Metrics

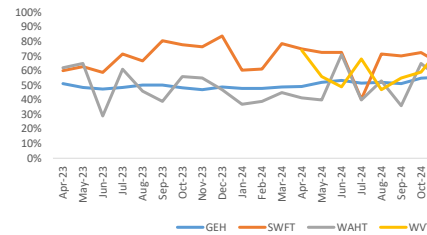
Quality - SHMI, Fractured NOF



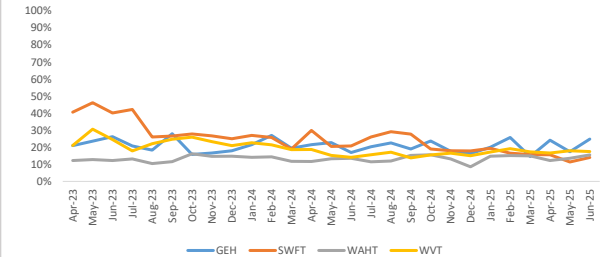
OBSERVED VS EXPECTED MORTALITY MAR-24 TO FEB-25



% of patients with a fractured NOF receiving surgery within 36 hours



Medically fit for discharge - Acute



Narrative

Understanding Performance

All four Trusts have a Summary Hospital-level Mortality Indicator (SHMI) banding of "as expected". All Trusts have a comprehensive understanding of their SHMI scores and the differences that are observable at site and diagnosis group level. All Trusts discuss SHMI and linked mortality metrics within their clinical reference groups to ensure shared learning is disseminated.

Fractured Neck of Femur (#NOF) - WAHT is the Trust with most opportunity for improvement. The percentage of patients in theatre within 36-hours has not changed significantly for best practice tariff (BPT) patients in 2025/26. The primary reasons for BPT breaches in June 2025 were bed issues and theatre capacity. Changes have been made to the #NOF pathway and improvements are expected to be seen in July 2025, additional improvements expected from this change are reduction in outliers and overall length of stay reduced.

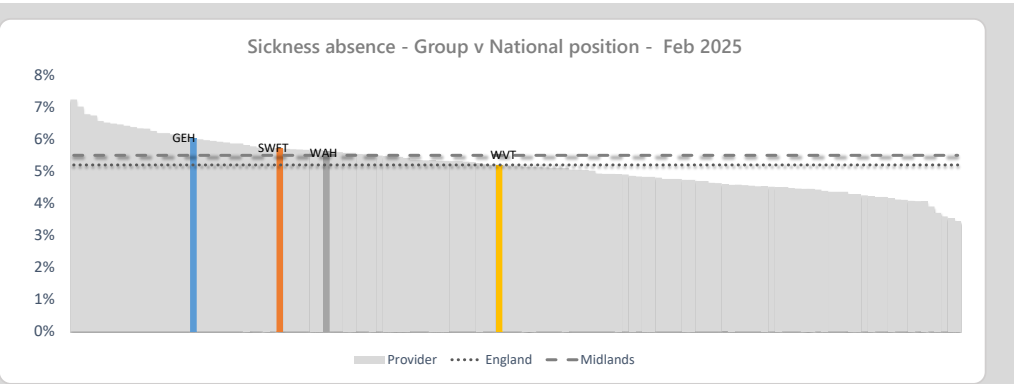
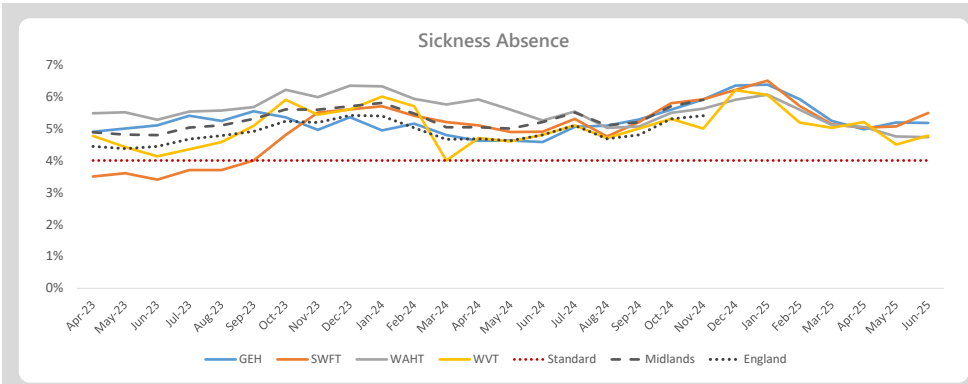
As discharge ready date is essential for good patient flow, it is recommended that this metric and associated data capture is reviewed as an analytics led deep dive.

Foundation Group Key Metrics



Sickness Absence All Staff Groups

Trust	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	Apr-25	May-25	Jun-25
GEH	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.6%	4.6%	4.6%	5.1%	5.1%	5.3%	5.6%	5.9%	6.3%	6.4%	5.9%	5.2%	5.0%	5.2%	5.2%
SWFT	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%	5.0%	5.1%	5.5%
WAH	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%	5.1%	5.1%	4.8%	4.7%
WVT	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%	5.2%	4.5%	4.8%



WTE workforce figures - June 2025	GEH	SWFT	WAHT	WVT
Clinical WTE Establishment	2,219	4,203	5,855	3,169
Clinical WTE Actual	2,119	4,372	5,428	2,855
Non-Clinical WTE Establishment	939	998	1,768	901
Non-Clinical WTE Actual	901	968	1,637	869

Narrative

Understanding Performance

All Trusts have opportunity for improvement in reducing the sickness rates seen in their workforce as they all above the locally agreed target.

Key Improvements

This metric is scored on the National Oversight Framework and reducing sickness absence across the FG will remain a key focus with actions in place to ensure 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.

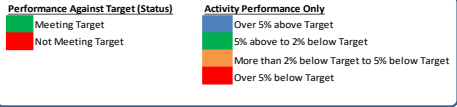
Continued support will be offered to staff through Occupational Health, Staff Support, Employee Assistance Programme (EAP) and Wellbeing interventions.

All Trusts are putting place the appropriate support for management of long-term sickness absence.

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

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
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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																Latest Month		Year to Date vs Standard		Trend - Rolling 13 Month		Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark	
Responsible Director		Standard	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional	May 2025	May 2025	May 2025	May 2025	May 2025	May 2025	May 2025
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 77% (FY_2024-25) ≥ 80% (FY_2025-26)	79.0%	75.5%	76.7%	69.8%	66.6%	68.7%	76.6%	71.1%	76.2%	71.2%	62.0%	66.8%		412	617	64.5%		66.8%	67.3%	May 2025					
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	100%	100%	100%	96.8%	100%	100%	100%	100%	100%	100%	98.5%	100%		68	68	99.3%		100%	93.8%						
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 70% (FY_2024-25) ≥ 75% (FY_2025-26)	58.8%	70.1%	72.8%	78.0%	64.8%	67.0%	61.6%	51.8%	55.2%	62.8%	68.5%	64.4%		43	66	67.3%		64.4%	70.7%						
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	86.3%	80.3%	52.1%	51.0%	59.0%	72.2%	84.5%	86.2%	91.6%	70.3%	53.8%	82.4%		432	524	67.5%		82.4%	79.3%						
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	86.9%	71.4%	8.5%	26.8%	30.9%	38.8%	98.2%	96.4%	94.6%	67.3%	51.0%	72.0%		36	50	61.7%		72.0%	70.5%						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	3	6	4	3	3	7	7	14	6	15	10	9													
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	8.3%	40.0%	26.7%	100%	50.0%	66.7%	42.9%	35.7%	15.4%	33.3%	42.9%	47.8%		5.5	11.5	42.9%		47.8%	63.4%	May 2025					
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	90.0%	84.6%	90.5%	83.8%	95.2%	100%	80.8%	77.8%	56.7%	80.0%	83.8%	91.7%		17.0	18.5	83.8%		91.7%	81.6%						
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	43	34	35	45	53	42	52	32	39	47	46	50													
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	93.4%	94.3%	94.3%	93.1%	92.6%	92.1%	91.6%	93.0%	94.4%	94.5%	94.8%	92.1%	89.9%	2,199	2,447	93.1%									
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,873	8,694	7,795	8,229	8,688	9,199	9,098	8,275	7,760	8,873	8,477	8,752	8,632			25,861		8,632	14,087	Jun 2025					
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	11.4%	11.7%	13.3%	9.6%	6.7%	6.8%	7.1%	6.9%	7.4%	8.1%	10.1%	9.2%	7.8%	117	1,501	9.6%									
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	64.6%	61.4%	68.3%	61.4%	45.9%	53.8%	43.9%	53.7%	49.7%	51.5%	64.6%	63.1%	51.2%	769	1,501	64.6%									
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	6.8%	9.1%	4.9%	9.2%	25.4%	12.2%	25.7%	23.0%	22.8%	18.8%	8.8%	10.5%	15.4%	231	1,501	8.8%									
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	844	798	865	768	902	856	931	874	722	812	804	824	743												
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	42.5%	43.2%	38.0%	42.0%	42.9%	45.9%	44.7%	47.1%	46.9%	46.4%	46.3%	49.8%	54.4%	1,085	1,996	49.4%									
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		7.5%	7.6%	7.5%	9.3%	12.2%	9.6%	11.2%	10.7%	10.9%	10.4%	9.6%	9.4%	10.4%	895	8,632	9.5%									
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		92	93	85	93	96	111	113	97	109	113	94	105	109			103		94	69	Apr 2025					
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 78%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%	71.2%	69.6%	66.6%	72.5%	67.9%	69.5%	6,002	8,632	69.9%		69.5%	75.4%	Jun 2025					
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	18	19	15	17	21	24	22	20	21	19	15	16	16			16		16	12.5	May 2025					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	51	133	56	161	380	141	345	224	392	323	307	284	484			1,075									
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	2.0%	2.3%	2.1%	2.0%	1.4%	2.3%	2.5%	2.5%	2.4%	2.2%	2.1%	2.1%	2.6%	218	8,231	2.2%									
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	60.7%	61.0%	59.6%	59.5%	60.1%	59.4%	58.4%	57.7%	58.6%	57.9%	58.1%	58.3%	60.7%	12,314	20,279	59.0%		58.3%	61.3%	May 2025					
	18 weeks to First Appointment (%)	Chief Operating Officer	≥ 72%											65.1%	65.4%	66.1%	8,143	12,314	65.6%									
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,958	17,233	17,633	17,046	17,751	18,206	18,184	17,566	19,922	19,492	20,260	20,574	20,279												
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	1% of the total waiting list by March 2026	1.3%	1.5%	1.5%	1.3%	2.0%	2.3%	2.5%	2.8%	2.8%	2.8%	3.7%	4.0%	3.4%	687	20,279	3.9%		4.0%	2.6%	May 2025					
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	9	13	9	0	1	2	14	12	11	13	19	30	8			57		30	67						



Type	Item	Description
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Quality of care, access and outcomes		Responsible Director	Standard	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-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				
Elective Care	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	1	0	0	0	1	0					1	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	2				
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	2019/20	75.1%	84.3%	86.8%	108%	102%	107%	109%	104%	98.8%	120%	64.7%	46.8%	69.7%	3,080	4,422								
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	≥ 100%	113%	112%	111%	116%	132%	119%	123%	126%	123%	117%	111%	112%	129%	6,111	4,739	117%		112%	120%	May 2025			
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	100%	81.3%	80.6%	79.7%	79.3%	89.9%	90.5%	85.1%	91.7%	88.9%	84.9%	99.4%	86.8%	98.8%	6,111	6,183								
	Proportion of all outpatient attendances that are for first appointments or follow-up appointments with a procedure	Chief Operating Officer	≥ 46%	39.8%	40.4%	39.5%	41.3%	41.0%	42.5%	36.9%	38.0%	41.4%	41.5%	40.2%	39.7%	41.2%	9,052	21,992	41.2%							
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 100%	201%	180%	150%	214%	244%	125%	142%	114%	124%	105%	109%	113%	124%	184	148	115%		113%	94.5%	May 2025			
	Total Elective Activity (volume v plan)	Chief Operating Officer	100%	103%	85.8%	78.2%	64.9%	105%	112%	84.8%	43.7%	70.9%	60.0%	119%	86.0%	104%	184	177								
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 100%	117%	115%	125%	107%	104%	108%	111%	117%	107%	106%	84.1%	99.7%	112%	1,539	1,376	97.9%		99.7%	115%	May 2025			
	Total Daycase Activity (volume v plan)	Chief Operating Officer	100%	82.2%	81.1%	83.5%	69.1%	77.2%	86.5%	79.1%	84.3%	77.4%	76.6%	94.1%	88.3%	94.1%	1,539	1,636								
	BADS Daycase rates	Chief Operating Officer	≥90%	91.9%	97.9%	97.8%	94.8%	89.8%	96.3%	95.6%	91.8%	98.8%	93.9%	100%	95.6%	94.6%	87	92	96.6%							
	Elective - Theatre Utilisation - Capped (%)	Chief Operating Officer	85%	82.4%	78.3%	77.6%	75.5%	77.7%	82.9%	76.7%	81.2%	82.0%	83.9%	86.3%	85.0%	83.2%	58,710	70,560	84.7%							
	Elective - Theatre Utilisation - Uncapped (%)	Chief Operating Officer	85%	85.4%	80.6%	81.3%	78.0%	80.6%	85.6%	80.1%	88.9%	86.2%	100%	90.0%	88.7%	89.5%	63,182	70,560	89.4%							
	Theatre Start Times - On time (early and up to 5 minutes late) (%)	Chief Operating Officer		9.8%	10.3%	11.0%	8.9%	11.8%	13.0%	12.3%	13.9%	9.0%	10.2%	14.0%	12.8%	17.8%	136	763	15.1%							
	Theatre Start Times - 5 to 15 mins late (%)	Chief Operating Officer		24.2%	18.2%	25.3%	17.1%	20.8%	16.3%	23.9%	17.5%	25.8%	22.3%	24.7%	24.3%	26.9%	205	763	25.4%							
	Theatre Start Times - 15 to 30 mins late (%)	Chief Operating Officer		41.2%	41.8%	30.1%	43.2%	36.5%	39.1%	37.4%	30.4%	34.8%	41.4%	43.6%	32.5%	29.2%	223	763	34.5%							
	Theatre Start Times - 30+ mins late (%)	Chief Operating Officer		24.8%	29.7%	33.6%	30.8%	30.9%	31.5%	26.5%	38.1%	30.3%	26.1%	17.7%	30.4%	26.1%	199	763	25.0%							
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	16	31	30	42	34	43	16	28	29	30	20	16	57			31							
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	142%	132%	141%	137%	150%	151%	143%	150%	129%	163%	147%	149%	144%	2,348	1,632	147%							
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	89.1%	85.0%	90.6%	92.5%	96.4%	95.0%	96.4%	95.9%	81.8%	115%	99.0%	109%	104%	786	759	104%							
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	104%	104%	85.9%	93.2%	80.6%	83.2%	90.4%	91.0%	89.1%	125%	101%	86.5%	95.5%	1,233	1,291	93.9%							
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	96.6%	91.9%	87.4%	86.0%	92.3%	95.2%	89.6%	92.8%	92.3%	93.2%	96.0%	95.1%	95.9%	2,814	2,933	95.7%		95.1%	82.2%	May 2025			
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	98.3%	97.1%	98.3%	97.3%	97.6%	98.3%	98.4%	96.6%	99.0%	98.9%													
	Maternity - % of women who have seen a midwife by 10 weeks of pregnancy	Chief Nursing Officer	≥90%								56.7%	65.2%	59.8%	95.7%	95.4%		166	174	95.5%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		25.0%	8.3%	4.5%	20.6%	25.0%	20.0%	18.5%	12.0%	28.6%	21.9%	8.3%	21.2%	42.9%	9	21	23.1%		8.3%	9.4%				
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		61.0%	56.3%	55.9%	53.3%	44.6%	55.6%	50.0%	56.9%	52.5%	71.7%	53.5%	63.0%	67.3%	35	52	61.7%		53.5%	64.3%	Apr 2025			
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		71.4%	92.7%	75.0%	92.7%	74.1%	66.7%	88.5%	71.9%	80.8%	93.8%	82.1%	93.5%	84.6%	33	39	86.7%		82.1%	83.2%				
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	163	206	147	187	186	160	176	181	151	177	186	194	195			575							
	Midwife to birth ratio	Chief Nursing Officer	1:26	25	29	23	30	27	24	28	28	21	24	25	27				1:25							

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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George Eliot Hospital
NHS Trust

Quality of care, access and outcomes																	Latest Month				Latest Available Monthly Position					
		Responsible Director	Standard	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-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	
	Still Birth rate (stillbirths 24wplus per 1000 total births) - rolling 12 months	Chief Nursing Officer		1.4	1.8	1.4	1.9	2.3	2.8	2.8	2.8	2.3	2.3	2.8	3.3	3.2										
	Neonatal Death rate (Neonatal deaths 0-28 days per 1000 total births) - rolling 12 months	Chief Nursing Officer		0.5	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0										
	Extended Perinatal Mortality rate (stillbirths +Neonatal deaths per 1000 total births) - rolling 12 months	Chief Nursing Officer		1.9	2.3	1.9	1.9	2.3	2.8	2.8	2.8	2.3	2.3	2.8	3.3	3.2										
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	6.6%	7.2%	7.8%	7.6%	7.6%	7.8%	8.7%	8.6%	7.8%	7.6%	7.6%	7.9%	7.3%	1,706	23,234	7.4%		7.9%	6.6%	May 2025			
	PIFU Rate	Chief Operating Officer	≥ 5%	2.5%	3.0%	2.6%	3.2%	3.0%	2.8%	3.3%	3.2%	2.8%	3.6%	3.2%	3.4%	3.4%	716	21,109	3.3%							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	83.7%	85.3%	85.3%	86.3%	83.8%	84.0%	80.8%	83.1%	83.4%	84.8%	87.2%	80.9%	79.5%	6,245	7,854	93.3%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	19.4%	19.6%	18.5%	17.2%	17.2%	16.9%	18.3%	18.3%	17.0%	17.5%	18.8%	17.0%	15.7%	3,308	21,109	18.0%							
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.9%	12.0%	12.2%	6.9%	6.5%	10.0%	6.8%	6.6%	3.8%	5.1%	6.5%	4.6%	7.3%			6.2%		3.8%	5.9%	Apr 2025			
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	99.2%	94.8%	96.5%	94.8%	94.2%	98.3%	99.3%	99.8%	99.5%	98.5%	99.7%	98.7%	99.7%	374	375	99.3%		99.3%	92.4%	Jan - Mar 2025			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	34	May 25			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		2.0%	1.5%	1.8%	1.9%	1.8%	1.4%	0.9%	1.1%	1.1%	1.1%	0.8%	1.3%	0.8%	9	1,086	0.9%							
	ALoS – D2A Pathway 2	Chief Operating Officer		22.7	32.4	19.6	29.0	33.4	29.5	35.9	45.8	35.6	34.2	33.0	32.2	29.1										
	ALoS – D2A Pathway 3	Chief Operating Officer		14.7	20.9	18.0	25.2	39.5	31.3	27.9	34.0	28.2	41.0	31.4	34.3	37.6										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.1	4.9	4.7	5.1	5.4	4.8	4.5	5.4	5.2	5.2	4.8	4.9	4.5			4.7							
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.1	2.5	2.9	2.7	2.7	2.6	3.5	1.3	3.2	2.9	3.6	2.8	2.6			3.0							
	Volume of MFFD	Chief Operating Officer	≤25										59	95	65	93			73							
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%	20.1%	25.8%	14.6%	24.2%	17.4%	24.9%	93	374	21.7%							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	8.5%	8.1%	8.8%	9.0%	9.0%	8.0%	10.4%	9.3%	9.5%	9.7%	9.8%	9.9%	9.6%	444	4,617	9.9%							
	HSMR - Rolling 12 months (Published Month)	Chief Medical Officer	<100	97.5	105.3	105.3	104.3	106.7	106.0	118.8	118.8	114.2	119.2	119.2	125.1	121.9			121.9							
	Mortality SHMI - Rolling 12 months (Published Month)	Chief Medical Officer	<1	1.06	1.05	1.06	1.06	1.06	1.04	1.03	1.02	1.02	1.03	1.05	1.06	1.07			1.07							
	Never Events	Chief Medical Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0							
	MRSA Bacteraemia (COHA/HOHA Only)	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	1.1				
	MSSA Bacteraemia (COHA/HOHA Only)	Chief Nursing Officer		0	0	2	2	2	0	1	1	1	0	1	1	0			2		1	10.4	Apr 2025			
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA/HOHA Only)	Chief Nursing Officer	2022/23 (35)	3	6	3	1	6	4	2	5	0	6	1	3	2			6		1	21.3				
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (10)	0	1	0	0	2	1	1	1	1	1	2	1	1			4							
	Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	0	0	2	0	0	0	0	0	0	0	0	0	0	0			0							
	Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	Actual	0	2	5	0	1	5	3	2	0	3	6	3	1			10							
	VTE Risk Assessments	Chief Medical Officer	≥95%	97.6%	97.5%	97.3%	97.5%	97.2%	97.3%	97.5%	96.9%	96.4%	96.5%	95.9%	96.5%	97.2%	4,511	4,639	96.6%							

Performance Against Target (Status)

Meeting Target

Not Meeting Target

Activity Performance Only

Over 5% above Target

5% above to 2% below Target

More than 2% below Target to 5% below Target

Over 5% below Target

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

Quality of care, access and outcomes			Responsible Director	Standard	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-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	
	WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%								
Safe, High-Quality Care	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%								
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	95.4%	95.6%	95.5%	96.2%	96.8%	97.8%	97.8%	97.4%	97.1%	98.2%	98.3%	98.5%	98.4%			98.3%									
	Number of complaints	Chief Nursing Officer	2021/22 (352)	10	12	7	9	8	6	2	5	9	5	5	10	10			25									
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	0	0	0	0	1	2	0	0	0	0			0										
	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	0	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)	80.0%	83.3%	85.7%	88.9%	87.5%	100%	100%	100%	100%	60.0%	100%	100%		10	10	87.4%									
	Friends and Family Test Score: A&E% Recommended/Experience by Patients**	Chief Nursing Officer	≥86%	77.6%	77.8%	81.9%	100%	100%	40.0%	12.5%	55.6%	90.9%	86.1%	100%	66.7%	68.9%		113	164	69.2%		66.7%	80.0%					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients**	Chief Nursing Officer	≥86%	90.4%	92.5%	87.4%	98.8%	99.0%	94.6%	90.4%	95.5%	95.1%	95.6%	96.7%	97.1%	90.8%		208	229	94.7%		97.1%	94.5%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	94.8%	87.7%	92.7%	0.0%	66.7%	100%	89.5%	96.4%	89.5%	95.7%	96.0%	100%	79.4%		27	34	87.5%		100%	92.4%					
	Friends and Family Test: Response rate (A&E)**	Chief Nursing Officer	≥25%	27.7%	24.0%	24.9%	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%	0.5%	0.0%	0.0%	2.6%		164	6265	0.9%		0.0%	10.0%					
	Friends and Family Test: Response rate (Acute inpatients)**	Chief Nursing Officer	≥30%	33.2%	25.0%	37.9%	11.3%	11.0%	10.3%	3.6%	4.5%	6.0%	9.9%	7.7%	8.9%	10.4%		229	2208	9.2%		8.9%	21.1%					
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	28.0%	24.9%	22.3%	0.0%	1.3%	10.0%	8.2%	15.5%	8.2%	14.4%	13.4%	2.6%	17.4%		34	195	11.0%		2.6%	12.0%					

**Due to changes in HSMR methodology, HSMR is now an outlier at 121.9 for the latest period.
**(Shaded Grey) From September 2024 due to the expiry of the FFT vendor contract, the data presented is indicative of the performance and does not present the actual performance of the trust period.

People		Responsible Director	Standard	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position		GEH Latest month vs benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	86.3%	88.0%	87.5%	84.5%	83.7%	84.6%	82.8%	83.8%	84.5%	85.2%	86.5%	84.5%	86.5%		1,813	2,096	85.5%							
	Mandatory Training	Chief People Officer	≥ 85%	94.2%	94.2%	94.6%	94.2%	93.9%	93.4%	93.7%	93.5%	93.7%	94.0%	94.3%	94.4%	94.3%		29,032	30,780	94.3%							
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	4.6%	5.1%	5.1%	5.3%	5.6%	5.9%	6.3%	6.4%	5.9%	5.2%	5.0%	5.2%	5.2%		4,687	90,552	5.1%		5.9%	5.3%	Feb 2025			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	4.6%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.4%	5.4%	5.4%	5.4%	5.5%	5.5%		58,908	1,068,808	5.5%							
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	11.7%	11.3%	11.2%	10.5%	10.2%	10.1%	10.1%	10.1%	9.8%	9.6%	9.8%	9.7%	9.4%		276	2,925	9.7%		9.6%	9.6%	Mar 2025			
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer		1	2	2	0	0	0	0	2	0	0	0	0	0				0							
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer		4	6	4	6	4	6	5	8	6	4	8	17	4			29								
	Vacancy Rate	Chief People Officer	< 10%	12.1%	10.4%	10.0%	7.7%	8.8%	8.3%	9.6%	7.8%	7.3%	6.9%	4.8%	4.9%	4.8%		151	3,171	4.8%		6.9%	6.0%	Mar 2025			

Finance and Use of Resources		Responsible Director	Standard	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Latest Month		Year to Date vs Standard	Trend - Rolling 12 Month	Latest Available Monthly Position		GEH Latest month vs benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark
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Performance Against Target (Status)		Activity Performance Only	
<div></div>	Meeting Target	<div></div>	Over 5% above Target
<div></div>	Not Meeting Target	<div></div>	5% above to 2% below Target
		<div></div>	More than 2% below Target to 5% below Target
		<div></div>	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	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Numerator	Denominator	GEH Latest month vs benchmark					National or Regional							
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	Plan	-916	208	507	46	465	-1,148	-627	-692	-333	2,377	-1,864	-1,723	-1,609			-5196										
	I&E - Margin (%)	Chief Finance Officer	Plan	-4.4%	1.0%	2.4%	0.2%	1.7%	-5.2%	-2.8%	-3.1%	-1.5%	6.1%	-8.7%	-7.5%	-7.0%	-1,609	23,043	-7.7%										
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-247	-39	-31	-527	209	-1,664	-1,291	-1,027	-959	1,891	-301	-665	-474			-1440										
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-37.0%	-16.0%	-6.0%	-92.0%	82.4%	-323%	-194%	-307%	-153%	389%	-19.3%	-63.0%	-41.8%	-474	-1,135	-38.0%										
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-197	-119	770	-1,420	-1,067	-84	-730	91	424	-531	-559	-321	45			-835										
	Agency - expenditure (£k)	Chief Finance Officer	N/A	449	341	617	288	355	361	223	308	294	393	76	111	76			263										
	Agency Expenditure - Reduction in Current vs Spending in FY 2024-25 (%)	Chief Finance Officer	≥30%											87.1%	78.7%	83.1%			82.8%										
	Agency - Expenditure as % of total pay	Chief Finance Officer	≤3.2%	3.0%	2.3%	4.4%	1.9%	1.9%	2.3%	1.4%	1.9%	1.8%	1.4%	0.5%	0.7%	0.5%	76	16,706	0.5%										
	Agency - Expenditure as % of cap	Chief Finance Officer	≤100%	64.0%	90.0%	163%	76.0%	93.9%	96.0%	59.0%	81.5%	78.0%	104%	38.4%	56.0%	73.1%	76	104	53.0%										
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,773	4,328	4,739	5,031	4,355	4,413	4,468	4,250	4,563	4,288	4,611	4,600	4,777			4,738										
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	266	193	576	514	781	269	295	1,071	-2,198	-2,494	-155	-122	-179			-456										
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	28	24	30	27	31	25	25	23	25	41	38	39	38			38										
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	98.0%	97.2%	98.1%	97.2%	93.2%	83.1%	90.0%	79.9%	73.1%	89.8%	79.5%	90.2%	90.4%	6,929	7,666	85.3%										
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	97.9%	97.9%	98.0%	97.3%	91.7%	94.9%	96.0%	89.6%	97.5%	97.1%	92.9%	92.8%	97.5%	2,274	2,332	94.1%										

South Warwickshire University NHS Foundation Trust Trust Key Performance Indicators (KPIs) - 2025/26



Performance Against Targets TB (Status) Activity Performance Only

Meeting Target	Over 5% above Target
Not Meeting Target	5% above to 2% below Target
	More than 2% below Target to 5% below Target
	Over 5% below Target

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

Example

Data Quality Assurance Questions

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?	Overall KPI Rating
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?	Key
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)?	No 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?	Limited Assurance
		Reasonable Assurance
		Substantial Assurance

Quality of care, access and outcomes								Responsible Director	Standard	Feb-25	Mar-25	Apr-25	May-25	Jun-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	80%	80.9%	78.8%	78.5%	76.6%		1149	1500	77.5%	•											
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	77.1%	79.0%	68.3%	62.2%		883	1420	65.3%	•											
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	94.4%	92.9%	89.4%	92.0%		92	100	90.7%	•											
	Cancer 62 Day Standard	Chief Operating Officer	75%	55.6%	59.8%	68.6%	56.2%		63.5	113	62.6%	•											
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%	91.1%	92.6%	90.7%	86.8%		132	152	88.7%	•											
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	14	18	18	19		19														
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2024/25 Outturn	132.1%	138.1%	104.8%	101.7%	109.3%	95384	87234	105.2%	•											
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.3%	99.0%	99.5%	99.3%	99.7%	1419	1423	99.5%	•											
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	87.6%	89.8%	89.2%	87.9%	88.4%	1392	1575	88.1%	•											
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.8%	95.3%	95.4%	96.6%	93.4%	2445	2619	95.2%												
	iSPA call response rate within one minute	Chief Operating Officer	80%	89.3%	86.4%	88.9%	84.2%	85.7%	9445	11021	86.3%	•											
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	119.4%	177.9%	97.3%	99.7%	101.8%	9017	8859	99.6%	•											
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	35.8%	37.3%	39.8%	35.4%	42.2%	625	1482	39.0%	•											
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	81.4%	92.5%	84.2%	89.9%	96.7%	870	900	90.2%	•											
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0%	20.8%	1.8%	16.6%	3.1%	0.0%	0	1482	6.6%	•											
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	129.1%	156.5%	102.5%	101.9%	102.5%	3616	3527	102.3%	•											
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	42.9%	46.3%	43.6%	41.6%	36.6%	720	1969	40.7%												
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	4.5%	3.4%	4.1%	4.5%	1.7%	149	8766	3.4%												
	A&E - Time to treatment (median)	Chief Operating Officer	-	53	61	53	68	62	62		61												
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	67.6%	69.4%	72.7%	71.2%	75.7%	6634	8766	73.2%	•											
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	86.9%	83.5%	86.6%	82.6%	85.9%	3667	4271	85.0%	•											
	A&E - Time to Initial Assessment	Chief Operating Officer	-	15	15	12	15	12	12		13												
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0%	36	47	35	76	0	0		111	•											
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	3.5%	4.2%	3.8%	3.8%	4.0%	340	8518	3.9%												



Quality of care, access and outcomes		Responsible Director	Standard	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	69%	64.2%	64.6%	64.7%	65.7%	65.8%	21970	33389	65.8%	•					
	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	29025	31906	32480	31909	32641	33389	33389		33389						
	RTT - Percentage of patients waiting over 52 weeks.	Chief Operating Officer	1.0%	1.5%	1.2%	1.6%	2.1%	2.2%	745	33389	2.2%	•					
	Referral to Treatment - Percentage of patients waiting no longer than 18 week for a first appointment	Chief Operating Officer	70.1%	63.7%	63.1%	63.3%	65.3%	64.6%	13719	21225	64.4%	•					
	Referrals (GP/GDP only)	Chief Operating Officer	-	7077	7983	7448	7518	7481	7481								
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	2024/25 Outturn	136.6%	172.0%	103.8%	108.0%	109.2%	10753	9851	107.0%	•					
	Outpatient Activity - Total	Chief Operating Officer	2024/25 Outturn	111.2%	131.3%	96.6%	98.3%	105.1%	37916	36089	99.9%						
	Elective Activity	Chief Operating Officer	2024/25 Outturn	112.5%	138.6%	101.7%	97.4%	109.3%	3581	3277	102.6%	•					
	Elective - Theatre Productivity (MH Touchtime- Capped)	Chief Operating Officer	75%	88.8%	90.1%	93.1%	102.4%	93.6%	3370	3600	96.5%	•					
	Elective - Theatre utilisation	Chief Operating Officer	85%	88.7%	88.2%	89.4%	90.0%	89.3%	94410	105720	89.6%	•					
	Cancelled Operations on day of Surgery	Chief Operating Officer	1%	0.00%	0.00%	0.00%	0.00%	0.00%	0	107430	0.00%	•					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	2024/25 Outturn	205.0%	346.4%	106.1%	112.2%	94.0%	746	794	103.6%	•					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	2024/25 Outturn	112.5%	172.6%	91.8%	87.5%	97.2%	754	776	92.1%	•					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	2024/25 Outturn	227.7%	324.7%	122.1%	98.9%	102.3%	1745	1706	107.3%	•					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	98.2%	95.4%	91.9%	95.0%	97.4%	8233	8455	97.4%	•					
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	70.4%	69.6%	74.8%	75.6%	77.6%	152	196	75.9%	•					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	21.3%	22.5%	18.8%	27.2%	20.2%	56	277	22.1%						
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	29	36	29	30	27	27		86						
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	88.6%	94.1%	89.9%	93.6%	90.4%	244	270	91.2%	•					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	19.0%	20.2%	19.2%	19.0%	19.3%	53	275	19.2%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	36.3%	36.8%	34.1%	34.1%	32.8%	84	256	33.7%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	86.3%	86.3%	87.4%	86.9%	86.2%	212	246	86.8%						
	Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	113.3%	104.9%	97.4%	90.1%	101.5%	272	268	96.1%	•					
	Midwife to birth ratio	Chief Nursing Officer	1:27	1:24	1:24	1:24	1:22	1:23	1:23		1:23	•					
	Maternity - Breast Feeding at 6 - 8 weeks Warwickshire (Community Midwives & Health Visitors) - Latest Quarter	Chief Nursing Officer	46%			51.4%			683	1328	49.4%	•					
	Maternity - Breast Feeding at 6 - 8 weeks Coventry (Community Midwives & Health Visitors) - Latest Quarter	Chief Nursing Officer	46%			60.0%			593	989	60.7%	•					
	Maternity - Breast Feeding at 6 - 8 weeks Solihull (Community Midwives & Health Visitors) - Latest Quarter	Chief Nursing Officer	46%			50.2%			225	448	50.6%	•					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	89.6%	88.0%	90.7%	91.6%	92.4%	255	276	91.6%	•					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	6.5%	5.0%	5.3%	5.6%	5.3%	6.1%	1128	18525	5.7%	•					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	95%	89.5%	88.5%	87.3%	86.5%	83.3%	15135	18173	85.6%	•					
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	46%	49.5%	48.7%	50.2%	51.7%	50.2%	14766	29409	57.8%	•					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	85% OP/112% OPP 2019/20 Outturn	113.6%	129.9%	93.5%	93.9%	101.6%	18656	18363	96.2%						
	Outpatient Activity - New Virtual	Chief Operating Officer	Virtual vs Total	14.1%	14.5%	16.1%	15.4%	12.8%	1377	10753	14.77%						
	Outpatient Activity - Follow Up Virtual	Chief Operating Officer	Virtual vs Total	16.9%	17.3%	16.1%	15.9%	14.9%	2780	18656	15.64%						
	Outpatients Activity - Virtual/ Total	Chief Operating Officer		20.2%	20.2%	20.5%	19.9%	18.0%	4157	29409	19.4%						
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	8%	3.2%	2.1%	1.9%	2.2%	1.8%	5	272	2.0%	•					

Quality of care, access and outcomes		Responsible Director	Standard	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Safe, high quality care	Occupancy Acute Wards Only	Chief Operating Officer	92%	99.2%	100.3%	100.1%	100.8%	98.7%	9993	10122	99.9%	•					
	Bed occupancy - Community Wards	Chief Operating Officer	90%	126.8%	125.7%	124.8%	125.4%	107.2%	1254	1170	119.2%	•					
	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	0	0	0	0	0	0	0		0	•					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	3%	0.8%	0.5%	0.9%	1.1%	0.9%	27	2892	1.0%	•					
	ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	38	33	33	31	37	37		34	•					
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	7.5	7.6	7.4	7.3	7.4	7618	1034	7.3	•					
	ALoS – Elective Inpatients	Chief Operating Officer	2.5	2.5	2.6	2.4	2.2	2.4	727	306	2.3	•					
	Medically fit for discharge - Acute																
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	30%	12.7%	13.8%	12.7%	16.4%	13.5%	305	2263	14.2%	•					
	HSMR - Rolling 12 months	Chief Medical Officer	100						109.4		109.4	•					
	Mortality SHMI - Rolling 12 months Feb 24 - Jan 25	Chief Medical Officer	89-112						101.0		101.0	•					
	Never Events	Chief Nursing Officer	-	0	0	0	0	0	0								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0		0	•					
	MSSA Bacteraemia	Chief Nursing Officer	0	1	0	1	1	0	0		2	•					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	19	2	2	0	3	4	4		7	•					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.04	1.51	1.19	1.51	0.00	61	13918	1.35	•					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	0	0	1	0	0	0		1	•					
	Serious Incidents	Chief Nursing Officer	-	0	0	0	0	0	0								
	VTE Risk Assessments - KPI Submitted Quarterly (Q1)	Chief Nursing Officer	95%		83.6%			91.8%	3230	3517	80.1%	•					
	VTE Risk Assessments - KPI Submitted Monthly Position - EPMA & Maternity Wards	Chief Nursing Officer	95%	86.1%	80.4%	89.2%	94.7%	91.7%	1088	1186	91.8%	•					
	VTE Risk Assessments - All Ward Position	Chief Nursing Officer	-					TBC									
	WHO Checklist	Chief Nursing Officer	100%	98.8%	98.6%	98.7%	99.4%	99.6%	8416	8454	99.2%	•					
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.4%	98.4%	98.3%	98.3%	98.2%	87	89	98.3%	•					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	98.4%	98.4%	98.3%	98.3%	98.3%	20	20	98.3%	•					
	No. of Complaints received	Chief Nursing Officer	-	16	22	31	19	16	16		66						
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0	1	0	0	0	1	1		1	•					
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	55.9%	80.0%	64.0%	72.7%	54.5%	6	11	65.5%	•					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	92.1%	86.4%	89.8%	86.6%	89.6%	181	202	89.1%	•					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	94.6%	94.0%	95.9%	93.7%	92.5%	2940	3180	94.3%	•					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	97.8%	99.0%	99.0%	97.9%	97.2%	70	72	98.3%	•					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	N/A	90.9%	100.0%	100.0%	0.0%	0		100.0%	•					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	7.5%	6.1%	6.2%	2.4%	4.1%	202	4917	4.2%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	3.4%	2.1%	2.2%	1.4%	1.5%	106	6999	1.7%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	0.0%	4.7%	0.3%	0.7%	2.1%	6	290	1.0%						
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	3.1%	1.3%	2.5%	2.4%	0.9%	72	7877	1.9%						





Quality of care, access and outcomes									Numertor	Denominat or	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
People										Denominat or	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking after our people	Agency - expenditure as % of total pay	Chief Finance Officer	-	2%	1%	2%	2%	1%	4%								
	Clinical WTE Establishment	Chief Finance Officer	-	-	-	4234	4227		4227								
	Clinical WTE Actual	Chief Finance Officer	-	-	-	4399	4382		4382								
	Non-Clinical WTE Establishment	Chief Finance Officer	-	-	-	1009	1010		1010								
	Non-Clinical WTE Actual	Chief Finance Officer	-	-	-	983	979		979								
	Frozen Posts (where no agency or bank is being used)	Chief Finance Officer	-	-	-	TBC	TBC		TBC								
Finance and Use of Resources										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	-	774	3640	-1713	-2243	7	7								
	I&E - Margin (%)	Chief Finance Officer	-	-1%	0%	-4%	-5%	0	-3%								
	I&E variance from plan (£)	Chief Finance Officer	-	774	3640	0	-2158	42	42								
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A	N/A	N/A								
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	378	2249	-49	-257	20	20								
	Agency - expenditure (£k)	Chief Finance Officer	-	580	517	436	524	267	267								
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	5346	4378	4934	4830	5349	5349								
	Capital - Variance to plan (£k)	Chief Finance Officer	-	-944	8373	-5463	-1722	-1141	-1141								
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	31269	18661	27818	13508	12568	12568								
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	93%	92%	96%	87%	88%	88%								
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	97%	97%	98%	97%	97%	97%								
	Agency - expenditure as % of cap	Chief Finance Officer	-	67%	34%	91%	110%	56%	56%								









Worcestershire Acute Hospitals NHS Trust
Trust Key Performance Indicators (KPIs) - up to Jun-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
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	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Numerator	Denominator	Year to Date (v Standard if available)	Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Cancer	% of patients told their cancer diagnosis outcome within 28 days (all routes)	Chief Operating Officer	80.8%	80.4%	80.0%	82.5%	77.6%	77.3%	77.0%	79.9%	78.9%	74.6%	70.0%	-	1,894	2,704	72.3%	<div></div>	74.8%	May-25	<div></div>	<div></div>	<div></div>	<div></div>										
	% of patients receiving their first or subsequent treatment for cancer within 31 days of decision to treat / earliest clinically appropriate date (all routes)	Chief Operating Officer	83.6%	84.0%	84.3%	84.5%	78.0%	82.7%	86.6%	89.5%	86.7%	87.4%	84.7%	-	460	543	86.1%	<div></div>	91.0%		<div></div>	<div></div>	<div></div>											
	% of patients receiving their first definitive treatment for cancer within 62 days of referral (all routes)	Chief Operating Officer	71.3%	68.3%	72.0%	67.0%	60.3%	59.8%	61.6%	59.7%	71.1%	64.5%	57.4%	-	193	337	61.1%	<div></div>	67.8%		<div></div>	<div></div>	<div></div>											
	% of suspected cancer referrals waiting >62 days	Chief Operating Officer	7.1%	8.1%	8.6%	7.6%	6.7%	7.7%	7.2%	5.4%	6.3%	8.6%	10.3%	9.8%				<div></div>			<div></div>	<div></div>	<div></div>											
Urgent and emergency care	% of ambulance handovers within 45 minutes	Chief Operating Officer	78.3%	73.0%	63.0%	56.5%	60.9%	53.5%	63.3%	79.2%	73.1%	65.9%	71.7%	80.8%	769	3,979	72.0%	<div></div>		Jun-25	<div></div>	<div></div>	<div></div>	<div></div>										
	% of patients seen within 4 hours (any type)	Chief Operating Officer	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	58.7%	66.2%	66.0%	60.9%	65.1%	66.1%	13,440	20,339	64.1%	<div></div>	76%		<div></div>	<div></div>	<div></div>											
	% of patients seen within 4 hours (type 1)	Chief Operating Officer	50.6%	52.8%	54.6%	51.1%	37.9%	36.8%	42.2%	52.3%	51.2%	44.5%	49.3%	50.9%	7,050	13,862	48.2%	<div></div>			<div></div>	<div></div>	<div></div>											
	% of patients spending more than 12 hours in A&E	Chief Operating Officer	14.5%	14.8%	17.0%	17.8%	19.7%	22.0%	21.3%	18.3%	16.9%	18.6%	15.9%	14.8%	2,049	13,863	17.3%	<div></div>	16%		Feb to Jan	<div></div>	<div></div>		<div></div>	<div></div>								
Elective care	Referral to Treatment - % of open pathways waiting < 18 weeks	Chief Operating Officer	55.9%	55.6%	56.3%	56.9%	56.5%	55.5%	55.3%	58.2%	59.3%	59.3%	59.8%	59.9%	33,234	55,530		<div></div>	60.9%	May-25	<div></div>	<div></div>	<div></div>	<div></div>										
	Referral to Treatment - % of non-admitted pathways waiting < 18 weeks for their first outpatient appointment	Chief Operating Officer	58.5%	57.3%	56.6%	57.4%	57.5%	55.6%	57.1%	60.8%	63.0%	63.1%	63.1%	62.2%	-	-		<div></div>			<div></div>	<div></div>	<div></div>											
	Referral to Treatment - % of open pathways waiting > 52 weeks	Chief Operating Officer	3.06%	2.92%	2.64%	2.63%	2.26%	2.05%	1.84%	1.71%	1.46%	1.65%	1.66%	1.72%	955	55,530		<div></div>	2.7%		<div></div>	<div></div>	<div></div>											
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	357	300	105	57	23	40	39	28	18	21	24	22				<div></div>	11,522		<div></div>	<div></div>	<div></div>											
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	101%	93%	96%	100%	90%	105%	100%	102%	102%	104%	105%	104%	21,308	20,467	104%	<div></div>			<div></div>	<div></div>	<div></div>											
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	111%	99%	106%	107%	95%	106%	103%	103%	99%	107%	106%	104%	61,985	59,563	106%	<div></div>			<div></div>	<div></div>	<div></div>											
	Total Elective Activity (volume v plan)	Chief Operating Officer	117%	99%	110%	111%	99%	100%	100%	99%	97%	106%	108%	98%	7,731	7,903	107%	<div></div>			<div></div>	<div></div>	<div></div>											
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	83%	82%	84%	84%	83%	82%	83%	81%	84%	84%	84%	85%			85%	<div></div>	78%		Fringe Q4 23-24	<div></div>	<div></div>		<div></div>	<div></div>								
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	38	42	40	59	59	38	45	32	33	40	37	54			131	<div></div>	21,053			<div></div>	<div></div>		<div></div>	<div></div>								
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	31.1%	34.7%	29.2%	22.9%	22.6%	17.0%	16.0%	12.0%	14.4%	16.8%	16.2%	21.0%	2,741	13,054		<div></div>	22.0%			Apr-25	<div></div>		<div></div>	<div></div>	<div></div>							
Maternity	% of women who have been booked to see a midwife by 9 weeks and 6 days of pregnancy	Chief Nursing Officer	29%	27%	33%	31%	30%	28%	29%	34%	33%	37%	37%	42%	180	432	33%	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>											
	Maternity Activity (Deliveries)	Chief Nursing Officer	387	416	409	410	349	361	353	343	393	384	403	420			1,207	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>											
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	5.0%	5.2%	5.3%	5.1%	5.2%	5.3%	4.8%	4.6%	4.6%	4.5%	4.7%	5.0%	3,165	63,708	5%	<div></div>	4.6%	###	<div></div>	<div></div>	<div></div>	<div></div>										
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	88%	89%	89%	89%	89%	88%	89%	90%	90%	89%	90%	90%	33371	37191	90%	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>											
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	118%	102%	112%	111%	98%	106%	105%	104%	97%	109%	107%	104%	40,677	39,096	107%	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>											
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	16%	15%	16%	16%	17%	17%	17%	17%	17%	17%	18%	16%	9,862	60,145	17%	<div></div>	18%	Feb to Jan	<div></div>	<div></div>	<div></div>	<div></div>										

Prevention long term conditions	Maternity - Women who were current smokers at 36 weeks (or last smoking status)	Chief Nursing Officer	2.6%	3.5%	4.3%	5.6%	4.0%	4.8%	4.3%	3.0%	2.8%	5.0%	5.4%	1.6%	5	420	4.0%							
Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	96%	95%	95%	94%	94%	93%	96%	96%	94%	96%	96%	95%	802	843	95%		94%	Jun-25				
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	56	48	60	65	56	55	50	48	55	55	62	46			117		4,576	May-25				
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	7.5	7.2	7.7	8.1	8.2	8.2	8.3	8.5	7.6	7.3	7.4	7.3	22104	3017	7.5		4.4	Feb to Jan				
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	2.8	3.1	3.0	3.6	3.4	3.3	3.1	3.1	2.7	3.1	3.1	3.3	1516	458	3.23		3.1					
	Medically fit for discharge - Acute	Chief Operating Officer	12%	12%	15%	15%	13%	9%	15%	15%	15%	12%	14%	16%	121	779	13.0%		23.1%	Dec				
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	6.9%	6.9%	5.1%	4.8%	4.5%	4.5%	4.3%	4.2%	4.63%	4.65%	4.87%	4.62%	531	11504	4.6%		7.5%	Jan to Dec				
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	104.10	103.70	103.76	104.39	105.00	106.00	108.00	110.00	-	-	-					As expected						
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	1	0	0			1							
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	17	16	11	13	11	9	11	5	9	4	8	14			26							
	Number of falls with moderate harm and above	Chief Nursing Officer	13	10	2	6	3	7	6	4	2	5	4	4			13							
	VTE Risk Assessments	Chief Medical Officer	96.9%	97.0%	96%	97%	96%	95%	95%	97%	91.66	91.07	90.52	90.54	*	*	94%							
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	75%	59%	64%	70%	59%	60%	65%	62%	75%	76%	64%	73%	51	70	71%		96					
	Complaints resolved within policy timeframe	Chief Nursing Officer	61%	62%	70%	59%	54%	50%	71%	46%	54%	64%	69%	78%	51	66	65%							
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	78%	82%	79%	75%	71%	61%	80%	79%	82%	84%	81%	85%	1873	2203	78%		80%	May-25				
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	95%	96%	95%	94%	95%	94%	97%	97%	96%	96%	96%	96%	3715	3890	95%		95%					
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	86%	78%	85%	85%	85%	92%	96%	95%	97%	98%	93%	96%	99	105	95%		92%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	22%	24%	22%	21%	4%	0%	4%	12%	20%	13%	25%	16%	2203	13272	18%							
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	39%	44%	40%	36%	40%	35%	25%	36%	37%	32%	36%	35%	3890	11247	37%							
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	20%	10%	26%	19%	32%	28%	22%	22%	18%	26%	21%	11%	109	980	15.0%							



People		Responsible Director	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	8.6%	7.9%	8.3%	5.3%	6.9%	7.7%	6.9%	7.3%	5.8%	6.6%	4.8%	5.3%
	Appraisals - Non-medical	Chief People Officer	81.0%	80.0%	82.0%	82.0%	83.0%	84.0%	84.0%	83.0%	84.0%	83.0%	84.0%	84.0%
	Appraisals - Medical	Chief People Officer	93.0%	94.0%	93.0%	94.0%	94.0%	95.0%	96.0%	94.0%	94.0%	96.0%	96.0%	94.0%
	Mandatory Training	Chief People Officer	91.0%	91.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.0%
	Overall Sickness	Chief People Officer	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.1%	5.1%	4.8%	4.7%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10.4%	10.3%	10.4%	10.1%	9.8%	9.9%	9.7%	9.4%	9.2%	9.0%	8.9%	8.6%
	Vacancy Rate	Chief People Officer	9.2%	8.2%	7.0%	6.3%	5.7%	5.3%	6.2%	5.5%	5.0%	7.2%	7.4%	7.3%

Latest Month		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/Fail	Trend Variation	
		7.2%						
5,171	6,162	82.1%						
551	584	94.5%						
80,616	88,849	90.4%						
10,009	211,763	5.4%						
533	6,236	10.0%						
558	7,065	7.2%						





Finance and Use of Resources		Responsible Director	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-£5,507	-£5,253	£24,901	£6	-£433	-£880	£1	-£9	-£557	-£3,631	-£3,063	-£2,149
	I&E - Margin (%)	Chief Finance Officer	-9.8%	-9.0%	28.2%	18.7%	-4.9%	-7.5%	12.2%	-0.2%	-0.6%	-5.7%	-4.8%	-3.3%
	I&E - Variance from plan (£k)	Chief Finance Officer	£7	-£75	£190	£355	-£143	-£289	£457	£336	-£163	-£221	-£68	£141
	I&E - Variance from Plan (%)	Chief Finance Officer	0.0%	1.0%	1.0%	-102.0%	50.0%	49.0%	-100.0%	-97.0%	41.0%	6.0%	2.0%	-6.0%
	CPIP - Variance from plan (£k)	Chief Finance Officer	£251	£194	£368	£456	-£439	£94	-£403	-£226	£831	-£593	£147	-£152
	Agency - expenditure (£k)	Chief Finance Officer	£3,121	£2,961	£3,113	£2,375	£2,700	£3,143	£2,756	£2,875	£2,404	-£2,294	-£1,983	£2,215
	Agency - expenditure as % of total pay	Chief Finance Officer	8.5%	8.0%	8.4%	4.8%	7.0%	7.8%	6.9%	7.3%	3.6%	5.5%	4.8%	5.3%
	Capital - Variance to plan (£k)	Chief Finance Officer	-£832	-£118	-£1,592	£934	£564	£464	£2,580	£2,746	£12,471	£664	£328	-£378
	Cash - Balance at end of month (£m)	Chief Finance Officer	£1.617m	£6.732m	£13.291m	£24.208m	£16.708m	£16.428m	£14.106m	£18.729m	£35.262m	£21.887m	£21.443m	£17.673m
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	64%	70%	55%	70%	76%	75%	74%	76%	77%	92%	94%	94%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	41%	54%	55%	56%	63%	64%	65%	67%	70%	91%	94%	91%









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	
		-£8,843						
		-5.7%						
		-£221						
		6.0%						
		-£598						
		-£2,062						
		52.0%						
		£614						
		-						
		-						
		-						


Performance Against Target (Status)

 Meeting Target
 Not Meeting Target



















































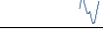















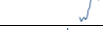






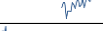




















Activity Performance Only

 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? T - Timely & Complete Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing? A - Audit & Accuracy Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)? R - Robust Systems & Data Capture Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	No Assurance Limited Assurance Reasonable Assurance Substantial Assurance

Quality of care, access and outcomes		Responsible Director	Standard	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	80%	77.1%	72.7%	82.9%	75.9%	78.1%	75.5%	
	Cancer 31 Days Combined	Chief Operating Officer	96%	95.8%	88.3%	95.0%	91.1%	89.3%	85.8%	
	Cancer 62 days Combined	Chief Operating Officer	75%	77.6%	70.6%	68.6%	69.3%	72.8%	77.6%	
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2023/24	118%	126%	110%	108%	116%	117%	
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	83%	88%	88%	85%	91%	81%	85%
	Ambulance handover within 30 minutes (WMAS Only)	Chief Operating Officer	98%	49.4%	54.3%	60.3%	55.2%	44.3%	53.8%	60.4%
	Ambulance handover over 60 minutes (WMAS Only)	Chief Operating Officer	0%	30.9%	29.7%	21.4%	26.6%	38.5%	28.6%	18.9%
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	45%	46%	47%	47%	49%	47%	47%	49%
	A&E - % of patients seen within 4 hours	Chief Operating Officer	78%	63.4%	64.1%	65.9%	63.2%	57.4%	60.4%	65.2%
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		13.3%	14.6%	13.0%	13.2%	16.4%	14.2%	11.6%
Urgent and emergency care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	61%	55.1%	56.0%	56.4%	56.5%	57.1%	59.4%	59.8%
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	TBC	68.4%	69.2%	70.3%	70.0%	70.8%	70.4%	70.1%
	Referral to Treatment - Percentage of patients waiting no longer than 18 week for a first appointment - English Standard	Chief Operating Officer	72%	64.3%	63.7%	63.8%	64.7%	65.9%	66.9%	
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	764	740	727	692	660	768	871
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	101%	104%	94%	82%	101%	100%	100%
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	111%	113%	98%	86%	109%	107%	107%
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	46%	47%	47%	47%	47%	46%	46%	
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	90%	98%	91%	77%	94%	99%	100%
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	80.9%	80.3%	83.1%	82.0%	82.7%	80.7%	82.2%
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	39	35	20	26	26	16	20
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	12.5%	21.1%	16.6%	21.4%	27.5%	30.8%	26.2%
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	93.7%	97.1%	97.7%	97.8%	99.1%	96.6%	98.0%
Elective care	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2023/24	95%	101%	94%	88%	91%	97%	91%

Latest Month		Year to Date v Standard	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass / Fail	Trend Variation	DQ Mark	
Numerator	Denominator			WVT Latest month v benchmark	National or Regional				
768	1017	76.8%			74.8%				
133	155	87.6%			91.0%				
104	134	75.2%			75.7%	May			
32507	27791	116%							
159	187	85.2%			85%	May			
905	1499				73%	July			
283	1499	28.7%			12%				
1279	2634	47.5%			36%	Apr to Mar			
2582	7422	66.1%			76%	Jun			
863	7422	11.8%			5%	Apr to Mar			
13666	22842				60.9%	May			
3121	4454								
8266	12358								
					196620	May			
6067	6094	100%							
19833	18520	108%							
10827	23777	46%			45.3%	Apr to Mar			
3051	3060	98%							
		81.9%			80%	February			
		62			21820	Jan to Mar			
2007	7660				22.0%	May			
147	150	97.9%							
135	148	93%							

Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	6.5%	6.2%	5.9%	5.4%	5.6%	5.8%	5.7%	1757	29304	5.7%			6.8%	Apr to Mar			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	87.8%	86.7%	88.7%	88.0%	88.5%	88.3%	89.0%	16292	18305	103.6%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	117%	118%	100%	88%	112%	111%	111%	13766	12426	111%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	20.1%	21.4%	21.4%	19.9%	19.2%	19.4%	19.6%	3893	19833	19.4%			17%	Apr to Mar			
Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	99%	100%	100%	95%	98%	100%	100%	339	339	99%			94%	June			
	Bed occupancy - Community Wards	Chief Operating Officer	<92%	93%	97%	93%	97%	96%	97%	93%	71	76	95%							
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	69	129	81	64	117	90	146			353			4576	May			
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	4%	7%	7%	7%	6%	6%			70	1115	6%							
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	5.9	6.6	6.1	6.1	6.3	6.7	6.1	8569	1398	6.4			4.7	Apr to Mar			
	ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.2	2.0	1.9	1.9	2.1	2.0	2.0	571	285	2.0			2.9				
	ALoS - General & Acute Adult (English)	Chief Operating Officer		5.3	5.6	5.1	5.4	5.5	5.8	5.4	7729	1437	5.6							
	ALoS - General & Acute Adult (Welsh)	Chief Operating Officer		7.9	7.5	6.4	6.2	7.3	7.3	5.7	1411	246	6.8							
	Medically fit for discharge - Acute	Chief Operating Officer	5%	15.1%	17.2%	19.3%	17.3%	16.7%	18.0%	17.5%	1652	9452				23.1%	Dec			
	Medically fit for discharge - Community	Chief Operating Officer	10%	38.8%	38.5%	36.6%	24.9%	20.8%	36.1%	39.3%	890	2263								
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	4.5%	4.8%	4.5%	5.0%	5.0%			157	3168	5.0%			7.8%	Feb to Jan			
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	105.0	106.8	108.3					1435	1325				100	Nov to Oct			
	Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0			0							
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	1	1	0	0			1							
	MSSA Bacteraemia	Chief Nursing Officer		0	2	1	2	0	0	1			1							
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	6	0	3	3	1	5	6			12							
	Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	1	2	1		1		3			4							
	VTE Risk Assessments	Chief Medical Officer	95%	89.0%	92.0%	92.0%	91.0%	89.1%	88.8%	90.4%	3836	4243	89.4%							
	WHO Checklist	Chief Medical Officer	100%	99.4%			98.8%													
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	63.0%	51.5%	65.5%	65.4%	67.6%	59.4%	84.2%	32	38	71.0%							
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	71.4%	54.5%	66.7%	66.7%	64.7%	36.4%	75.0%	6	8	58.3%							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	80.9%	73.9%	80.4%	75.9%	81.5%	78.8%	82.1%	46	56	80.9%							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	97.0%	97.7%	97.2%	96.2%	97.5%	97.4%	97.9%			97.6%							
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	99.3%	98.0%	98.6%	97.8%	98.6%	98.7%	98.6%			98.6%							
	Number of complaints	Chief Nursing Officer	2022/23 (253)	26	33	26	33	35	46	29			110							
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	48.1%	60.0%	45.5%	25.7%	56.4%	53.6%	57.6%	19	33	55.9%							
	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%	74%	80%	81%	76%	73%								80%	May			
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	84%	87%	87%	86%	81%			42	48	81.3%			95%				
	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%	92%	93%	94%	100%	100%					100.0%			92%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	17%	18%	19%	19%	19%												
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	15%	15%	16%	15%	15%			48	334	15.0%							
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	21%	23%	31%	24%	23%			3	16	23.0%							

People		Responsible Director	Standard	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	4.8%	5.3%	4.0%	2.6%	4.5%	3.7%	3.5%
	Appraisals	Chief People Officer	85%	79.8%	79.7%	77.6%	77.7%	73.5%	71.7%	72.1%
	Mandatory Training	Chief People Officer	85%	88.8%	89.3%	89.3%	89.4%	89.8%	89.5%	89.6%
	Overall Sickness	Chief People Officer	4.0%	6.2%	6.0%	5.2%	5.0%	5.2%	4.5%	4.8%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	9.1%	9.4%	9.2%	8.9%	8.8%	8.2%	8.7%
	Clinical WTE Establishment	Chief People Officer						3165	3169	3169
	Clinical WTE Actual	Chief People Officer						2871	2869	2855
	Non-Clinical WTE Establishment	Chief People Officer						923	912	901
	Non-Clinical WTE Actual	Chief People Officer						872	869	869
	Frozen Posts (where no agency or bank is being used)	Chief People Officer								
	Vacancy Rate	Chief People Officer	5%	4.5%	4.1%	6.9%	4.2%	8.4%	8.4%	8.5%

Latest Month				Latest Available Monthly Position						
Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark	
		4%								
0	0	72%			76%	2021/22				
36370	40575	90%			88%					
5356	112064	5%			5%	Feb				
317	3655	9%								
347	4071	8%								

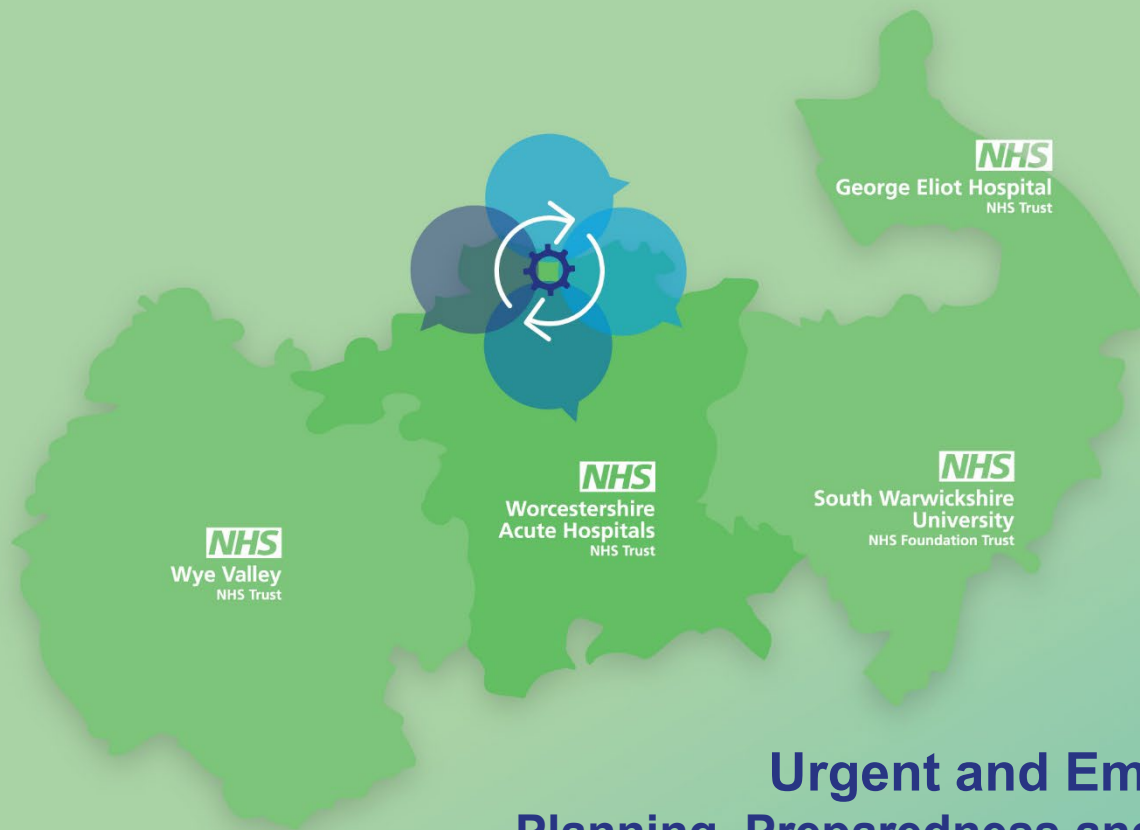
Finance and Use of Resources		Responsible Director	Standard	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£1,260	-£3,002	-£133	£5,805	-£798	-£875	-£959
	I&E - Margin (%)	Chief Finance Officer	≥0%	-2.5%	-5.9%	-0.3%	11.3%		-1.3%	-2.9%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£953	-£2,908	-£39	£5,901	-£17	£37	£31
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-3.1%	-9.7%	-0.1%	11.5%	-2.0%	4.1%	3.1%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£489	-£798	-£487	-£931	£191	£209	£157
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£582	£2,848	£804	£1,069	£947	£754	£723
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	2.8%	13.9%	3.9%	5.2%	4.5%	3.7%	3.5%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£431	£175	-£873	£2,271		£881	-£22
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£25	£21	£31	£26	£35	£35	£30
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	98.6%	97.5%	99.7%	97.7%	99.6%	98.6%	98.9%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	99.2%	98.9%	99.3%	99.2%	98.4%	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	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional						
		-£2,632									
-£959	£32,580										
		£51									
£31	£959										
		£557									
		£2,424									
£723	£20,504	3.9%									
		£859									
		£30									
£10,603	£10,718	99.2%									
£4,477	£4,509	98.9%									



Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	6 August 2025		
Title of Report	Urgent and Emergency Care and Winter Plan Planning, Preparedness and Assurance Stocktake 2025/26		
Status of report: (Consideration, position statement, information, discussion)	Position statement		
Author:	Harkamal Heran, Chief Operating Officer of South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer of Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer of George Eliot Hospital NHS Trust (GEH), and Chris Douglas, Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT).		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, Chris Douglas, Chief Operating Officer of WAHT.		
1. Purpose of the Report	<p>To provide the Foundation Group Boards with a current update of the position faced across the Foundation Group of the oncoming Winter.</p> <p>The report summaries the current challenges and pressures along with how the Foundation Group will approach these challenges together, through learning and adapting common schemes and initiatives, in conjunction with System Partners going into a predicted difficult winter period.</p> <p>This summary is an update on progress ahead of individual Trust Board Winter Planning Board Assurance Statement submissions to NHS England in September 2025.</p> <p>Appendix A includes further work completed following the Outpatients Deep Dive at the May 2025 Foundation Group Boards meeting, to establish productivity opportunities.</p>		

2. Recommendations	The Foundation Group Boards are asked to receive and note this report.
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Foundation Group with feedback to future individual Board meetings as part of their Trust Integrated Performance Report.



Urgent and Emergency Care & Winter Plan Planning, Preparedness and Assurance Stocktake 2025-26

August 2025

Winter Plan Governance

- Foundation Group analytic teams completed Demand and Capacity modelling, and winter bed gaps identified – shared with Integrated Care Boards in response to Winter Plan letter (18 June 2025)
- Detailed winter plans being surfaced with system partners to ensure contributions understood
- Modelling winter initiatives and correlating with Cost Improvement Programmes and National performance standards
- Executive Winter Directors identified and Planning Boards in place
- Real time reporting will be provided internally and where possible via SHREWD (inc. **O**perational **P**ressures **E**scalation **L**evels)
- Internal winter meetings held regularly, and regional meetings expected with Winter Directors weekly



Demand and Capacity – Focus areas

To manage the demands of Winter whilst achieving the national requirements from within the Urgent , maintaining high standards of care and sustaining compliance to our financial plans. This has been supported by prescriptive and insightful analytics across the Corporate functions.

Emergency Department

- Most opportunity by mitigating non admitted / non referred (supported by internal efficiency / navigation and triage improvements)
- Ambulance pathway reviews to ensure contingency capacity to maintain below 45 minute handovers
- Maximise Hospital@Home and Virtual Ward capacity
- Clarity of Same Day Emergency Care (SDEC) and hot clinic services / criteria for access / Urgent and Emergency Care (UEC) Capital bids
- Optimise walk in triage – with increased use of navigation/streaming
- Workforce reviews completed and Winter staffing models ready
- Sickness management and well being support throughout the year in place to prepare the staff for winter months
- Emergency Care Improvement Support Team (ECIST) action plan (WAHT)



Demand and Capacity – Focus areas

Hospital flow

- Mitigating bed gaps generated by planned bed reduction cost improvement schemes
- Improve Length of Stay in acute wards – to upper quartile for each specialty
- Reduce volume of patients with long length of stay – over 14 days
- Ensure daily multidisciplinary discharge planning with clear estimated dates of discharge are completed
- Communicate and apply best practice protocols for common winter conditions (e.g. pneumonia bundles)
- Workforce reviews completed and Winter staffing models ready.
- Protected elective capacity
- Sickness management and wellbeing support throughout the year in place to prepare the staff for winter months
- Deploy Electronic Prescribing and Medicines Administration (EPMA) and identify efficiencies to reduce 'to take out meds' delays (*WAHT*)



Demand and Capacity – Focus areas

Collaboration

- Extension of Hospital@Home / Virtual Wards enhanced by further deployment of monitoring tech
- Expansion and/or redesign of services across partners to facilitate more multi-disciplinary team action (e.g. therapies)
- Visibility of pathway capacity and clarity on referral processes for improved efficiency for onward care. Pathway capacity ‘contingency planning’ shared.
- Extension of alternative healthcare provision to avoid Emergency Department attendance, supported by community education and triage via the single point of access. This includes primary care, Urgent Community Response, Neighbourhood teams, Pharmacy etc.
- System partners workforce reviews completed and Winter staffing models ready



Winter Vaccination Plan

All Trusts have committed to achieving at least the 5% improvement on last years flu vaccination.

- Programme run October 2025 to March 2026 with Trusts aiming to deliver most of the vaccinations by December 2025
- Plans regarding whether delivering COVID as well as the flu vaccination and public vaccinations varies by Trust
- Peer vaccinators (Infection Prevention and Control, Nurses, Occupational Health and Ward sisters) in place. Vaccination clinics, ward visits, entrance pop ups, remote site visits, attendance at group meetings and weekend vaccinations will be in place
- Digital data collection (inc for consent) is either in place or being explored
- Flu champions and myth busting/ communication campaign to encourage staff to have the vaccine
- Incentives for having the flu vaccination being explored – biscuits/vouchers



Winter Infection Prevention & Control Plan

- Real time and/or daily Sitreps data monitored and proactive closures, cohorting and early step downs from isolation occurring
- Outbreak policies including major outbreaks have been reviewed and policies are in date
- Direct relationships with microbiologists are in place for rapid communications
- Weekend and on call staffing is in place
- Predictive analytics is in place
- The process for ordering and distributing Personal Protective Equipment (PPE) is in place, and mechanisms for communicating this to Wards is effective

Areas of concern

- Physical side-room capacity to support the isolation strategy
- Impact of paediatric infection rates and Respiratory Syncytial Virus (RSV)



Workforce resilience for Winter

- Annual leave is planned, and rosters are reviewed to ensure that planning around winter capacity is managed (including leadership and on call) accordingly in line with roster policy
- Bank and agency control are in place – and will be monitored alongside the Cost Improvement Programme Plans (CIPPs) where appropriate
- Robust processes and monitoring for staff sickness is in place, as well as a robust well being offer
- Governance is in place to discuss capacity constraints and opening or amending capacity and the impact on workforce and financial plans
- Weekly review of rosters will explore all opportunities for safe staffing models when gaps arise alternatives will be discussed prior to using temporary

Area for concern

- Impact on industrial action on morale and health of staff



Opportunities for plan strengthening, shared learning and risk mitigation

Internal

- Manage demand within the agreed winter budget
- Manage pre-winter demand to ensure planned bed closures can be realised
- Manage exceptional increases to winter illness (not predicted)
- Sharing Workforce plans to ensure we all have the staff with the relevant skill sets to manage the winter surge
- Agreeing a consistent approach to definitions for surge and super surge so can communicate with the same understanding
- Plans for stress testing, possible peer testing
- Sharing improvement ideas as they are developed

External

- Oversight of engagement and challenge to system partners to ensure their winter plans are robust and resources will be available.
- Contingency plans to mitigate the impact of industrial action during winter plans.
- Encouragement of the system to inform the community of alternative healthcare options during periods of pressure.



Key areas identified for shared learning

Vaccination approaches and schemes

Admission avoidance schemes

Same Day Emergency Care / Navigation criteria

Workforce models / ways of working

Escalation Policies / triggers and definitions of Surge / Super surge

Wellbeing strategies and support

Current Winter Plan Bed Gap

Trust	Winter Plan Bed Gap 25/26
GEH	47
SWFT	78
WAHT	34
WVT	29





Appendix – Contextual Data

Emergency Department (ED) Attendances

2019/20 to June 2025

Total ED attendances (All)							
Trust	19/20	20/21	21/22	22/23	23/24	24/25	25/26 (To June)
GEH	89,019	65,012	92,994	96,982	98,760	102,890	25,891
Avg per month	7,418	5,418	7,750	8,082	8,230	8,574	8,630
SWFT	81,057	58,017	82,063	87,569	95,768	103,205	26,014
Avg per month	6,755	4,835	6,839	7,297	7,981	8,600	8,671
WAHT	197,497	151,896	204,358	205,992	216,063	223,319	60,359
Avg per month	16,458	12,658	17,030	17,166	18,005	18,610	20,120
WVT	67,284	55,413	68,905	69,552	73,008	88,460	22,018
Avg per month	5,607	4,618	5,742	5,796	6,084	7,372	7,339

Total ED attendances (Type 1)							
Trust	19/20	20/21	21/22	22/23	23/24	24/25	25/26 (To June)
GEH	75,163	53,418	66,096	70,531	75,323	82,222	20,853
Avg per month	6,264	4,452	5,508	5,878	6,277	6,852	6,951
SWFT	81,057	58,017	82,080	86,984	91,402	98,646	24,772
Avg per month	6,755	4,835	6,840	7,249	7,617	8,221	8,257
WAHT	133,483	117,499	148,523	144,084	149,158	157,102	41,443
Avg per month	11,124	9,792	12,377	12,007	12,430	13,092	13,814
WVT	60,458	50,460	66,789	69,552	71,771	74,665	18,801
Avg per month	5,038	4,205	5,566	5,796	5,981	6,222	6,267

Apart from the reduced attendances in 2020/21 due to COVID, each Trust has seen year on year increases in total attendances. Comparing the average attendances per month, to the three completed months in 2025/26, there has been a further increase in ED attendances in both All and Type 1 categories. This suggests additional demand, unless mitigated, should be expected across the Winter months.



Emergency Department (ED) Attendances

Submitted Annual Plan for 2025/26

E.M.13	Total ED attendances (All)												Full Year	Average per month
Trust	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26		
GEH	9,083	9,537	9,494	9,303	8,341	8,805	9,296	9,843	9,735	8,859	8,303	9,277	109,876	9,156
SWFT	8,801	9,324	9,113	9,081	8,523	8,709	9,416	9,324	8,934	8,058	8,469	8,899	106,651	8,888
WAHT	19,483	20,739	20,127	20,186	19,476	19,226	20,196	19,432	19,138	18,367	17,890	19,378	233,638	19,470
WVT	7,449	7,942	7,693	7,809	7,434	7,446	7,891	7,545	7,768	7,116	7,033	7,989	91,115	7,593
E.M.13a	Total ED attendances (Type 1)												Full Year	Average per month
Trust	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26		
GEH	7,120	7,465	7,531	7,337	6,493	6,948	7,441	8,013	7,995	7,223	6,735	7,385	87,684	7,307
SWFT	8,392	8,876	8,716	8,662	8,136	8,332	8,974	8,984	8,658	7,728	7,974	8,416	101,848	8,487
WAHT	13,547	14,119	13,757	13,804	13,259	13,291	14,173	14,114	14,147	13,086	12,554	13,718	163,569	13,631
WVT	6,181	6,590	6,382	6,479	6,168	6,178	6,547	6,260	6,445	5,904	5,836	6,628	75,598	6,300



Non-Elective Length of Stay (Year to Date)

Including same day discharge

Trust	Apr-25	May-25	Jun-25
GEH	8.6	8.7	8.8
SWFT	5.9	5.8	5.9
WAHT	7.7	7.4	7.3
WVT	6.3	6.7	6.1

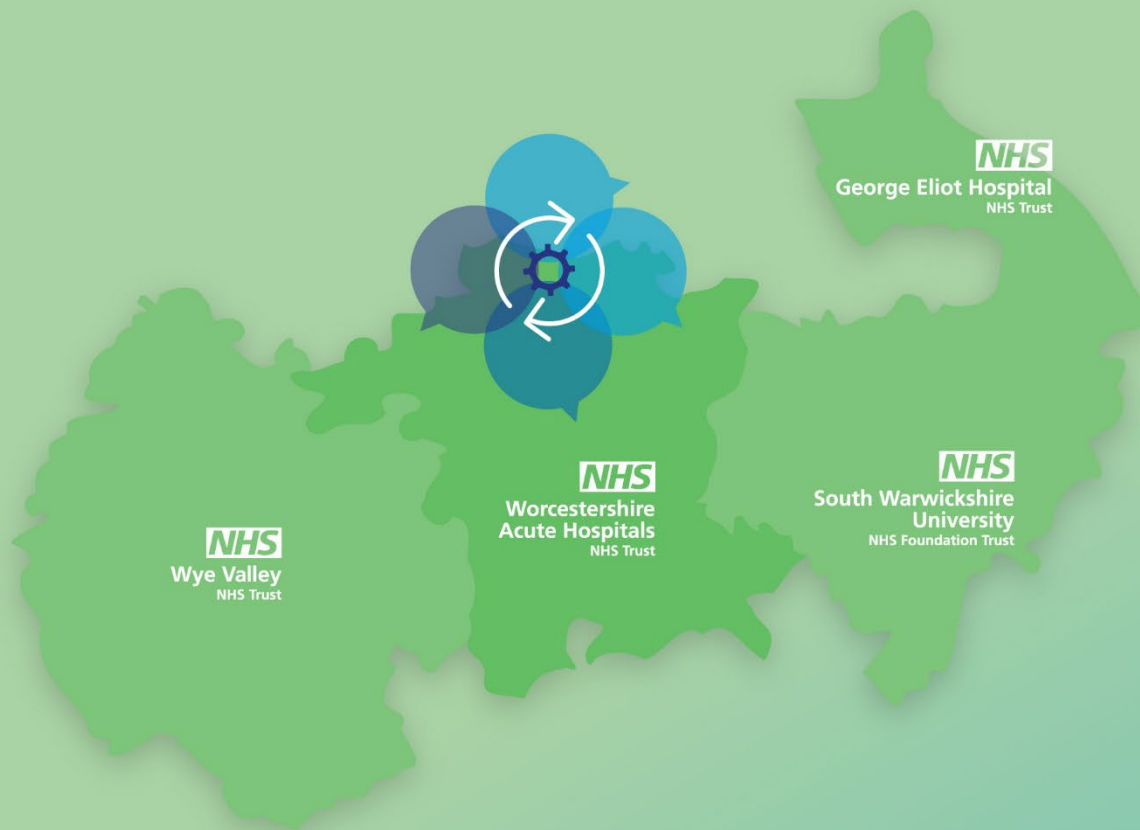
Excluding same day discharge

Trust	Apr-25	May-25	Jun-25
GEH	9.3	9.5	9.7
SWFT	6.7	6.6	6.7
WAHT	8.3	8.0	7.9
WVT	7.3	7.7	7.1

Bed Occupancy – Winter Plan

Trust	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
GEH	104%	99%	99%	98%	99%	99%	98%
SWFT	102%	102%	103%	103%	102%	102%	102%
WAHT	95%	101%	104%	102%	95%	95%	95%
WVT	100%	110%	109%	107%	100%	99%	101%



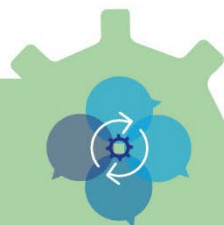


Outpatients Deep Dive Productivity Opportunities

August 2025

Learning identified from last deep dive

- 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 Did Not Attend (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 GP forums for capture at referral stage).
- **Run an internal version of Further Faster – Getting it Right First Time (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)



First to Follow up ratios – to release or re-purpose follow up appointment clinics

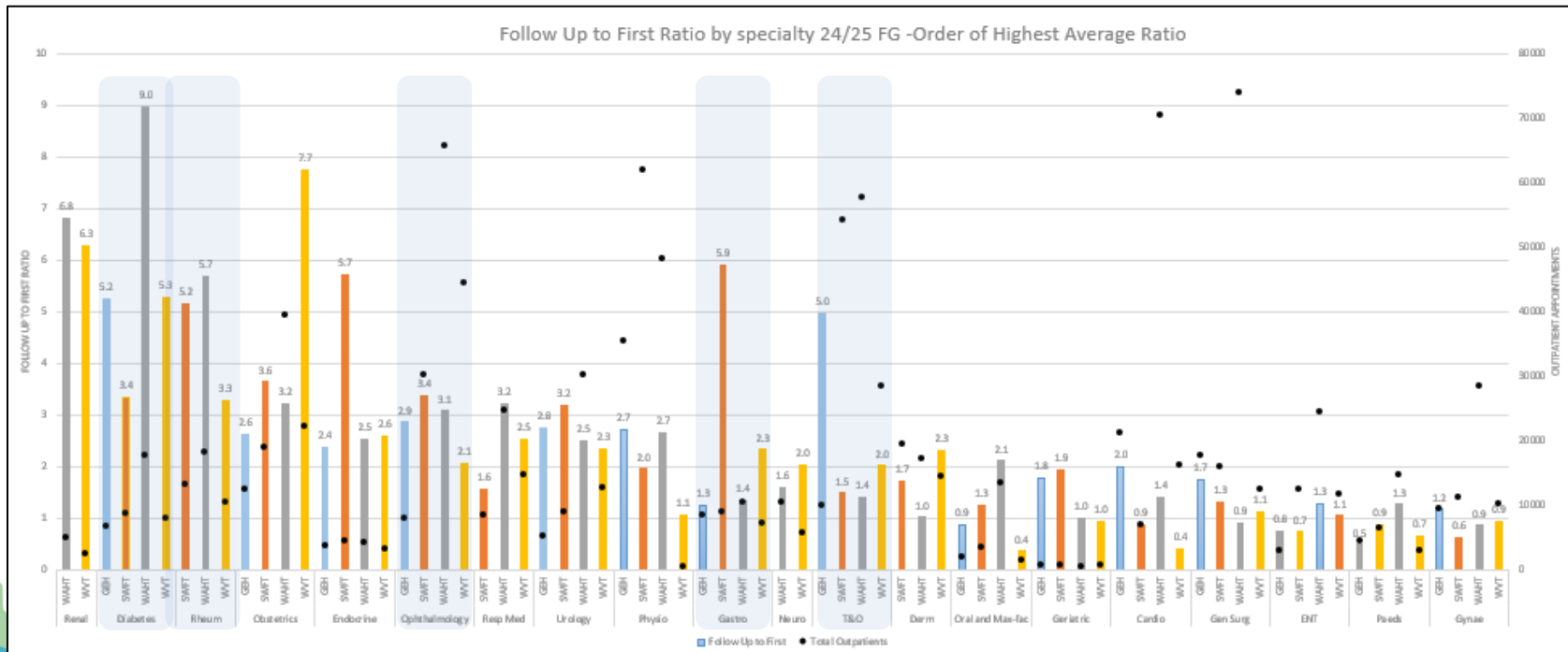
Approach

- Reviewed benchmarked first to follow up ratio's
- Gathered Subject Matter Experts from each Trust Analytics team.
- Visualised First To Follow-up by volume of activity including by type of pathway (i.e. Referral to Treatment (RTT)/clock stopped)
- Identified 5 specialty areas for focus:
 - Diabetic Medicine
 - Gastroenterology
 - Ophthalmology
 - Rheumatology
 - Trauma And Orthopaedics
- By specialty and month – review the proportion of follow up that have a procedure, to generate key lines of enquiry.



First to Follow up ratios

To release or re-purpose follow up appointment clinics



Follow-ups with procedure

Diabetic Medicine

Trust	Follow-up with procedure	Follow-up appointments	Follow-up Procedure Rate 2024-25
GEH	0	5,380	0.0%
SWFT	0	6,237	0.0%
WAH	6	15,205	0.0%
WVT	711	6,186	11.5%
Grand Total	717	33,008	2.2%

Rheumatology

Trust	Follow-up with procedure	Follow-up appointments	Follow-up Procedure Rate 2024-25
GEH	161	6,183	2.6%
SWFT	381	9,981	3.8%
WAH	930	14,578	6.4%
WVT	173	7,393	2.3%
Grand Total	1,645	38,135	4.3%

Ophthalmology

Trust	Follow-up with procedure	Follow-up appointments	Follow-up Procedure Rate 2024-25
GEH	3,857	5,739	67.2%
SWFT	16,321	21,260	76.8%
WAH	26,777	47,589	56.3%
WVT	15,938	28,617	55.7%
Grand Total	62,893	103,205	60.9%

T & O

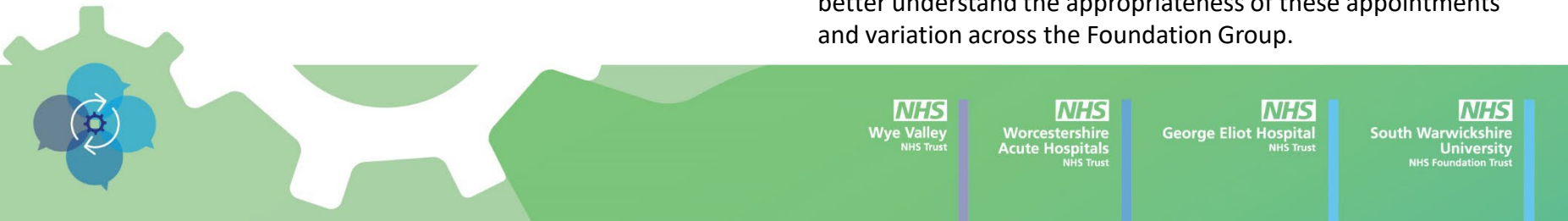
Trust	Follow-up with procedure	Follow-up appointments	Follow-up Procedure Rate 2024-25
GEH	1,703	8,471	20.1%
SWFT	5,200	29,525	17.6%
WAH	1,361	32,125	4.2%
WVT	3,986	17,976	22.2%
Grand Total	12,250	88,097	13.9%

Gastroenterology

Trust	Follow-up with procedure	Follow-up appointments	Follow-up Procedure Rate 2024-25
GEH	26	4,472	0.6%
SWFT	0	6,870	0.0%
WAH	0	5,731	0.0%
WVT	0	4,621	0.0%
Grand Total	26	21,694	0.1%

For the specialties identified on slide four, these tables provide context as to how much of the follow-up activity was due to a procedure.

The next step will be to engage with clinical colleagues to better understand the appropriateness of these appointments and variation across the Foundation Group.



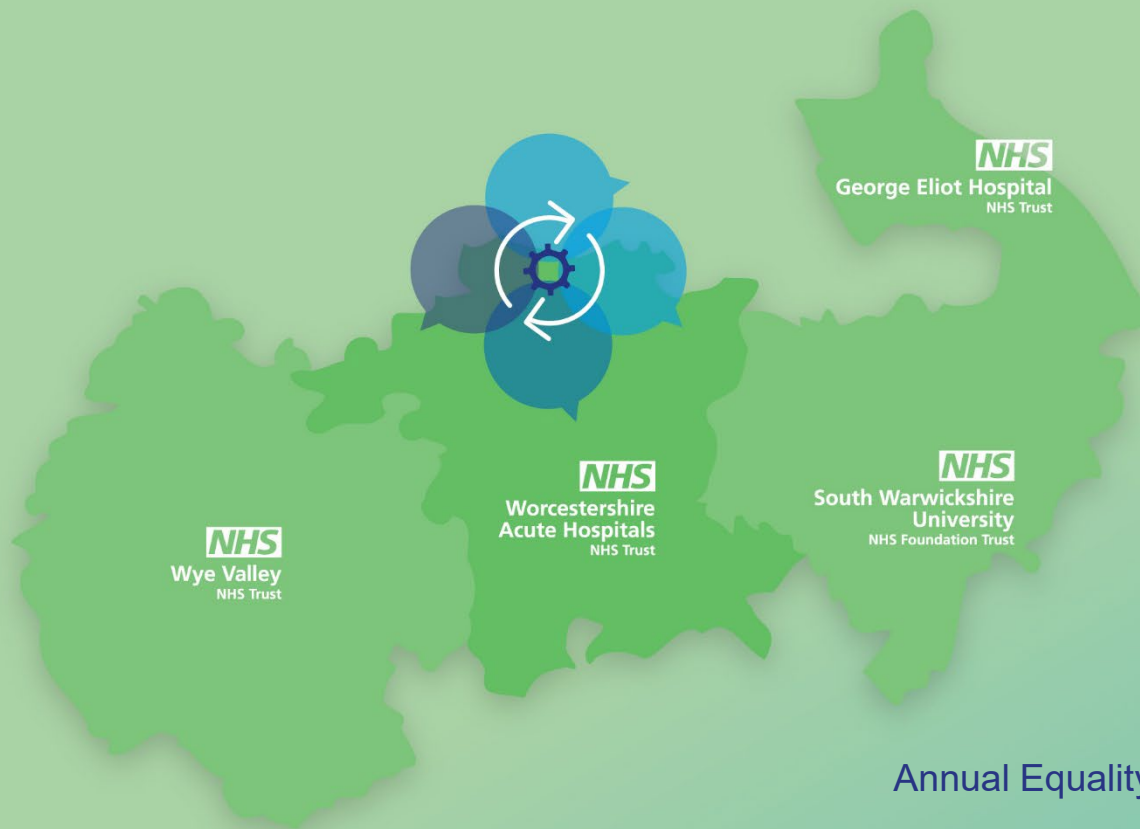
Report to	Foundation Group Boards	Agenda Item	6.3
Date of Meeting	6 August 2025		
Title of Report	Equality Update Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Ali Koeltgen, Chief People Officer Worcestershire Acute Hospitals NHS Trust (WAHT), Geoffrey Etule, Chief People Officer Wye Valley NHS Trust (WVT), Elva Jordan Boyd, Interim Chief People Officer South Warwickshire University NHS Foundation Trust (SWFT), and Natalie Cooke, Interim Operational Director of People and Workforce George Eliot Hospital NHS Trust (GEH)		
Lead Executive Director:	Ali Koeltgen, Chief People Officer WAHT, Geoffrey Etule, Chief People Officer WVT, Elva Jordan Boyd, Interim Chief People Officer SWFT, and Natalie Cooke, Interim Operational Director of People and Workforce GEH		
1. Purpose of the Report	Each Trust within the Foundation Group publishes an Equality, Diversity and Inclusion (EDI) Annual Report via their individual website. This presentation provides an overview of some of the key EDI achievements over the past year and a summary of the priorities that each Trust will be focusing on over the coming year.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the report.		

3. Executive Assurance

The Foundation Group Boards can be assured that all four Trusts publish their EDI reports annually.

Key achievements within this report summarise: an ongoing commitment to staff engagement, work to improve inclusive recruitment, health and wellbeing support to our workforce, and training and development in areas such as cultural competence and active bystander training.

Moving forward, each Trust has identified areas to focus on and further priority actions designed to improve equality and inclusion. These steps highlight the Trusts' collective efforts to promote EDI, as well as their commitment to anti-discrimination, staff development, health and wellbeing.



Equality Update Report

Annual Equality, Diversity & Inclusion Report Summaries

Chief People Officers

Key Points & Achievements - SWFT

Key Points	Achievements
➤ Increased Staff Engagement Activities	<ul style="list-style-type: none">• Proposed British Sign Language (BSL) Support Group• Knowledge Base for Languages and Non-Verbal Gestures (Launched 1 July 2025)• Humans of SWFT staff engagement initiative.(Launched 1 July 2025)• Staff-Led engagement sessions on Key Equality, Diversity and Inclusion (EDI) celebration days.• 1:1 Staff listening sessions Trust Wide to get real time qualitative data on staff experiences• EDI Quarterly Check-ins with Internationally Educated Nurses (IENs) on culture shocks and integration, career conversations, ward experience etc• Board to Ward Psychological Safety and EDI quarterly visits to the wards led by the Chief Nursing Officer (CNO).• EDI Quarterly Newsletter (Next Edition to be releases in August 2025)• Adam Carson, Acting Chief Executive, Question and Answer (Q&A) sessions• Launched the Clinical Support Worker (CSW) & Allied Health Professionals (AHP) Assistants Forum
➤ Addressing and Eliminating Discrimination	<ul style="list-style-type: none">• Anti-Discrimination Toolkit.• 24/7 SWFT Anti-Discrimination Helpdesk (launched in July 2024)• Ongoing recruitment of anti-discrimination champions.• EDI Training
➤ Staff Recognition	<ul style="list-style-type: none">• EDI Personalities of the Month recognition on Epulse for deserving staff members• Handwritten 'Thank You Cards' to colleagues who have shown our value of inclusion in their teams• SWFT Staff Celebration Week.• Recognition of SWFT Culture Shapers during the 2025 Race Equality Week



Key Points & Achievements - SWFT

Key Points	Achievements
➤ Empowering our Staff	<ul style="list-style-type: none">• Continued roll out of Cultural Competence, Psychological Safety (Bespoke and General), and Equality Impact Assessment trainings empowering staff to live our value of inclusion• 'Leading the way with civility and inclusion' programme for senior leaders, a collaborative work of the Organisational Development (OD), Freedom to Speak Up (FTSU) and EDI Teams
➤ Inclusive Recruitment	<ul style="list-style-type: none">• Introduction of Bias Awareness Assessment tool into our Trac recruitment process• Introduction of value-based assessment for shortlisted applicants to ensure alignment of new employees with our Trust values.
➤ Staff Networks	<ul style="list-style-type: none">• Launch of two new staff networks namely the Neurodiversity and Religion & Belief Staff Networks• Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual (LGBTQIA+) staff review of our 'Supporting Transgender, Non-Binary and Intersex Staff Policy'• Neurodiversity staff network working on developing a neurodiversity passport for the Trust• Neurodiversity Staff Network involved in the ongoing development of a Neurodiversity toolkit for the Trust.



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Next Steps - SWFT

- Active Bystander champions training to be introduced Trust Wide in September 2025
- SWFT Staff Stories Podcast, a SWFT EDI team initiative to be launched before next winter.
- **“We all Feel It”** - A SWFT Zero Tolerance for Discrimination Campaign to launch later this year.
- Proposed SWFT Women’s Network (March 2026) and a Menopause Action Plan to be developed.
- SWFT Health Inequalities and Inclusion Action Plan 2026 – 2031 (March 2026)
- Disability, Gender and Ethnicity Pay Gap Reports to be published.
- Full EDI Annual Report to be published on the Trust website.
- New EDI Training to be rolled out –
 - Just Culture
 - Bespoke Cultural Competence – Inclusive Recruitment



Key Points & Achievements - WVT

Key Points	Achievements
➤ Staff Networks	<ul style="list-style-type: none">➤ Established new Women's network in addition to the BAME, Disability and LGBTQIA+ staff networks.➤ Menopause Working Group and new Menopause Café launched in partnership with Halo Leisure and Sodexo. Additionally, Women's Walking Group and an 8-week health and wellbeing programme with Halo Leisure established.
➤ Culture	<ul style="list-style-type: none">➤ Continued Annual EDI calendar of events and Trustwide EDI newsletter➤ Human Resources (HR) and OD Roadshows run twice a year➤ Close link and work with FTSU Guardian recognising the key interdependencies➤ Launched Active Bystander Programme across Integrated Care System (ICS) within Trust.



Key Points & Achievements - WVT

Key Points	Achievements
➤ Community Engagement in Recruitment	<ul style="list-style-type: none">➤ Working with Hoople, Department for Work and Pensions (DWP), Sodexo and local schools and colleges to promote and recruit to jobs.➤ Care Leavers Pilot➤ WVT Fun Day
➤ Wellbeing	<ul style="list-style-type: none">➤ Rolled out refreshed Health & Wellbeing passport➤ Menopause Passport and Staff & Managers' guidance



Next Steps - WVT

EDI actions 2025/26

- Continue roll-out of Active Bystander Awareness training and commencing Champions training in September 2025.
- Inclusive Recruitment self-assessment and managers toolkit
- Building on Just Culture/No Harm approaches
- Neurodiversity Toolkit launch across system
- Refresh of Disability staff network and Staff Stories
- Pay Gap reporting for Disability, Gender and Ethnicity
- Annual EDI Report to be published on the Trust website



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Key Points & Achievements - WAHT

Key Points	Achievements
➤ Staff Survey Progress	<ul style="list-style-type: none">• Increased staff survey response rate; 15% overall increase on previous year• Increased team action plan engagement in response to staff survey results• Improvement in a number of Workforce Disability Equality Standard (WDES) performance indicators
➤ Co-created New Values	<ul style="list-style-type: none">• Co-developed values and behaviours with input from over 1000 colleagues• Guidance packs produced to support leader, team members and teams• Values becoming embedded into HR processes• Branding, templates, and brand guidance launched
➤ Values into Action training launched	<ul style="list-style-type: none">• Interactive workshop developed and delivered to promote Kindness in the workplace• Launched new approach to speaking up and providing feedback
➤ Sexual Safety in Healthcare Training	<ul style="list-style-type: none">• Launched toolkit and communications campaign• 86% compliance (June 2025)
➤ Multi Faith Hub Launched	<ul style="list-style-type: none">• Funding secured from Worcestershire Acute Hospitals Charity for 1 year• A number of honorary chaplains appointed, including Muslim, Buddhist and Sikh• Improvement to Wudu facilities at Worcestershire Royal Hospital (WRH)



Key Points & Achievements - WAHT

Key Points	Achievements
➤ Supported Internship Programme	<ul style="list-style-type: none"> Completed second academic year with 5 supported Interns Positive feedback from managers – real benefits for staff and interns. Allows better understanding and greater empathy leading to more inclusive team practices End of year celebration and showcase
➤ Reciprocal Mentoring	<ul style="list-style-type: none"> Guides for mentor's and mentee's developed
➤ Staff Network Engagement	<ul style="list-style-type: none"> Launch of new Women's Network and International Women's Day Celebration Board Development Session provided by the LGBTQ+ Staff Network Supportive response to UK Supreme Court Ruling and response to the Equality and Human Rights Commission (EHRC) consultation Women's network staff showcases Faith network organised talks by Sikh and Buddhist honorary chaplains Terms of Reference for all networks reviewed and updated
➤ Inclusive Recruitment Assessment	<ul style="list-style-type: none"> Audit undertaken shows areas of good practice Opportunities for improvement identified and further improvement work planned
➤ Reasonable adjustment working group	<ul style="list-style-type: none"> Multi professional group established , currently reviewing process and outcomes for colleagues requesting reasonable adjustments.



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Next Steps - WAHT

- Preparing for third cohort of Supported Interns
- Working with Chamber of Commerce to identify further employment support opportunities for local communities.
- Launch WAHT Anti-Racism Charter (November 2025) in partnership with Trade Unions
- Reciprocal Mentoring - planned Board development session
- Launch of 'early resolution' policy and toolkits
- EDI Annual Report
- Inclusive Recruitment improvement actions
- Increased Active Bystander training
- Neurodiversity toolkit launch
- Health and Wellbeing strategy development



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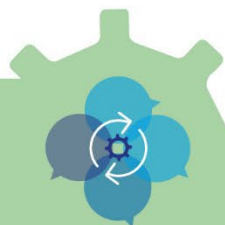
Key Points & Achievements - GEH

Key Points	Achievements
➤ Staff networks	<ul style="list-style-type: none">• Achieved the gold award for the Defence Employer Recognition Scheme.• Worked with Veterans Contact Point, Nuneaton, Warwickshire County Council and Primary Care networks to deliver health checks for veterans in Warwickshire North Place• Became an Age Friendly employer• Hosted a number of events including South Asian Heritage month and attended Birmingham Pride• Introduced Halal meals into the workplace canteen• Created additional prayer and wudu facilities
➤ Projects	<ul style="list-style-type: none">• Created a sexual misconduct in the workplace policy, alongside training for all new doctors at induction• Say My Name project incorporated, partnering with University of Warwick following their successful implementation• Introduced Civility training for all staff, reaching over 85% compliance throughout the year• Inclusive recruitment training at ICS level for ethnically diverse staff at Bands 5-7 who wish to progress.



Key Points & Achievements - GEH

Key Points	Achievements
➤ Celebrating our staff	<ul style="list-style-type: none">• Relaunched the IExcel awards with a huge increase in nominations• Improved staff survey scores across all of the People Promise themes. Increased engagement rates across the organisation• Held International NHS Workers Day to celebrate the rich value of diversity at GEH• Hosted a hugely successful Appreciation Week to celebrate our amazing staff
➤ Training our staff	<ul style="list-style-type: none">• Neurodiversity in the workplace delivered by Brain Charity• Hidden Disabilities with Enhance The UK• Active Bystander training• Neurodiversity in the workplace team sessions• Inclusive Recruitment
➤ Supporting our staff	<ul style="list-style-type: none">• Created listening events and one to one• Created direct access to the Inclusion and Belonging team• Trained five accredited mediators to take the GEH mediation up to eight



Next Steps - GEH

- Inclusive Recruitment – leading for the ICS on a strategic approach to recruitment
- Rollout of active bystander training for every staff member
- Kindness campaign
- Early resolution strategy
- Creation of safe space hub on site
- Utilisation of AI technology to support efficiencies
- Introduction of digitalised quality impact assessment and training
- Veterans Health Check project – reviewing results
- Safe to Share Campaign
- Full EDI Annual Report to be published on the Trust website



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Equality Update: Foundation Group Summary

- All four trusts have established a range of **staff networks** to support diversity and inclusion
- Each trust has implemented measures to promote **inclusive recruitment** and to widen access to opportunities for under-represented groups.
- All trusts are focused on **staff engagement** , utilising staff survey feedback to make improvements and celebrate best practice
- Complementary initiatives such as the Multi-faith hub and the Menopause Café are supporting staff in a range of different ways, **prioritising inclusion alongside health and wellbeing.**
- Each trust has emphasized **training and development** for staff as a key ingredient to improving equality and eliminating discrimination and poor behaviour.



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Report to	Foundation Group Boards	Agenda Item	7.1
Date of Meeting	6 August 2025		
Title of Report	NHS Oversight Framework		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Glen Burley, Foundation Group Chief Executive (written in his role as National Reset and Accountability Director)		
Lead Executive Director:	Glen Burley, Foundation Group Chief Executive		
1. Purpose of the Report	To provide the Foundation Group Boards with an overview of the consultations responses and summary of the new NHS Oversight Framework (NOF)		
2. Recommendations	The Foundation Group Boards are asked to receive and note the NHS Oversight Framework update from the Foundation Group Chief Executive.		
3. Executive Assurance	<p>The new NOF for 2025/26 was issued on 26 June 2025 following a public consultation in May 2025. The framework was approved for release by the Chair and Chief Executive for NHS England under the delegated authority of the NHS England Board as agreed on 20 June 2025, when the NHS England Board reviewed the approach and oversight metrics.</p> <p>It is important to note that this report is an NHS England Board Paper which the Foundation Group Chief Executive will discuss in more detail. The link to the full NOF is available by clicking the following link: NHS England » NHS Oversight Framework 2025/26</p>		

NHS England Board

Paper title: Update on NHS Oversight Framework 2025/26

Agenda item: 10 (Public session)

Report by: Glen Burley: Financial Reset and Accountability Director

Paper type: For information

Paper classification: Classification: Official

Executive summary and action required:

The new NHS Oversight Framework 2025/26 was issued on 26 June 2025 following a public consultation in May. The framework was approved for release by the Chair and Chief Executive under the delegated authority of the Board as agreed on 20 June, when the Board reviewed the approach and oversight metrics.

This paper provides an overview of the consultation responses and a summary of the new framework. It is for information only; no action is required.

Issue and context

1. The new NHS Oversight Framework 2025/26 was published on 26 June 2025 and describes a consistent and transparent approach to assessing integrated care boards (ICBs), NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England will work with systems and providers to support improvement.
2. A draft of the framework was considered at the public meeting of the Board on 27 March, and it was agreed that the draft should be released for further engagement and consultation.
3. This paper provides a summary of the consultation responses and an overview of the new framework.

Consultation feedback

4. The consultation ran from 12 to 30 May. During the consultation period we also ran engagement sessions with ICB, and provider CEOs and Chairs facilitated by NHS Providers and NHS Confederation. We also met with other stakeholders including National Voices and Healthwatch.

5. We received over 150 responses to the consultation online and by email, including from ICBs and trusts, and key stakeholders including representative bodies and patient advocacy groups.

6. Over 70% of respondents either agreed with or were neutral on the proposals outlined in the consultation documentation.
7. Annexed to this paper is a summary of the responses received which explains how these have been addressed in the final framework.

Overview of the new approach

8. The new framework describes a consistent and transparent approach to assessing ICBs and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how we will work with systems and providers to support improvement. It sets out how we will assess providers and ICBs, alongside a range of agreed metrics, promoting improvement while helping us identify quickly where organisations need support.
9. The framework is supported by a focused set of national priorities, including those set out in the planning guidance for 2025/26, aiming to strengthen local autonomy. These are presented alongside wider contextual metrics that reflect medium-term goals in areas such as inequalities and outcomes. The contextual metrics do not contribute to the segmentation score but will inform how NHS England responds to segmentation.
10. The NHS priorities and operational planning guidance 2025/26 made it clear that achieving a financial reset this year is a priority. The NHS must live within the budget it is allocated, reduce waste and increase productivity to deliver growth against demand. It set the expectation that every ICB and provider must deliver a balanced net system financial position in collaboration with its system partners, and we will identify organisations that are not performing and take timely action. Our approach to assessment will mean that unless providers are delivering a surplus or breakeven position, their segmentation will be limited to no better than segment 3.
11. Our improvement approach will be based on the results of our assessment and tailored to the support providers in each delivery segment need. Discussions about performance will be led by colleagues at NHS England who are experienced in addressing delivery challenges, with a focus on offering evidence-based insight and practical guidance that is grounded in a deep understanding of the operational challenges faced.
12. Our assessment will be the starting point for how we work with organisations throughout the year and will help us determine how we can support them to improve. We will do this by considering an organisation's segment score, as set out in this framework, and leadership capability.
13. The framework outlines the circumstances in which providers can obtain increased freedoms. It also describes how we will determine whether a provider's performance falls below an acceptable standard and/or has governance concerns that may lead NHS England to exercise its regulatory powers to step in and secure improvement.

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14. We will not be segmenting ICBs in 2025/26, as this will be a year of significant change for ICBs as they transform in line with the Model ICB Blueprint to focus on strategic commissioning and implement plans to meet running cost reductions. Support for ICBs this year will focus on the safe implementation of their plans. ICBs that are currently in the Recovery Support Programme will continue in this programme and will be assessed against their current improvement trajectory to agree a transition plan. This will be equivalent to segment 5.
15. We will report ICB performance against the full suite of oversight metrics but not issue a comparative rating. ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is discharging its statutory duties. Where there are performance or governance concerns, NHS England will step in, and we may use our regulatory powers to secure improvement. We will introduce the segmentation approach for ICBs in 2026/27.

Next steps

16. The first segments for trusts, the underpinning data for the segment and an overall score that shows their relative position to similar organisations will shortly be available in the NHS Oversight Dashboard.
17. The framework will be reviewed in 2026/27 to incorporate work to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

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Annex: summary of consultation responses

Assessment approach

We proposed: Each ICB and provider is placed in a segment from 1 to 4 based on its performance against short- and medium-term NHS priorities. There will be an additional segment 5 for those in most need of support.

Feedback: 70% of respondents either agreed or were neutral when asked if the new assessment approach is objective and consistent. We also received nearly one hundred individual comments on the proposals.

Many of the comments agreed with the proposal to simplify the framework and welcomed the use of more objective measures to ensure consistency. Some respondents felt the roles of NHS England and ICBs were still not clear enough and others questioned how the framework aligned with the future position of NHS England and ICBs given the changing operating context.

How we have responded: To support organisations in understanding expectations we have added further clarifications to the ICBs' roles under the framework, which aligns with the direction set out in the draft model ICB blueprint. We have provided an illustrative example of how contractual management will work between an ICB and NHS England.

We will not be segmenting ICBs in 2025/26, as this will be a year of significant change for ICBs as they transform in line with the Model ICB Blueprint to focus on strategic commissioning and implement plans to meet running cost reductions. As this is a one-year framework, we will review the roles and responsibilities and will begin segmenting ICBs when the framework is updated for 2026/27.

Respondents raised the importance of public accountability and the need for system partners to have access to standardised data about services. Alongside the first segments in Q2 we will also release a public dashboard that will contain the segments and the data that underpins the decisions.

Capability

We proposed: Segmentation decisions are based solely on delivery against the performance metrics. The capability ratings we consulted on in 2024 no longer influence which segment an organisation is allocated but will be considered as part of NHS England's improvement response.

Feedback: 88% either agreed or were neutral when asked about proposals for capability not influencing the segment of an organisation. Comments acknowledged that it was important to consider wider contextual information such as leadership capability assessments in our improvement response to ensure balance. However, as the approach to segmentation aimed to achieve more objectivity and

transparency, it was appropriate that capability, a predominantly judgement-based method of assessment, would not be included.

How we have responded: As a result of strong agreement, segment scoring will not include capability ratings. However, we have set out in the framework that a view of capability will still be used to inform our response to segmentation, including when we identify providers for entry into the Provider Improvement Programme, which will provide support for our most challenged providers.

System performance

We proposed: Providers will not have their scores adjusted to reflect wider system performance. Segmentation will be based on delivery against the performance metrics in the framework.

Feedback: 87% either agreed or were neutral that ICB segmentation should consider system performance. Comments recognised that it was important at this stage to recognise the ICB role in ensuring that the services they contract meet the needs of the population but also recognised that roles were changing and this should be reviewed. Some respondents felt there should be wider accountability for other system partners including NHS trusts, primary care providers and local authorities.

How we have responded: Providers have an obligation under the NHS provider licence to co-operate with other NHS services, NHS bodies and local authorities and a statutory duty to consider the wider effect of their decisions on the system.

We agree that it is not appropriate to moderate provider scores based on the performance of other organisations in the same system, over whom the provider has no control. This could disincentivise improvement and insufficiently recognise high performers.

Arranging healthcare services for their populations is a general function of all ICBs. Under the current commissioning and financial allocation arrangements, they remain responsible for arranging services that meet operational standards, so these tests of system performance are still important measures of ICB performance.

Financial Override

We proposed: Any organisation reporting a financial deficit is limited to segment 3 (but may still be placed in segment 4 or 5).

Feedback: 69% either agreed or were neutral when asked whether segments 1 and 2 should be limited to those meeting surplus or break even this included agreement or strong agreement from 60% of trusts and ICBs.

Respondents were concerned that penalising organisations who were meeting their agreed financial plans would create a disincentive to set ambitious goals to improve,

and - that the financial segment limit will mean a large number of organisations in need of support.

How we have responded: The NHS priorities and operational planning guidance 2025/26 made it clear that achieving a financial reset this year is a priority. The finance limit will be applied only to organisational finances and will not account for system performance. As part of our performance improvement approach, , for organisations meeting their agreed plans, we will not limit the segment of any organisation that has an annual plan to break even that includes an in-year deficit, as long as the plan is on track.

Organisations should submit ambitious but achievable plans; however, it is the case that organisations need to strive to reach financial balance. ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping “lower-value activity” so we can say that setting the override at 3 is consistent with what we have set as a priority in the planning guidance.

Metrics for 2025/26

We proposed: Use of fewer metrics to calculate a segment decision based on critical priorities for 2025/26.

Feedback: 77% either agreed or were neutral when asked whether the proposed focused list of metrics will simplify the assessment approach and enable organisations to focus on operating priorities consistent with the reset agenda. We did receive some comments expressing concern about the risk of unintended consequences from having a narrower focus, however the majority of responses recognised the importance of simplifying the approach and allowing focus on the priorities in the short term to support the period of transformation for this year.

We also asked whether respondents had any concerns about the impact the overall framework might have on inequalities and received 88 responses mostly focused on the metrics list. 26% of these comments were concerned that NHS England may be considering no longer measuring progress against reducing inequalities and 14% were concerned that not including inequalities measures would cause reduced attention on this area.

How we have responded: Considering the need to focus on a reduced set of priorities for this transitional year, and with the support of the consultation respondents, we have adopted the shorter metric list as the basis for segmentation scoring. However, we have made some amendments to the contents of this list and the way it is displayed in the framework.

The move to a focused metric list is consistent with the move to a simpler NHS operating model which will be rules-based and provides clarity on responsibilities

and priorities, the metrics are referred to as scoring metrics in the new framework. As part of our selection of these metrics NHS England's clinical executives considered the measures for quality of care, to ensure that these reflect a balanced view across experience, safety and effectiveness of care.

Reducing health inequalities remains a key priority for NHS England and we will continue to collect and review when co-ordinating our segmentation response. We call these contextual metrics in the framework and the data will be publicly available in the framework dashboard when it is launched in Q2. Many of these measures are also included as essential data for boards to monitor in our Insightful Board documents where the importance of how boards use this information is explained.

Reducing health inequalities is a statutory duty for ICBs and will therefore be considered as part of their annual ICB assessments which will be discussed as part of performance improvement consultations.

The framework will be reviewed in 2026/27 to incorporate work undertaken to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

Other changes and general comments

We received 62 suggestions for new metrics, ranging from measures of patient or workforce experience, to measures of outcomes for patient groups such as children and young people. Due to the need to focus on fewer priorities for this year, we have not adopted these additional metrics, however we will review these responses when the framework is updated for 2026/27 and will consider whether they should be adopted as part of the approach. We are grateful for the stakeholders who offered to support us in further developing some of these metrics in the future.

Considering the changing operational context, we have also made some further changes to the framework which were not influenced by the consultation. The proposal is that we will undertake a diagnostic of all organisations who are in segment four to determine entry into the Recovery Support Programme will be replaced by a more flexible approach, the Provider Improvement Programme, entry to which will be decided based on segmentation and capability. We have also provided some further detail on how NHS England will respond to segmentation.

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Report to	Foundation Group Boards	Agenda Item	7.2
Date of Meeting	6 August 2025		
Title of Report	Foundation Group Strategy Committee Report from the Meeting held on 17 June 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. Also to provide the Committee's Annual Report for 2024/25 and Self-Assessment of Effectiveness for information.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 17 June 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 – 6 August 2025

**Foundation Group Strategy Committee Report
from the Meeting held on 17 June 2025**

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

1. Group Frailty Update – Enabling Community Frailty Services

The Deputy Chief Medical Officer for George Eliot Hospital NHS Trust (GEH) provided a comprehensive update that highlighted the growing demographic pressures and rising frailty-related admissions. The Committee endorsed a group-wide initiative to address service variation and gaps. With a focus particularly on prevention and proactive care, front-door management, community-based care and end-of-life recognition. The discussion emphasised the need for cultural change, better integration with care homes, and alignment with the NHS 10 Year Plan (10YP). Whilst some members cautioned against duplicating existing efforts, the consensus supported a coordinate approach to improve outcomes and reduce system strain.

2. Group Procurement Update

The Chief Finance Officer for Wye Valley NHS Trust (WVT) provided a progress update on the Procurement Shared Service across the Foundation Group. Progress was reported on the procurement transformation programme, focusing on Value for Money (VFM) and Service Model Development. The VFM work was projecting a £4m saving through contract alignment and standardisation. Whilst the Service Model Development focused on moving toward a unified procurement leadership model. Concerns were raised about the modest savings in relation to the £409 million spend initially under review. The Foundation Group Chair advocated for a 5% savings target to enhance credibility, while the Foundation Group Chief Executive stressed the importance of balanced contributions across corporate and clinical functions.

3. A Focus on Place - Warwickshire North

The Committee received a presentation on the Warwickshire North Place Partnership from the Chief Strategy Officer for GEH alongside system colleagues. The partnership, which aims to tackle health inequalities through cross-sector collaboration was proving successful and key achievements included, a successful Sport England funding bid, Veteran health checks and mobile clinics, and strong governance and branding under the “Better Together” ethos. The Foundation Group Chief Executive and Foundation Group Chair emphasised the importance of inclusive governance, particularly the role of South Warwickshire University NHS Foundation Trust (SWFT) as lead provider and Coventry and Warwickshire Partnership NHS Trust (CWPT) in mental health. Outcome measurement and integration with education and community services were identified as future priorities

4. Group General and Operational Manager Development Programme Update and Next Steps

The Managing Director for Wye Valley NHS Trust (WVT) provided a brief overview of the recent Foundation Group General and Operational Manager Development

conference. All Committee members that had attended the conference praised the Managing Director for WVT at how successful it had been. They particularly praised fostering collaboration and psychological safety. Key areas to note were the Chief Operating Officers and Associate Chief Medical Officers networks. The next steps were discussed and the Committee proposed expanding the model to include clinical staff. The Committee agreed to maintain momentum and ensure future events preserve the supportive environment that enabled open dialogue and innovation.

5. Aseptics Proposal Update

The Foundation Group Chief Executive provided the Aseptics Proposal Update, which detailed a potential joint venture with University Hospitals Coventry and Warwickshire NHS Trust (UHCW) and University Hospitals Birmingham NHS Foundation Trust (UHB). This was under development to address capacity and cost challenges in Aseptic Services and the Committee were advised to expect a full business case in the future.

6. Pathology Networks Update

The Acting Chief Executive for Worcestershire Acute Hospitals NHS Trust (WAHT) and WVT discussed Pathology Networks with the Committee. The discussion focused on the evolving strategy for Pathology Networks, and WAHT and WVT were considering joining UHB's established network following UHCW's withdrawal from a proposed two-site model. This shift opens opportunities for broader strategic alignment, including potential collaboration with Gloucestershire and the Three Counties Cancer Network. The Foundation Group Chair emphasised the importance of reviewing network relationships to ensure they deliver scale, efficiency, and value for the Foundation Group.

7. Foundation Group Strategy Committee Items for Approval and Review

The Committee approved its Annual Report for 2024/25 which is attached (Appendix A) for information, and the agendas for the 6 August 2025 Foundation Group Boards meeting. The Committee also reviewed its self-assessment of effectiveness which is also attached (Appendix B) for information.

8. NHS Strategic Developments

The Foundation Group Chief Executive gave a detailed overview of the key national developments within the NHS. This included the NHS Oversight Framework (NOF), NHS 10YP, financial performance and autonomy, and strategic commissioning and digital transformation. The Committee also discussed the implications of patient choice, Foundation Trusts, and private sector pricing.

9. Financial Reset

The Group Strategic Financial Advisor presented an analysis estimating the financial outlook for the current year under the new NHS regulatory framework. The analysis aimed to answer: *"What would the financial challenge look like if this year's plan had been set under the new rules?"* The Committee reflected on the pre-Covid-19 positions, and the impact that this had on organisations positions. It was felt that the pandemic disrupted financial clarity. Temporary funding masked underlying deficits, and the return to break-even distorted the financial narrative, particularly in areas like Coventry and Warwickshire (C&W). The Group Strategic Financial Advisor highlighted key priorities to address the financial challenges, these included mitigate in-year deficits, strengthen cost control and productivity, improve coding and counting accuracy, medium-term financial plans, prepare for new contracting models and align

organisational form with strategic goals. The Foundation Group Chief Executive stressed the importance of restoring operational discipline, particularly accurate activity recording, to support productivity claims and tariff-based funding. The Foundation Group Chair emphasised the need for all Trusts to prepare credible break-even plans and replicate SWFT's high-productivity model, especially in elective care.

Recommendation

The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 17 June 2025.

Chelsea Ireland
Foundation Group EA

Report to	Foundation Group Strategy Committee	Agenda Item	7.2
Date of Meeting	17 June 2025		
Title of Report	Foundation Group Strategy Committee Annual Report 2024/25		
Status of report: (Consideration, position statement, information, discussion)	For discussion		
Author:	Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.		
2. Recommendations	The Foundation Group Strategy Committee is asked to consider its Annual Report for 2024/25, prior to submission to the Foundation Group Boards in August 2025.		
3. Executive Director Assurance	<p>The report provides an overview of the Committee's business during 2024/25. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly.</p> <p>The last Foundation Group Strategy Annual Report was scheduled for the Committee meeting in July 2024. Due to the months that the Committee meets changing in 2024, the closest meeting to July is now June.</p>		

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

Report to Foundation Group Strategy Committee – 16 July 2024

Foundation Group Strategy Committee Annual Report 2023/24

1. Introduction

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

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

During 2024/25, the Committee consisted of the Group Chairman, Group Chief Executive, a Non-Executive Director (NED) from each Trust, Managing Director/Acting Chief Executive from each Trust, Chief Medical Officer from each Trust, Chief Strategy Officer from each Trust, the Group Strategic Financial Advisor and Group Medical Advisor. Other officers from each Trust may be invited to attend for appropriate agenda items.

The Committee has met on four occasions during 2024/25, the September 2024 meeting was cancelled. In August 2022 the Foundation Group Boards Workshop and Foundation Group Boards meeting replaced the previous twice yearly development sessions. These meetings bring together the full members within the Foundation Group to share best practice and performance data. During 2024/25 it was agreed that the FGSC would take ownership of the planning of the Foundation Group Boards agendas, these are now taken to each meeting for approval and discussion. The Committee also added an important NHS Strategic Developments update to its standard agenda in 2024/25, which is provided by Foundation Group Chief Executive, Glen Burley. A schedule of attendance at the FGSC meetings during 2024/25 is attached (Appendix A).

The Chairman reports in writing to each Trust's Board via the Foundation Group Boards on key issues considered by the Committee following every meeting. In addition to this, the approved minutes of the meetings are also submitted to the confidential section of the Foundation Group Boards.

As part of the annual review of the Terms of Reference, amendments were approved by each Board at the Foundation Group Boards in February 2025.

2. Principal Areas of Review

The Terms of Reference set out Strategic Financial and Operational Planning as the key duty

for the Committee which includes the following responsibilities:

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

3. FGSC – Review of Effectiveness

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

The Committee has undertaken a formal review of its effectiveness during 2024/25 and a separate report has been submitted to the Committee on the responses received, which was subsequently submitted to the Foundation Group Boards in August 2025. It can be confirmed that the Committee met on four occasions during April 2024 to March 2025 and achieved an attendance rate of 85.34%. It should be noted that 80% is considered to be a good rate of attendance. The Committee's attendance average has improved during 2024/25 compared to last year's 80% attendance rate. It's important to note this could be due to a number of role changes throughout the year and there was one less meeting in 2023/24 to pump up percentage ratings.

Based on the feedback received from the Committee's review of effectiveness, it is evident that the Committee has achieved and improved on its effectiveness with a clear purpose, and aim by delivering the duties set out in its Terms of Reference and improved

4. Areas of Particular Note

During the year the Committee has had the opportunity to consider strategic financial and operational planning opportunities as part of collaborative working across the Foundation Group. Examples of these are detailed below but it should be noted that the list is not exhaustive:

- Group Analytics Board
- Group Procurement

- Group Financial Challenges and Financial Reset
- Productivity
- Trust and Group Objectives
- Prostate Cancer Pathways
- Aseptics Services
- Clinical Teaching and Training;
- Pathology Networks
- Research
- NHS Strategic Developments
- Foundation Group Boards Planning
- Clinical Teaching and Education
- Digital Updates
- WAHT Trust Strategy

Looking forward into 2025/26, the Committee continues to focus on development opportunities for strategic financial and operational planning. Also identifying and sharing best practice at pace across the Foundation Group and externally.

5. Conclusion

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

6. Recommendation

The Foundation Group Strategy Committee is asked to consider its Annual Report for 2024/25, prior to submission to the Foundation Group Boards in August 2025.

Chelsea Ireland
Foundation Group EA

Appendix A

Foundation Group Strategy Committee Attendance 2024/25

	16 April 2024	16 July 2024	17 December 2024	18 March 2025
Members				
Russell Hardy (Group Chair)	✓		✓	✓
Chizo Agwu (Chief Medical Officer at WVT)	✓	✓	✓	✓
Charles Ashton (Chief Medical Officer at SWFT until December 2024 meeting)	✓			
Varadarajan Baskar (Chief Medical Officer at SWFT as of December 2024 meeting)			✓	✓
Jules Walton (Chief Medical Officer at WAHT)				✓
Julian Berlet (Chief Medical Officer at WAHT until March 2025 meeting then Chief Clinical Strategy Officer at WAHT)	✓			✓
Glen Burley (Group Chief Executive)	✓	✓	✓	✓
Adam Carson (Acting Chief Executive at GEH/SWFT) / Sophie Gilkes deputised as Managing Director at SWFT October 2024 – January 2025	✓	✓	✓	✓
Stephen Collman (Acting Chief Executive at WAHT/WVT)	✓	✓	✓	✓
Alan Dawson (Chief Strategy Officer at WVT)	✓	✓	✓	✓
Catherine Free (Managing Director at GEH)	✓		✓	✓
Phil Gilbert (NED representative at SWFT as of March 2025 meeting)				✓
Sophie Gilkes or Jennie Bannon (Chief Strategy Officer at SWFT/Deputy Chief Strategy Officer at SWFT)		✓	✓	✓
Julie Houlder (NED representative at GEH)		✓	✓	✓
Jane Ives (Managing Director at WVT)	✓		✓	✓
Frances Martin (NED representative at WVT)	✓	✓	✓	
David Moon/Adrian Stokes (Group Strategic Financial Advisor)	✓	✓	✓	✓
David Mowbray (Group Medical Advisor)	✓	✓	✓	
Simon Murphy (NED representative at WAHT)	✓	✓	✓	✓
Jo Newton (Chief Strategy Officer at WAHT)	✓	✓	✓	✓
Jenni Northcote (Chief Strategy Officer at GEH)		✓	✓	
Simon Page (NED representative at SWFT until March 2025 meeting)	✓	✓	✓	✓
Naj Rashid (Chief Medical Officer at GEH)	✓		✓	✓
Committee Attendance Rate	85%	75%	95%	86.36%

It is important to note that when Chief Officers have been unable to attend a meeting, where possible, will always assign a deputy to attend on their behalf. This is not reflected in these figures.

Appendix B

Report to	Foundation Group Strategy Committee	Agenda Item	6.1
Date of Meeting	17 June 2025		
Title of Report	Annual Review of Self-Assessment of Effectiveness		
Status of report: (Consideration, position statement, information, discussion)	For discussion and information.		
Author:	Chelsea Ireland, Foundation Group EA and Committee Administrator		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman and Committee Chair		
1. Purpose of the Report	To review the Committee's effectiveness via the use of the self-assessment tool.		
2. Recommendations	The Committee is asked to receive and note this report and reflect on any comments.		
3. Executive Director Assurance	The self-assessment tool is circulated to Committee members for completion, responses are collated and fed back at the next Committee meeting. The detail should also be reported to the Board of Directors of each respective organisation to provide assurance around the effectiveness of the Committee.		

**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 Strategy Committee – 17 June 2025

Annual Review of Self-Assessment of Effectiveness

1. Introduction

The inaugural meeting of the Foundation Group Strategy Committee (FGSC) was held on 23 January 2018.

It is good governance for the Committee to undertake an Annual Self-Assessment to assess its effectiveness which will be presented to the Board of each respective organisation, along with an Annual Report.

The Committee's 2024/25 Annual Report will be considered by the Committee under a separate agenda item at the June 2025 meeting.

2. Effectiveness Self-Assessment Tool

The Committee Administrator circulated the self-assessment tool on 4 April 2025 via Google Forms compared to a paper document. The form had a closure date of 23rd May 2025. As of 11 June 2025, 17 responses were received which was a significant improvement from 2024 which had 9 responses, indicating that the electronic form was more user friendly. The data captured from the electronic form has been transferred to the traditional template for reporting purposes (appendix A). All narrative contributions have also been included.

3. Recommendation

The Committee is asked to consider the responses received for its Annual Effectiveness Self-Assessment for 2025 which will subsequently be submitted to the respective Boards of each Trust at the next Foundation Group Boards meeting for information.

Chelsea Ireland
Foundation Group EA and Committee Administrator

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2024/25

Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer
Theme 1 – Committee Focus					
The Committee is clear on its core purpose and objectives.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓	✓		
The Committee's business covers matters of importance relevant to its Terms of Reference.	✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓✓			
The Committee reviews its activities against those delegated to it in the Terms of Reference	✓✓✓✓	✓✓✓✓✓✓✓✓ ✓	✓		✓✓✓
The Committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.	✓✓✓✓✓	✓✓✓✓✓✓✓✓	✓✓		✓✓
There is appropriate detailed discussion focused on decisions required and decision making is clear and transparent.	✓✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓			✓
The frequency of meetings is appropriate and enables the Committee to effectively carry out all of its duties.	✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓	✓		
Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer
Theme 2 – Committee Team Working					
The Committee has the right balance of experience, knowledge and skills.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓			

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2024/25

The membership and attendance of the Committee as set out in the Terms of Reference is appropriate.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓			✓
The Committee ensures that the relevant director /manager attends meetings to enable it to secure the required level of understanding of the reports and information it receives.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓			
Members are properly prepared for the meetings.	✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓✓			
All members of the Committee behave with courtesy and respect, and views of others are respected and heard non-judgmentally.	✓✓✓✓✓✓✓✓ ✓	✓✓✓✓✓✓✓✓			
Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer
Theme 3 – Committee Effectiveness					
Papers are received in sufficient time to allow proper consideration and understanding.	✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓✓			
The quality of Committee papers received allows me to perform my role effectively.	✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓✓✓✓			
Sufficient time is given to the proper debate and understanding of business items.	✓	✓✓✓✓✓✓✓✓ ✓✓✓✓✓✓✓			
Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓	✓✓		

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2024/25

The business is appropriately prioritised, and debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.	✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓	✓		
Each agenda item is 'closed off' appropriately so that I am clear the conclusion, who is doing what, when and how and how it is being monitored.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓✓✓			
The Committee has a tracker system to ensure others are acting on and completing actions allocated to them and I feel confident that it will be implemented as agreed and in line with the timescale set down.	✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓✓		✓	✓
Assess the impact of the Foundation Group arrangement and overall performance of the four Trusts.	✓	✓✓✓✓✓✓✓✓ ✓✓✓✓✓	✓✓✓		
Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer
Theme 4 – Committee Leadership and Administration					
The Committee Chair has a positive impact on the performance of the Committee.	✓✓✓✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓			
Committee meetings are chaired effectively and with clarity of purpose and outcome (e.g. keeping agenda on time, checking for consensus between members before decisions are made)	✓✓✓✓✓✓✓✓ ✓	✓✓✓✓✓✓✓✓			
The Committee has adequate administrative support.	✓✓✓✓✓✓	✓✓✓✓✓✓✓✓ ✓			✓✓

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2024/25

Minutes clearly identify debate, actions and who is responsible for them.	✓✓✓✓✓✓✓✓	✓✓✓✓✓✓✓✓✓✓ ✓✓			
Any Other Comments					
<ul style="list-style-type: none">It is becoming less clear what items should go to the 4 boards meeting and which to the FGSC - I feel the ToR should be revisited to ensure we have the appropriate balanceThis is a fascinating and highly relevant meeting - it provides many pointers towards innovation and efficiency, particularly related to improvements in patient care and staff working					