Foundation Group Boards

Wed 03 May 2023, 13:30 - 16:15

via Microsoft Teams

Agenda

1. Apologies for Absence

Simone Jordan (NED GEH), Kim Li (Chief Finance Officer, SWFT - Ravi Basi deputising), David Mowbray (Chief Medical Officer, WVT - Robbie Dedi deputising), Andy Parker (Chief Operating Officer, WVT - Claire Carlsen deputising), and Grace Quantock (NED WVT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 1 February 2023

13:35 - 13:40 *Russell Hardy*

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

Agenda Item 3.1 - GEH Minutes of the Meeting Held on 1 February 2023.pdf (15 pages)

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

Agenda Item 3.2 - SWFT Minutes of the Meeting held on 1 February 2023.pdf (14 pages)

3.3. WVT Minutes of the Meeting held on 1 February 2023

Agenda Item 3.3 - WVT Minute of the Meeting Held on 1 February 2023.pdf (15 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:50 *Russell Hardy*

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

5. Overview of Key Discussions from the Foundation Group Workshop

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

Verbal overview

6. Performance Review and Updates

6.1. Foundation Group Performance Report

14:00 - 14:30 *Managing Directors*

Agenda Item 6.1 - Foundation Group Performance Report.pdf (21 pages)

6.2. Deep Dive into Additional Performance Measures

14:30 - 14:50 *Chief Operating Officers*

Agenda Item 6.2 Deep Dive into Additional Performance Measures.pdf (26 pages)

6.2.1. Virtual Wards Capacity

Robin Snead

6.2.2. Same Day Emergency Care

Harkamal Heran

6.2.3. Faster 28 Day Diagnosis

Claire Carlsen

6.3. PACE Update

14:50 - 15:00 *David Moon*

Agenda Item 6.3 - PACE Update.pdf (10 pages)

7. Items for Approval

7.1. Foundation Group Boards Schedule of Business for 2023/24

15:00 - 15:10 *Russell Hardy*

Agenda Item 7.1 - FGB Schedule of Business for 2023-24 for Approval.pdf (3 pages)

8. Items for Information

8.1. Staff Survey Results Overview and Action Plan

15:10 - 15:20 *Chief People Officers*

Agenda Item 8.1 - Staff Survey Results Overview and Action Plan.pdf (5 pages)

9. Any Other Business

15:20 - 15:25

10. Questions from Members of the Public and SWFT Governors

15:25 - 15:30

Adjournment to Discuss Matters of a Confidential Nature

11. Apologies for Absence

Simone Jordan (NED GEH), Kim Li (Chief Finance Officer, SWFT - Ravi Basi deputising), David Mowbray (Chief Medical Officer, WVT - Robbie Dedi deputising), Andy Parker (Chief Operating Officer, WVT - Claire Carlsen deputising), and Grace Quantock (NED WVT).

12. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

13. Minutes of the Meeting held on 1 February 2023

15:50 - 15:55 *Russell Hardy*

13.1. GEH Minutes of the Meeting held on 1 February 2023

Agenda Item 13.1 - GEH Minutes of the Meeting Held on 1 February 2023.pdf (6 pages)

13.2. SWFT Minutes of the Meeting held on 1 February 2023

Agenda Item 13.2 - SWFT Minutes of the Meeting Held on 1 February 2023.pdf (6 pages)

13.3. WVT Minutes of the Meeting held on 1 February 2023

Agenda Item 13.3 - WVT Minutes of the Meeting Held on 1 February 2023.pdf (6 pages)

14. Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

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

15. Any Other Confidential Business

16:00 - 16:05

16. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 2nd August 2023 at 13:30 via Microsoft Teams.

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

Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 February 2023 at 1.30pm via Microsoft Teams
In Parallel with Wye Valley NHS Trust (WVT) and
South Warwickshire University NHS Foundation Trust (SWFT)

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
David Eltringham	(DE)	Managing Director GEH
Catherine Free	(CF)	Chief Medical Officer GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Anil Majithia	(AM)	Non-Executive Director (NED) GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Deputy Chief Medical Officer GEH
Umar Zamman	(UZ)	NED GEH

In attendance:

GEH:

Sarah Collett	(SC)	Trust Secretary GEH/SWFT
Gertie Nic Philib	(GP)	Chief People Officer GEH/SWFT
Najam Rashid	(NR)	Deputy Chief Medical Officer GEH
Phil Thomas-Hands	(PTH)	Deputy Chief Operating Officer GEH (Deputising for Chief Operating Officer GEH)
James Turner	(JT)	Head of Communications GEH

SWFT:

Jennie Bannon	(JB)	Deputy Chief Strategy Officer SWFT (Deputising for Chief Strategy Officer SWFT)
Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT (Deputising for Chief Medical Officer SWFT)
Yasmin Becker	(YB)	NED SWFT
Richard Colley	(RC)	NED SWFT
Anne Coyle	(AC)	Managing Director SWFT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Paramjit Gill	(PG)	Nominated NED SWFT
Becky Hale	(BH)	Chief Commissioning Officer (Health and Care) SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Sarah Moppett	(SM)	Chief Nursing Officer SWFT
Simon Page	(SP)	NED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
David Spraggett	(DS)	NED SWFT
Sue Whelan Tracey	(SWT)	NED SWFT

WVT:

Jon Barnes	(JBa)	Chief Transformation Officer WVT
John Burnett	(JBu)	Head of Communications WVT
Andrew Cottom	(ACo)	NED WVT
Alan Dawson	(AD)	Chief Strategy and Planning Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)
Minutes of the Foundation Group Boards Meeting Held on 1 February 2023

Erica Hermon	(EH)	Associate Director of Corporate Governance and Company Secretary WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
David Mowbray	(DM)	Chief Medical Officer WVT
Frank Myers	(FMy)	Associate Non-Executive Director (ANED) WVT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED
Nicola Twigg	(NT)	NED WVT

Foundation Group:

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

There were four SWFT Governors also in attendance.

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23.001	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Charles Ashton, Chief Medical Officer (SWFT), Sophie Gilkes, Chief Strategy Officer (SWFT), Julie Houlder (NED GEH) Simone Jordan (NED GEH), Rosie Kneafsey (NED GEH) and Robin Snead, Chief Operating Officer (GEH). **Resolved – that the position be noted.**	
23.002	**DECLARATIONS OF INTEREST** There were no declarations of interest. **Resolved – that the position be noted.**	
23.003	**GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended. **Resolved – that the GEH public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
23.004	**SWFT PUBLIC MINUTES OF THE MEETNG HELD ON 2 NOVEMBER 2022** It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended.	

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	Resolved – that the SWFT public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
23.005	**WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
	It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended. **Resolved – that the WVT public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
23.006	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
23.006.01	Chairman's Remarks The Group Chairman took the time to congratulate the Managing Director at GEH and the Managing Director at SWFT for their new roles and their work and commitment during their time as Managing Directors. **Resolved – that the position be noted.**	
23.006.02	Request from SWFT Governor, West Stratford and Borders (Minute 22.023.01) The Board noted the request to ensure acronyms be avoided in future reports and discussions. **Resolved – that the position be noted.**	
23.007	**GROUP ANALYTICS UPDATE** The Managing Director at WVT provided an update on Group Analytics. She explained that the Group Analytics Board had been running for 12 months, where members focused on the five year strategy. The Managing Director at WVT assured the Foundation Group Boards that the Group Analytics Board was going well and there had been several important products that been developed as a result of that, which included standardising performance reports and the business intelligence system. She explained that progress had been hampered by the lack of resources available, however the Heads of Information across the Foundation Group had worked well together and delivered a lot between themselves and their teams. The Chief Finance Officer at GEH took the time to thank the Heads of Information across the Foundation Group and their teams for all the work they had done since the Group Analytics Board was established for delivering on a number of projects under sometimes difficult circumstances. He explained that the Group Analytics Board's objectives had been set out and included, data	

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	quality, standardisation, automation, and developing capacity and capability of the information functions. The Chief Finance Officer at GEH added that delivering against the objectives would take each Trust to similar levels of maturity. He informed the Foundation Group Boards that the eight projects that the Group Analytics Board had been working on, were now in business as usual mode and the new standardisation project had been launched with review of the Finance and Performance Executive Committee data packs. The Chief Finance Officer at GEH explained that the standardisation project would enable data being compared like for like across the Foundation Group and would help the Informatics Department when producing standard data packs. He highlighted that as part of the project the Group Analytics Board had also been looking at data quality to ensure assurance was being received from the priority indicators being reported against. The Chief Finance Officer at GEH provided the Foundation Group Boards with an update on Power BI, which had been implemented as the Foundation Groups analytics and business intelligence tool. He continued that this an important tool and a key piece of work was taking place on training staff and developing the reports through Power BI. The Chief Finance Officer at GEH added that part of the work taking place by the Group Analytics Board was also looking at capacity capability in the Information teams, and developing existing staff to build on the skills already within the teams to ensure skillsets were in place for current demand but also future needs. The Chief Finance Officer at GEH and the Managing Director at WVT both drew on the lack of resources and highlighted that the work was becoming increasingly challenging on top of pre-existing workloads. They expressed the need for investments to be made if the work was to continue at pace. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive expressed his thanks to the Chief Finance Officer at GEH, the Managing Director at WVT and the work that the Information teams had put into developing the Group Analytics Board. He explained that it had gone from an idea, into something that was helping improve productivity across the three Trusts. He added that it had been helpful to look into the data and realise that information hadn't been being compared like for like which was important. The Chief Executive requested that data for services start to be looked at as part of their future project work, such as virtual working. He expressed how the learnings within the Foundation Group were there and could really be used to lead the NHS on different ways of measuring activity, with a link into research to demonstrate new service models and how effective they could be for communities. Mr James (NED WVT) expressed his concerns regarding capacity of the teams and agreed that investments needed to be made to ensure the work could continue. However he queried with the Chief Finance Officer at GEH how were the risks of day-to-day pressures being mitigated. The Chief Finance Officer at GEH explained that work with partners such as Universities and seeing what they can offer such as support with recruit or student project work. He assured the Foundation Group Boards that as processes became more automated the	

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	pressures on teams would be alleviated, however there was a short-term pressure that needed to be dealt with. **Resolved – that** **A) The Group Analytics Board include services data as part of their future project work, and** **B) The Group Analytics Update be received and noted.**	**JI/HQ**
23.008	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director at WVT presented an update on performance at WVT. She explained that going forward data would measure against the new national targets due to these changing quite significantly for 2023/24. She expressed that it was a concerning picture regarding where WVT for the Trust 4hr Emergency Department standard when compared to National and Foundation Group benchmarks, however these were being addressed and the Chief Operating Officer at WVT would provide an update on this later on in the agenda (minute 23.010 refers). The Managing Director highlighted the focus that WVT had put on ambulance handovers, which was evident in the handovers within 15minutes metric. She explained that nationally the response time for category two ambulances reached 90minutes and for Hereford and Worcester it was the national average. However, this hid quite a lot of detail, and for those in Worcester it was around 95minutes, but for those in Hereford it was around 75minutes. The Managing Director at WVT continued that a 25minute improvement was very impressive and the people WVT served would have benefited from that. She expressed that sickness continued to be a concern and remained a high focus for WVT during 2023/24. The Managing Director at WVT informed the Foundation Group Boards that she was proud of the 62day cancer performance, which was at 70% and was lower than average compared to recent months at WVT. The Managing Director of SWFT expressed how difficult recent months had been for SWFT, especially with a significant increase in demand and difficult Flu season. She explained that the difficulties were reflective in the Emergency Department data and ambulance handover times. The Managing Director at SWFT informed the Foundation Group Boards that SWFT's mortality indicators remained within in the control limits, although there was slight variability in the Hospital Standardised Mortality Ratio (HSMR), however there was work underway by the Mortality Surveillance Committee to investigate this further. The Managing Director at SWFT explained that sickness continued to be a challenge, however significant work was underway to understand the reason for absence and identify any trends. She highlighted that SWFT had seen an increase in Cancer referrals since 2019, which equated to around a hundred additional referrals per week, however she confirmed the time until diagnosis numbers were returning to pre-pandemic levels. The Managing Director at SWFT added that SWFT had appointed an Associate Chief Operating Officer solely for Cancer Services, and improvements were starting to be seen following this. She celebrated SWFT being in the top quartile nationally for Referral to Treatment (RTT) figures and diagnostic performance. A challenge for SWFT remained Medically Fit for Discharge (MFFD) however the discharge frontrunner work will help ensure discharge remained a focus area moving forward.	

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The Manging Director at GEH discussed the challenges faced by the Emergency Department at GEH over the Christmas 2022 period. He explained that the hospital had no beds available on Christmas Eve, and this included surge capacity. This had a significant impact on 4hr performance and ambulance turnaround time targets. The Manging Director at GEH expressed his gratitude for how hard operational teams had worked to keep surge capacity open and keep flow happening through the Emergency Department. He explained that GEH had several ambulance delays and had to cancel a lot of Elective work, however these had recovered quickly over the first few weeks of January 2023. The Managing Director at GEH informed the Foundation Group Boards that GEH performance numbers remained in the top ten regionally, the top quartile nationally and performance year to date remained in excess of 78%, therefore they would be setting a stretched target to that outlined in the Urgent and Emergency Care Recovery Plan. The Managing Director at GEH explained that discharge remained a challenge at GEH and would be a focus area for 2023/24, however there had been good work with local authority colleagues that had started to show an improvement. He added that Cancer Performance would be a focus area moving forward, as well as RTT and the Elective Care position.

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

The Group Chief Executive explained that there was a huge focus on discharge as part of the Urgent and Emergency Care Recovery Plan, and that it was incredibly useful that the data across the Foundation Group was robust enough to learn from, which a lot of organisations don't have.

The Group Chairman expressed his thanks to all three Trusts in the Foundation Group for the phenomenal job they had done dealing with bed occupancy and provided clarity regarding how Trusts were unable to report bed occupancy above 100% even if capacity was greater 100%.

Mrs Raistrick (NED GEH) queried if the increase in cancer referrals coming in was still within the expected conversion rate that we would expect to see from referrals. The Chief Operating Officer at SWFT explained that December 2022 was the first month conversion rates went back down to expected levels, and that it was important note the 2week wait pathway wasn't pathway that generated the most cancer work which it was important to not divert all resources to the one pathway. However, she explained that the increase in referrals was approximately a 1% increase in conversation rate which was considered significant. December 2022 was the first time that rate reduced, however it was still on the radar of the Cancer Board due to only being the first month with a reduced figure. The Chief Operating Officer at SWFT explained that the Cancer Board were working with partners to streamline cancer pathways more effectively whilst ensuring that the right route into secondary care was used.

The Chief Medical Officer at WVT conveyed how impressed he was with GEH's Emergency Department performance, how they had encouraged flow through the hospital, and he queried whether there was any learning that could be

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	shared across the Foundation Group. The Deputy Chief Medical Officer at GEH informed the Chief Medical Officer at WVT that relationships between the Emergency Department, medical teams and subspecialties had been key as well as changing the mindset of the Emergency Department and its consultants. The Group Chairman thanked the Deputy Chief Medical Officer at GEH for his leadership. The Group Chairman asked the Group Chief Executive how he felt about the Foundation Groups Performance over the last quarter. The Foundation Group Chief Executive explained how impressed he had been with the Foundation Groups performance, and how teams had responded to the challenges faced. He added that there were always times within the NHS when it could feel overwhelming, however the test of a good system was how quickly it can recover and seeing how the Foundation Group had recovered its position during January 2023 showed how well it worked. The Group Chief Executive explained that he had particularly enjoyed seeing how the clinicians and managers worked together and the response to some significant challenges had shown together they could face anything. **Resolved – that the Foundation Group Performance Report be received and noted.**	
23.009	**FINANCIAL PLANNING FOR 2023/24 IMPLICATIONS** The Group Chief Executive provided a summary of the new financial regime. He explained that funding had been provided on a block basis previously, with top up funding to manage the implications of Covid-19. Moving forward the new regime for Elective Care was based on the activity that each organisation does called 'Payment by Results' and the top up funding was being stopped. The Group Chief Executive continued that from an Urgent and Emergency Care perspective funding would still be provided on a block basis, and within that would be targets aimed at reducing the spend on agency staff. The Group Chief Executive expressed the importance of planning for 2023/24 and how we can model the amount of Elective work and the income that comes with it to support Cost and Productivity Improvement Plan (CPIP) plans. He added that an area of focus needed to be around productivity and being able to demonstrate the investments made are delivering as expected. The Chief Finance Officer at WVT informed the Foundation Group Boards that the autumn statement released in November 2022, explained that health spending was going to increase by £3.3b in both 2023/24 and 2024/25. The increased investments provided shielding for the inflation pressures being seen. The Chief Finance Officer at WVT explained that this meant the National level of allocations were flat and therefore the money currently in place was the same amount of money that would be received to deliver everything that needed to be delivered. She added that systems consuming more of their fair share, there would be a convergence adjustment, and both Coventry and Warwickshire and Herefordshire and Worcestershire have a convergence adjustment as part of their allocation formula. In return for extra funding that has been invested the NHS is expected to make further efficiencies and deliver improved performance, each organisation is required to plan to deliver a balanced Net system position.	

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The Chief Finance Officer at WVT explained that for the Foundation Group the 2022/23 financial year end had been challenging and there had been multiple drivers for that which were consistent across the Foundation Group. Recruitment and Retention and the Workforce challenge had been a key factor in this, including the reliance on temporary workforce at premium cost. The Chief Finance Officer at WVT explained that each Trust within the Foundation Group had been working hard to deliver the current financial plan, however this wasn't without risk especially given the operational pressures faced at the end of 2022. The Chief Finance Officer at WVT informed the Foundation Group Boards that the current financial positions for each Trust had been supported by significant non-recurrent income streams and non-recurrent measures, which meant the exit position was resulting in an underlying deficit. She assured the Foundation Group Boards that the 2023/24 focus was to develop plans that focus on financial stability and productivity.

The Chief Finance Officer at SWFT presented the Group Financials to the Foundation Group Boards. She explained that all Trusts within the Foundation Group had similar trends in the Weighted Activity Unit (WAU) and Cost Per WAU. The WAU had grown over the last period, and costs had grown at a faster rate. The overall Cost Per WAU remained above the pre-Covid-19 levels. The Chief Finance Officer at SWFT explained that costs grew at a faster rate through the 2-year Covid-19 period and in 2022/23 to date had begun to stabilise.

The Chief Finance Officer at SWFT informed the Foundation Group Boards that typically 70% of expenditure related to pay so it was important to focus on expenditure for temporary staffing and specifically agency. All three Trusts within the Foundation Group had similar trends, with the expenditure increasing but the key issue was that funding allocations were flat which clearly presented a challenge for 2023/24. The growth over two years across all three Trusts predominantly linked to higher Emergency Care demand and higher capacity. The Chief Finance Officer at SWFT explained that Recruitment and Retention challenges had also impacted on the increasing cost of temporary staffing and despite trends being similar there were also significant differences across the Foundation Group. She continued that, GEH spend overall had remained consistent but had a high bank and agency as a percentage of pay. WVT mean spend had increased and had a low bank percentage of pay but a high agency as a percentage of pay. It was believed this was because of the rurality and population demographic of WVT which hampers their ability to grow their bank and nurses, for example, tend to travel significant distances. SWFT mean spend had increased but had a bank spend percentage of pay in between GEH and WVT and a lower agency percentage of pay. The Chief Finance Officer at SWFT assured the Foundation Group Boards that all three trusts had some successes in recruitment but increase in capacity meant the reduction in temporary staffing was not as expected. All Trusts across the NHS were being asked to reduce their agency spend to 3.7 percent of pay, and it was therefore a focus for all three Trusts in the Foundation Group and work programmes were in place to deliver this.

The Chief Finance Officer at GEH presented the focus areas moving forward following the planning guidance. He explained that the key areas to focus on

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hadn't changed since the planning guidance had been released which showed that the Foundation Group had been focusing on the right things. The key areas include:

- Planned Care
- Unplanned Care
- Integrated/discharge.
- Workforce Enablers
- Estates and Sustainability
- Other Opportunities.

The Chief Finance Officer at GEH went on to draw out some of the key elements in relation to the focus areas stating that the Foundation Group needed to continue to focus on recruitment and retention as well as efficient rostering to ensure people were being deployed in the most efficient way. There was a pressure on temporary pay rates that needed to be managed. He drew out productivity as a key focus of the planning guidance. As mentioned earlier by the Group Chief Executive the majority of planned care activity would be paid based on the number of patients that are seen and treated. This creates an opportunity as well as risks, therefore improving productivity becomes even more important. The Chief Finance Officer at GEH highlighted that all three Trusts in the Foundation Group had various projects focussed on increasing the number of patients they were able to treat within available resources through operating theatres and outpatients in particular. He pointed out that to enable improvements in productivity the three Trusts needed to contain Urgent and Emergency Care demand within available resources. The investment in Virtual Wards, Ambulatory Care and various elements of integrated care to support discharging patients and enabling patients to be cared for in the most appropriate environment were vital in supporting this. The Chief Finance Officer at GEH summarised by saying that the three Trusts were focussing on the right things but there was a lot of it. To help rise to the challenge of continuing to deliver within a constrained financial envelope each Trust needed to make a step change in the improvements being made in all these areas. That meant focussing on a few things and doing them well.

The Chief Finance Officer at GEH closed by posing three questions:

- What elements should we focus on?
- How do we share and assimilate good practice rapidly?
- What do we need to collaborate on?

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

The Group Chairman highlighted that in 2023/24 it was suspected there would be around £50m spent on agency costs, and agencies were expected to receive around 25% gross margin of that, which equated to £12.5m. He expressed how agency had to be a focus point and it needed to be resolved.

The Group Chief Executive expressed his concern regarding the temporary staffing and agency spend. He explained that agency spend had more than

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	doubled in a three-year period and that it was a significant amount of resource. He continued that in addition to that the use of certain agencies brought staff who were unfamiliar with local systems and processes which was a safety and quality risk. The Group Chief Executive explained how it was important to separate temporary labour of bank usage (in particular nursing) to agency. He noted that having a nurse bank and using that workforce flexibly through a managed roster system was what was wanted and needed. He expressed how having a bank of staff was good, however agency was not. The Group Chief Executive discussed the importance of using agencies on framework if needed, as these had been through a procurement process and Trusts had assurance that staff had received suitable training. Off framework agencies, such as Thornbry operate on a 'last resort' basis and charge a premium. The Group Chief Executive expressed how important it was that the Foundation Group used it's skills and resources to focus on drilling down the run rate for individual departments and wards, and get on top of agency costs. Mr Cottom (NED, WVT) expressed his disappointment that there appeared to be missed opportunities in rostering, sickness management, job planning and capacity management. He explained that these were all areas that were within the Foundation Groups capabilities to resolve and had been around for a long time. The Group Chief Executive explained that the Covid-19 Pandemic had a large impact on sickness levels, which had continued and needed to be challenged more by occupational health teams. He assured Mr Cottom that All three organisations had projects to get a tighter grip on this though and use tools effectively such as roster planning and capacity management. The Group Chief Executive discussed with the Foundation Group the need to focus on Productivity in 2023/24. He explained that Foundation Group have the PACE (Productivity and Clinical Effectiveness) programme which was overseen by the Chief Medical Officer at WVT with support from the Group Strategic Financial Advisor. The programme had started to gather pace and it was time to start looking the outputs from that work. The Group Chief Executive explained that he would like the Foundation Group Boards to be the forum to capture the summary of the work and ensure accountability for the delivery of those opportunities. He added that there was a lot of the capacity to implement changes which sat predominantly with the Chief Operating Officers and their management teams. The Group Chief Executive asked for the Foundation Group Boards approval to add a regular agenda slot that would pick up on the outputs of the specialities and track progress. The Foundation Group Boards agreed Productivity to be tracked through the meeting. **Resolved – that** **A) Productivity progress monitoring be added to the Foundation Group Boards Schedule of Business, and** **B) the Financial Planning for 2023/24 Implications be received and noted.**	**CI**
23.010	**URGENT AND EMERGENCY CARE PRODUCTIVITY AND MEASUREMENTS** The Chief Operating Officer at WVT presented the Urgent and Emergency Care Productivity data, and he explained that it didn't completely measure like for	

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like which continued to be worked through. He added that the data was the beginning of the benchmarking of key measures and was an evolving portfolio of productivity opportunities. The Chief Operating Officer at WVT explained following the release of Urgent and Emergency Care Recovery Plan a whole dashboard portfolio of metrics had been created that sat behind the high level indicators. He highlighted how challenging December 2022 had been for all three Trusts, however appropriate steps to overcome and learn from these had taken place. The Chief Operating Officer at WVT explained that December 2022 attendees had a sustained pressure and ambulance conveyances were significant. As a Foundation Group difficult decisions were made to balance risk across all three Trusts and health systems, with the priority being the need to release ambulance crews and easing congestion through the Emergency Department, which was successful in comparison to the rest of the region and nation.

The Chief Operating Officer at SWFT provided an overview on productivity and explained work had started about how to manage this moving forward, and what could be learnt from Winter 2022/23. She explained that when the data from December 2022 was presented, the Chief Operating Officers from across the Foundation Group compared the actions taken, what worked, what didn't work and what impacted productivity and efficiency significantly and would be lines that wouldn't be crossed again in the future. The Chief Operating Officer at SWFT explained that when productivity benefits were mapped out for having the assessment areas for bedding patients, it was released that Trusts were not as efficient and after comparing data it essentially proved that if hospitals were too busy and too full, they were not as productive and efficient. This fell in line with the best practice model which stated anything above 83% occupancy would significantly hamper flow. The Chief Operating Officer at SWFT highlighted the significant ambulance delays felt across the Foundation Group and how opening additional capacity areas was to try and reduce the delays to support safeguarding of the community, however all Trusts remained a net importer of ambulances not just from within their own regions but also out of area regions as well. The Chief Operating Officer at SWFT informed the Foundation Group Boards that for the first time ever that had been 'tarmac to tarmac' moved which was when ambulances who were waiting outside the Emergency Department would take patients to different Trusts with lower delays. This took up additional time during handovers and discharging back out to the community due to working through the pathways, this resulted in the average length of stay across the Foundation Group significantly increasing.

The Associate Chief Operating Officer at GEH informed the Foundation Group Boards of the next steps, which included work on finalising the portfolio comparative data, sharing the experience around SDEC opportunities, reviewing SWFTs PDSA results, and accessing the cost per cubicle and percentage seen per hour data. He explained that an Urgent Operational Management Summit was also being organised, where senior operational teams from across the Foundation Group would review data and establish the top three next steps for shared learning and productivity opportunities.

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

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	The Group Chief Executive thanked the Chief Operating Officers and their teams for managing through a difficult period, thinking on their feet and introducing innovative solutions. He highlighted that there was a productivity debate nationally and he expressed the need for this to become more sophisticated. He added that he felt the Foundation Group was in a great position to measure the true urgent care demand on the system and find the solutions to it. The Group Chief Executive encourage the Chief Operating Officers to look at capacity elsewhere as part of their next steps such as with Virtual Wards. **Resolved – that the Urgent and Emergency Care Productivity and Measurements be received and noted.**	
23.011	**LEVELLING UP UPDATE** The Deputy Chief Strategy Officer at SWFT provided the Foundation Group Boards with a brief overview on SWFTs Levelling Up position and that SWFT produced their Impact Report in 2022 with the Purpose Coalition. She explained that SWFT designed and developed, alongside Place colleagues, an intervention to support earlier assessment and intervention for young people with mental health conditions experiencing Health Inequalities. The Deputy Chief Strategy Officer at SWFT highlighted that SWFT had recently received ICB funding to progress that intervention work. She added that the Workforce Disability Network had been helping provide solutions for the Trusts disability challenges, and SWFT alongside GEH were introducing an internship to provide supportive work experience for young adults with learning disabilities in their local communities. The Chief Strategy Officer at GEH provided an update on GEH's Levelling Up position. She explained that GEH had just concluded on their engagement work, where they worked closely with Place colleagues to ensure their impact report featured the work in GEH but also into Place. The Chief Strategy Officer at GEH informed the Foundation Group Boards that the first draft of GEHs Impact report had been received but it was not ready to share in time for the meeting. She explained that GEH had been linking in with its surrounding boroughs who were embarrassing levelling up and therefore developed plans that were aligned with their priorities to encourage collaboration to support the levelling up work. The Chief Strategy Officer at WVT informed the Foundation Group Boards that WVT had started their work with the Purpose Coalition to do their Impact Report. He explained that WVT had taken the approach to do this with 'One Hereford' partners and very much make it about progress as a collective at Place. The Chief Strategy Officer at WVT added that the second element was the work at Place around the Health Inequalities Strategy, and this was nearly complete, and included a lot of good work around improving people's digital health literacy so that they could understand their issues and treatments and work with professionals to improve their condition. He expressed that WVT were also focused on working with communities and understanding what priorities matter to them to help reduce Health Inequalities in their community. **Resolved – that the Levelling Up Update be received and noted.**	

MINUTE		ACTION
23.012	**FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS FOR 2023/24** The Foundation Group Boards noted the Calendar of Meetings for 2023/24. **Resolved – that the Foundation Group Boards Calendar of Meetings for 2023/24 be received and noted.**	
23.013	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
23.014	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
23.014.01	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'The South Warwickshire Place Partnership Board is referred to in the Levelling Up Report. Please explain the aims and objectives of this Board and the extent of the engagement with it by SWFT?'* The Managing Director at SWFT explained the South Warwickshire Place Partnership Board was referred to in the Levelling Up report, and SWFT are involved by the Managing Director being the Co-Chair with membership supported by the Chief Strategy Officer at SWFT. She explained the aims and objectives of the South Warwickshire Place Partnership Board had just refreshed and that it takes a number of it's priorities from several publically available papers from meetings such as the Health and Wellbeing Board and the Coventry and Warwickshire Integrated Care Strategy. The Managing Director at SWFT explained that the South Warwickshire Place Partnership Board had just undertaken a 2022 look back and she had sent this to the Public Governor.	
23.014.02	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'Given that the Foundation Group straddles 2 Integrated Care Systems can the Foundation Group fully achieve its potential whilst it is operational across two systems?'* The Group Chief Executive expressed that he felt the Foundation Group working across two different Integrated Care Systems was not hampering any	

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	potential, due to the strength of the Foundation Group being that it had things in common and that all three Trusts wanted to the be lead providers, focus on the Places in which they operate, look at the growing needs of the population and implement prevention and integration. The Group Chief Executive highlighted that the Foundation Group had a capacity to deliver against its aims which was a strong position to be in. Foundation Groups were also being recognised nationally for how they play a key part in delivering the framework of the NHS.	
23.014.03	Question from a SWFT Public Governor (West Stratford and Borders) The Public Governor expressed how WVT could mention PFI as a savings opportunity when the contract still had six years left. The Chief Finance Officer at WVT explained that not all the opportunities within the presentation of Financial Planning were for immediate 2023/24 but were more medium-term opportunities. **Resolved – that position be noted.**	
23.015	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
23.016	**APOLOGIES FOR ABSENCE**	
23.017	**DECLARATIONS OF INTEREST**	
23.018	**GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.019	**SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.020	**WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.021	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
23.022	**GROUP STRATEGY REFRESH**	
23.023	**FOUNDATION GROUP OBJECTIVES FOR 2023/24**	
23.024	**FOUNDATION GROUP PRODUCTIVTY DISCUSSION**	
23.025	**ANY OTHER CONFIDENTIAL BUSINESS**	
23.026	**DATE AND TIME OF NEXT MEETING** The next meeting would be held on 3 May 2023 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman) Date: 3 May 2023

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)
Minutes of the Foundation Group Boards Meeting Held on 1 February 2023

Russell Hardy

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

Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 February 2023 at 1.30pm via Microsoft Teams
In Parallel with George Eliot Hospital NHS Trust (GEH) and
Wye Valley NHS Trust (WVT)

Present:

Russell Hardy	(RH)	Group Chairman
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Glen Burley	(GB)	Group Chief Executive
Richard Colley	(RC)	NED SWFT
Anne Coyle	(AC)	Managing Director SWFT
Paramjit Gill	(PG)	Nominated NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Sarah Moppett	(SM)	Chief Nursing Officer SWFT
Simon Page	(SP)	NED SWFT
David Spraggett	(DS)	NED SWFT
Sue Whelan Tracey	(SWT)	NED SWFT

In attendance:

SWFT:

Jennie Bannon	(JB)	Deputy Chief Strategy Officer SWFT (Deputising for Chief Strategy Officer SWFT)
Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT (Deputising for Chief Medical Officer SWFT)
Sarah Collett	(SC)	Trust Secretary SWFT/GEH
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Becky Hale	(BH)	Chief Commissioning Officer (Health and Care) SWFT
Gertie Nic Philib	(GP)	Chief People Officer SWFT/GEH
Mary Powell	(MP)	Head of Strategic Communications SWFT

GEH:

David Eltringham	(DE)	Managing Director GEH
Catherine Free	(CF)	Chief Medical Officer GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Anil Majithia	(AM)	NED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Deputy Chief Medical Officer GEH
Phil Thomas-Hands	(PTH)	Deputy Chief Operating Officer GEH (Deputising for Chief Operating Officer)
James Turner	(JT)	Head of Communications GEH
Umar Zamman	(UZ)	NED GEH

WVT:

Jon Barnes	(JBa)	Chief Transformation Officer WVT
John Burnett	(JBu)	Head of Communications WVT
Andrew Cottom	(ACo)	NED WVT
Alan Dawson	(AD)	Chief Strategy and Planning Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)
Minutes of the Foundation Group Boards Meeting Held on 1 February 2023

Erica Hermon	(EH)	Associate Director of Corporate Governance and Company Secretary WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
David Mowbray	(DM)	Chief Medical Officer WVT
Frank Myers	(FMy)	Associate Non-Executive Director (ANED) WVT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED
Nicola Twigg	(NT)	NED WVT

Foundation Group:

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

There were four SWFT Governors also in attendance.

MINUTE		ACTION
23.001	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Charles Ashton, Chief Medical Officer (SWFT), Sophie Gilkes, Chief Strategy Officer (SWFT), Julie Houlder (NED GEH) Simone Jordan (NED GEH), Rosie Kneafsey (NED GEH) and Robin Snead, Chief Operating Officer (GEH). **Resolved – that the position be noted.**	
23.002	**DECLARATIONS OF INTEREST** There were no declarations of interest. **Resolved – that the position be noted.**	
23.003	**GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended. **Resolved – that the GEH public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
23.004	**SWFT PUBLIC MINUTES OF THE MEETNG HELD ON 2 NOVEMBER 2022** It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended.	

MINUTE		ACTION
	Resolved – that the SWFT public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
23.005	**WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
	It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended. **Resolved – that the WVT public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
23.006	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
23.006.01	Chairman's Remarks The Group Chairman took the time to congratulate the Managing Director at GEH and the Managing Director at SWFT for their new roles and their work and commitment during their time as Managing Directors. **Resolved – that the position be noted.**	
23.006.02	Request from SWFT Governor, West Stratford and Borders (Minute 22.023.01) The Board noted the request to ensure acronyms be avoided in future reports and discussions. **Resolved – that the position be noted.**	
23.007	**GROUP ANALYTICS UPDATE** The Managing Director at WVT provided an update on Group Analytics. She explained that the Group Analytics Board had been running for 12 months, where members focused on the five year strategy. The Managing Director at WVT assured the Foundation Group Boards that the Group Analytics Board was going well and there had been several important products that been developed as a result of that, which included standardising performance reports and the business intelligence system. She explained that progress had been hampered by the lack of resources available, however the Heads of Information across the Foundation Group had worked well together and delivered a lot between themselves and their teams. The Chief Finance Officer at GEH took the time to thank the Heads of Information across the Foundation Group and their teams for all the work they had done since the Group Analytics Board was established for delivering on a number of projects under sometimes difficult circumstances. He explained that the Group Analytics Board's objectives had been set out and included, data	

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	quality, standardisation, automation, and developing capacity and capability of the information functions. The Chief Finance Officer at GEH added that delivering against the objectives would take each Trust to similar levels of maturity. He informed the Foundation Group Boards that the eight projects that the Group Analytics Board had been working on, were now in business as usual mode and the new standardisation project had been launched with review of the Finance and Performance Executive Committee data packs. The Chief Finance Officer at GEH explained that the standardisation project would enable data being compared like for like across the Foundation Group and would help the Informatics Department when producing standard data packs. He highlighted that as part of the project the Group Analytics Board had also been looking at data quality to ensure assurance was being received from the priority indicators being reported against. The Chief Finance Officer at GEH provided the Foundation Group Boards with an update on Power BI, which had been implemented as the Foundation Groups analytics and business intelligence tool. He continued that this an important tool and a key piece of work was taking place on training staff and developing the reports through Power BI. The Chief Finance Officer at GEH added that part of the work taking place by the Group Analytics Board was also looking at capacity capability in the Information teams, and developing existing staff to build on the skills already within the teams to ensure skillsets were in place for current demand but also future needs. The Chief Finance Officer at GEH and the Managing Director at WVT both drew on the lack of resources and highlighted that the work was becoming increasingly challenging on top of pre-existing workloads. They expressed the need for investments to be made if the work was to continue at pace. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive expressed his thanks to the Chief Finance Officer at GEH, the Managing Director at WVT and the work that the Information teams had put into developing the Group Analytics Board. He explained that it had gone from an idea, into something that was helping improve productivity across the three Trusts. He added that it had been helpful to look into the data and realise that information hadn't been being compared like for like which was important. The Chief Executive requested that data for services start to be looked at as part of their future project work, such as virtual working. He expressed how the learnings within the Foundation Group were there and could really be used to lead the NHS on different ways of measuring activity, with a link into research to demonstrate new service models and how effective they could be for communities. Mr James (NED WVT) expressed his concerns regarding capacity of the teams and agreed that investments needed to be made to ensure the work could continue. However he queried with the Chief Finance Officer at GEH how were the risks of day-to-day pressures being mitigated. The Chief Finance Officer at GEH explained that work with partners such as Universities and seeing what they can offer such as support with recruit or student project work. He assured the Foundation Group Boards that as processes became more automated the	

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	pressures on teams would be alleviated, however there was a short-term pressure that needed to be dealt with. **Resolved – that** **A) The Group Analytics Board include services data as part of their future project work, and** **B) The Group Analytics Update be received and noted.**	**JI/HQ**
23.008	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director at WVT presented an update on performance at WVT. She explained that going forward data would measure against the new national targets due to these changing quite significantly for 2023/24. She expressed that it was a concerning picture regarding where WVT for the Trust 4hr Emergency Department standard when compared to National and Foundation Group benchmarks, however these were being addressed and the Chief Operating Officer at WVT would provide an update on this later on in the agenda (minute 23.010 refers). The Managing Director highlighted the focus that WVT had put on ambulance handovers, which was evident in the handovers within 15minutes metric. She explained that nationally the response time for category two ambulances reached 90minutes and for Hereford and Worcester it was the national average. However, this hid quite a lot of detail, and for those in Worcester it was around 95minutes, but for those in Hereford it was around 75minutes. The Managing Director at WVT continued that a 25minute improvement was very impressive and the people WVT served would have benefited from that. She expressed that sickness continued to be a concern and remained a high focus for WVT during 2023/24. The Managing Director at WVT informed the Foundation Group Boards that she was proud of the 62day cancer performance, which was at 70% and was lower than average compared to recent months at WVT. The Managing Director of SWFT expressed how difficult recent months had been for SWFT, especially with a significant increase in demand and difficult Flu season. She explained that the difficulties were reflective in the Emergency Department data and ambulance handover times. The Managing Director at SWFT informed the Foundation Group Boards that SWFT's mortality indicators remained within in the control limits, although there was slight variability in the Hospital Standardised Mortality Ratio (HSMR), however there was work underway by the Mortality Surveillance Committee to investigate this further. The Managing Director at SWFT explained that sickness continued to be a challenge, however significant work was underway to understand the reason for absence and identify any trends. She highlighted that SWFT had seen an increase in Cancer referrals since 2019, which equated to around a hundred additional referrals per week, however she confirmed the time until diagnosis numbers were returning to pre-pandemic levels. The Managing Director at SWFT added that SWFT had appointed an Associate Chief Operating Officer solely for Cancer Services, and improvements were starting to be seen following this. She celebrated SWFT being in the top quartile nationally for Referral to Treatment (RTT) figures and diagnostic performance. A challenge for SWFT remained Medically Fit for Discharge (MFFD) however the discharge frontrunner work will help ensure discharge remained a focus area moving forward.	

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The Manging Director at GEH discussed the challenges faced by the Emergency Department at GEH over the Christmas 2022 period. He explained that the hospital had no beds available on Christmas Eve, and this included surge capacity. This had a significant impact on 4hr performance and ambulance turnaround time targets. The Manging Director at GEH expressed his gratitude for how hard operational teams had worked to keep surge capacity open and keep flow happening through the Emergency Department. He explained that GEH had several ambulance delays and had to cancel a lot of Elective work, however these had recovered quickly over the first few weeks of January 2023. The Managing Director at GEH informed the Foundation Group Boards that GEH performance numbers remained in the top ten regionally, the top quartile nationally and performance year to date remained in excess of 78%, therefore they would be setting a stretched target to that outlined in the Urgent and Emergency Care Recovery Plan. The Managing Director at GEH explained that discharge remained a challenge at GEH and would be a focus area for 2023/24, however there had been good work with local authority colleagues that had started to show an improvement. He added that Cancer Performance would be a focus area moving forward, as well as RTT and the Elective Care position.

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

The Group Chief Executive explained that there was a huge focus on discharge as part of the Urgent and Emergency Care Recovery Plan, and that it was incredibly useful that the data across the Foundation Group was robust enough to learn from, which a lot of organisations don't have.

The Group Chairman expressed his thanks to all three Trusts in the Foundation Group for the phenomenal job they had done dealing with bed occupancy and provided clarity regarding how Trusts were unable to report bed occupancy above 100% even if capacity was greater 100%.

Mrs Raistrick (NED GEH) queried if the increase in cancer referrals coming in was still within the expected conversion rate that we would expect to see from referrals. The Chief Operating Officer at SWFT explained that December 2022 was the first month conversion rates went back down to expected levels, and that it was important note the 2week wait pathway wasn't pathway that generated the most cancer work which it was important to not divert all resources to the one pathway. However, she explained that the increase in referrals was approximately a 1% increase in conversation rate which was considered significant. December 2022 was the first time that rate reduced, however it was still on the radar of the Cancer Board due to only being the first month with a reduced figure. The Chief Operating Officer at SWFT explained that the Cancer Board were working with partners to streamline cancer pathways more effectively whilst ensuring that the right route into secondary care was used.

The Chief Medical Officer at WVT conveyed how impressed he was with GEH's Emergency Department performance, how they had encouraged flow through the hospital, and he queried whether there was any learning that could be

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	shared across the Foundation Group. The Deputy Chief Medical Officer at GEH informed the Chief Medical Officer at WVT that relationships between the Emergency Department, medical teams and subspecialties had been key as well as changing the mindset of the Emergency Department and its consultants. The Group Chairman thanked the Deputy Chief Medical Officer at GEH for his leadership. The Group Chairman asked the Group Chief Executive how he felt about the Foundation Groups Performance over the last quarter. The Foundation Group Chief Executive explained how impressed he had been with the Foundation Groups performance, and how teams had responded to the challenges faced. He added that there were always times within the NHS when it could feel overwhelming, however the test of a good system was how quickly it can recover and seeing how the Foundation Group had recovered its position during January 2023 showed how well it worked. The Group Chief Executive explained that he had particularly enjoyed seeing how the clinicians and managers worked together and the response to some significant challenges had shown together they could face anything. **Resolved – that the Foundation Group Performance Report be received and noted.**	
23.009	**FINANCIAL PLANNING FOR 2023/24 IMPLICATIONS** The Group Chief Executive provided a summary of the new financial regime. He explained that funding had been provided on a block basis previously, with top up funding to manage the implications of Covid-19. Moving forward the new regime for Elective Care was based on the activity that each organisation does called 'Payment by Results' and the top up funding was being stopped. The Group Chief Executive continued that from an Urgent and Emergency Care perspective funding would still be provided on a block basis, and within that would be targets aimed at reducing the spend on agency staff. The Group Chief Executive expressed the importance of planning for 2023/24 and how we can model the amount of Elective work and the income that comes with it to support Cost and Productivity Improvement Plan (CPIP) plans. He added that an area of focus needed to be around productivity and being able to demonstrate the investments made are delivering as expected. The Chief Finance Officer at WVT informed the Foundation Group Boards that the autumn statement released in November 2022, explained that health spending was going to increase by £3.3b in both 2023/24 and 2024/25. The increased investments provided shielding for the inflation pressures being seen. The Chief Finance Officer at WVT explained that this meant the National level of allocations were flat and therefore the money currently in place was the same amount of money that would be received to deliver everything that needed to be delivered. She added that systems consuming more of their fair share, there would be a convergence adjustment, and both Coventry and Warwickshire and Herefordshire and Worcestershire have a convergence adjustment as part of their allocation formula. In return for extra funding that has been invested the NHS is expected to make further efficiencies and deliver improved performance, each organisation is required to plan to deliver a balanced Net system position.	

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The Chief Finance Officer at WVT explained that for the Foundation Group the 2022/23 financial year end had been challenging and there had been multiple drivers for that which were consistent across the Foundation Group. Recruitment and Retention and the Workforce challenge had been a key factor in this, including the reliance on temporary workforce at premium cost. The Chief Finance Officer at WVT explained that each Trust within the Foundation Group had been working hard to deliver the current financial plan, however this wasn't without risk especially given the operational pressures faced at the end of 2022. The Chief Finance Officer at WVT informed the Foundation Group Boards that the current financial positions for each Trust had been supported by significant non-recurrent income streams and non-recurrent measures, which meant the exit position was resulting in an underlying deficit. She assured the Foundation Group Boards that the 2023/24 focus was to develop plans that focus on financial stability and productivity.

The Chief Finance Officer at SWFT presented the Group Financials to the Foundation Group Boards. She explained that all Trusts within the Foundation Group had similar trends in the Weighted Activity Unit (WAU) and Cost Per WAU. The WAU had grown over the last period, and costs had grown at a faster rate. The overall Cost Per WAU remained above the pre-Covid-19 levels. The Chief Finance Officer at SWFT explained that costs grew at a faster rate through the 2-year Covid-19 period and in 2022/23 to date had begun to stabilise.

The Chief Finance Officer at SWFT informed the Foundation Group Boards that typically 70% of expenditure related to pay so it was important to focus on expenditure for temporary staffing and specifically agency. All three Trusts within the Foundation Group had similar trends, with the expenditure increasing but the key issue was that funding allocations were flat which clearly presented a challenge for 2023/24. The growth over two years across all three Trusts predominantly linked to higher Emergency Care demand and higher capacity. The Chief Finance Officer at SWFT explained that Recruitment and Retention challenges had also impacted on the increasing cost of temporary staffing and despite trends being similar there were also significant differences across the Foundation Group. She continued that, GEH spend overall had remained consistent but had a high bank and agency as a percentage of pay. WVT mean spend had increased and had a low bank percentage of pay but a high agency as a percentage of pay. It was believed this was because of the rurality and population demographic of WVT which hampers their ability to grow their bank and nurses, for example, tend to travel significant distances. SWFT mean spend had increased but had a bank spend percentage of pay in between GEH and WVT and a lower agency percentage of pay. The Chief Finance Officer at SWFT assured the Foundation Group Boards that all three trusts had some successes in recruitment but increase in capacity meant the reduction in temporary staffing was not as expected. All Trusts across the NHS were being asked to reduce their agency spend to 3.7 percent of pay, and it was therefore a focus for all three Trusts in the Foundation Group and work programmes were in place to deliver this.

The Chief Finance Officer at GEH presented the focus areas moving forward following the planning guidance. He explained that the key areas to focus on hadn't changed since the planning guidance had been released which showed

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that the Foundation Group had been focusing on the right things. The key areas include:

- Planned Care
- Unplanned Care
- Integrated/discharge.
- Workforce Enablers
- Estates and Sustainability
- Other Opportunities.

The Chief Finance Officer at GEH went on to draw out some of the key elements in relation to the focus areas stating that the Foundation Group needed to continue to focus on recruitment and retention as well as efficient rostering to ensure people were being deployed in the most efficient way. There was a pressure on temporary pay rates that needed to be managed. He drew out productivity as a key focus of the planning guidance. As mentioned earlier by the Group Chief Executive the majority of planned care activity would be paid based on the number of patients that are seen and treated. This creates an opportunity as well as risks, therefore improving productivity becomes even more important. The Chief Finance Officer at GEH highlighted that all three Trusts in the Foundation Group had various projects focussed on increasing the number of patients they were able to treat within available resources through operating theatres and outpatients in particular. He pointed out that to enable improvements in productivity the three Trusts needed to contain Urgent and Emergency Care demand within available resources. The investment in Virtual Wards, Ambulatory Care and various elements of integrated care to support discharging patients and enabling patients to be cared for in the most appropriate environment were vital in supporting this. The Chief Finance Officer at GEH summarised by saying that the three Trusts were focussing on the right things but there was a lot of it. To help rise to the challenge of continuing to deliver within a constrained financial envelope each Trust needed to make a step change in the improvements being made in all these areas. That meant focussing on a few things and doing them well.

The Chief Finance Officer at GEH closed by posing three questions:

- What elements should we focus on?
- How do we share and assimilate good practice rapidly?
- What do we need to collaborate on?

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

The Group Chairman highlighted that in 2023/24 it was suspected there would be around £50m spent on agency costs, and agencies were expected to receive around 25% gross margin of that, which equated to £12.5m. He expressed how agency had to be a focus point and it needed to be resolved.

The Group Chief Executive expressed his concern regarding the temporary staffing and agency spend. He explained that agency spend had more than doubled in a three-year period and that it was a significant amount of resource.

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	He continued that in addition to that the use of certain agencies brought staff who were unfamiliar with local systems and processes which was a safety and quality risk. The Group Chief Executive explained how it was important to separate temporary labour of bank usage (in particular nursing) to agency. He noted that having a nurse bank and using that workforce flexibly through a managed roster system was what was wanted and needed. He expressed how having a bank of staff was good, however agency was not. The Group Chief Executive discussed the importance of using agencies on framework if needed, as these had been through a procurement process and Trusts had assurance that staff had received suitable training. Off framework agencies, such as Thornbry operate on a 'last resort' basis and charge a premium. The Group Chief Executive expressed how important it was that the Foundation Group used it's skills and resources to focus on drilling down the run rate for individual departments and wards, and get on top of agency costs. Mr Cottom (NED, WVT) expressed his disappointment that there appeared to be missed opportunities in rostering, sickness management, job planning and capacity management. He explained that these were all areas that were within the Foundation Groups capabilities to resolve and had been around for a long time. The Group Chief Executive explained that the Covid-19 Pandemic had a large impact on sickness levels, which had continued and needed to be challenged more by occupational health teams. He assured Mr Cottom that All three organisations had projects to get a tighter grip on this though and use tools effectively such as roster planning and capacity management. The Group Chief Executive discussed with the Foundation Group the need to focus on Productivity in 2023/24. He explained that Foundation Group have the PACE (Productivity and Clinical Effectiveness) programme which was overseen by the Chief Medical Officer at WVT with support from the Group Strategic Financial Advisor. The programme had started to gather pace and it was time to start looking the outputs from that work. The Group Chief Executive explained that he would like the Foundation Group Boards to be the forum to capture the summary of the work and ensure accountability for the delivery of those opportunities. He added that there was a lot of the capacity to implement changes which sat predominantly with the Chief Operating Officers and their management teams. The Group Chief Executive asked for the Foundation Group Boards approval to add a regular agenda slot that would pick up on the outputs of the specialities and track progress. The Foundation Group Boards agreed Productivity to be tracked through the meeting. **Resolved – that** **A) Productivity progress monitoring be added to the Foundation Group Boards Schedule of Business, and** **B) the Financial Planning for 2023/24 Implications be received and noted.**	**CI**
23.010	**URGENT AND EMERGENCY CARE PRODUCTIVITY AND MEASUREMENTS** The Chief Operating Officer at WVT presented the Urgent and Emergency Care Productivity data, and he explained that it didn't completely measure like for like which continued to be worked through. He added that the data was the	

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	beginning of the benchmarking of key measures and was an evolving portfolio of productivity opportunities. The Chief Operating Officer at WVT explained following the release of Urgent and Emergency Care Recovery Plan a whole dashboard portfolio of metrics had been created that sat behind the high level indicators. He highlighted how challenging December 2022 had been for all three Trusts, however appropriate steps to overcome and learn from these had taken place. The Chief Operating Officer at WVT explained that December 2022 attendees had a sustained pressure and ambulance conveyances were significant. As a Foundation Group difficult decisions were made to balance risk across all three Trusts and health systems, with the priority being the need to release ambulance crews and easing congestion through the Emergency Department, which was successful in comparison to the rest of the region and nation. The Chief Operating Officer at SWFT provided an overview on productivity and explained work had started about how to manage this moving forward, and what could be learnt from Winter 2022/23. She explained that when the data from December 2022 was presented, the Chief Operating Officers from across the Foundation Group compared the actions taken, what worked, what didn't work and what impacted productivity and efficiency significantly and would be lines that wouldn't be crossed again in the future. The Chief Operating Officer at SWFT explained that when productivity benefits were mapped out for having the assessment areas for bedding patients, it was released that Trusts were not as efficient and after comparing data it essentially proved that if hospitals were too busy and too full, they were not as productive and efficient. This fell in line with the best practice model which stated anything above 83% occupancy would significantly hamper flow. The Chief Operating Officer at SWFT highlighted the significant ambulance delays felt across the Foundation Group and how opening additional capacity areas was to try and reduce the delays to support safeguarding of the community, however all Trusts remained a net importer of ambulances not just from within their own regions but also out of area regions as well. The Chief Operating Officer at SWFT informed the Foundation Group Boards that for the first time ever that had been 'tarmac to tarmac' moved which was when ambulances who were waiting outside the Emergency Department would take patients to different Trusts with lower delays. This took up additional time during handovers and discharging back out to the community due to working through the pathways, this resulted in the average length of stay across the Foundation Group significantly increasing. The Associate Chief Operating Officer at GEH informed the Foundation Group Boards of the next steps, which included work on finalising the portfolio comparative data, sharing the experience around SDEC opportunities, reviewing SWFTs PDSA results, and accessing the cost per cubicle and percentage seen per hour data. He explained that an Urgent Operational Management Summit was also being organised, where senior operational teams from across the Foundation Group would review data and establish the top three next steps for shared learning and productivity opportunities. The Group Chairman invited questions and perspectives, and of particular note were the following points.	

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	The Group Chief Executive thanked the Chief Operating Officers and their teams for managing through a difficult period, thinking on their feet and introducing innovative solutions. He highlighted that there was a productivity debate nationally and he expressed the need for this to become more sophisticated. He added that he felt the Foundation Group was in a great position to measure the true urgent care demand on the system and find the solutions to it. The Group Chief Executive encourage the Chief Operating Officers to look at capacity elsewhere as part of their next steps such as with Virtual Wards. **Resolved – that the Urgent and Emergency Care Productivity and Measurements be received and noted.**	
23.011	**LEVELLING UP UPDATE** The Deputy Chief Strategy Officer at SWFT provided the Foundation Group Boards with a brief overview on SWFTs Levelling Up position and that SWFT produced their Impact Report in 2022 with the Purpose Coalition. She explained that SWFT designed and developed, alongside Place colleagues, an intervention to support earlier assessment and intervention for young people with mental health conditions experiencing Health Inequalities. The Deputy Chief Strategy Officer at SWFT highlighted that SWFT had recently received ICB funding to progress that intervention work. She added that the Workforce Disability Network had been helping provide solutions for the Trusts disability challenges, and SWFT alongside GEH were introducing an internship to provide supportive work experience for young adults with learning disabilities in their local communities. The Chief Strategy Officer at GEH provided an update on GEH's Levelling Up position. She explained that GEH had just concluded on their engagement work, where they worked closely with Place colleagues to ensure their impact report featured the work in GEH but also into Place. The Chief Strategy Officer at GEH informed the Foundation Group Boards that the first draft of GEHs Impact report had been received but it was not ready to share in time for the meeting. She explained that GEH had been linking in with its surrounding boroughs who were embarrassing levelling up and therefore developed plans that were aligned with their priorities to encourage collaboration to support the levelling up work. The Chief Strategy Officer at WVT informed the Foundation Group Boards that WVT had started their work with the Purpose Coalition to do their Impact Report. He explained that WVT had taken the approach to do this with 'One Hereford' partners and very much make it about progress as a collective at Place. The Chief Strategy Officer at WVT added that the second element was the work at Place around the Health Inequalities Strategy, and this was nearly complete, and included a lot of good work around improving people's digital health literacy so that they could understand their issues and treatments and work with professionals to improve their condition. He expressed that WVT were also focused on working with communities and understanding what priorities matter to them to help reduce Health Inequalities in their community. **Resolved – that the Levelling Up Update be received and noted.**	

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23.012	**FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS FOR 2023/24** The Foundation Group Boards noted the Calendar of Meetings for 2023/24. **Resolved – that the Foundation Group Boards Calendar of Meetings for 2023/24 be received and noted.**	
23.013	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
23.014	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
23.014.01	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'The South Warwickshire Place Partnership Board is referred to in the Levelling Up Report. Please explain the aims and objectives of this Board and the extent of the engagement with it by SWFT?'* The Managing Director at SWFT explained the South Warwickshire Place Partnership Board was referred to in the Levelling Up report, and SWFT are involved by the Managing Director being the Co-Chair with membership supported by the Chief Strategy Officer at SWFT. She explained the aims and objectives of the South Warwickshire Place Partnership Board had just refreshed and that it takes a number of it's priorities from several publically available papers from meetings such as the Health and Wellbeing Board and the Coventry and Warwickshire Integrated Care Strategy. The Managing Director at SWFT explained that the South Warwickshire Place Partnership Board had just undertaken a 2022 look back and she had sent this to the Public Governor.	
23.014.02	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'Given that the Foundation Group straddles 2 Integrated Care Systems can the Foundation Group fully achieve its potential whilst it is operational across two systems?'* The Group Chief Executive expressed that he felt the Foundation Group working across two different Integrated Care Systems was not hampering any potential, due to the strength of the Foundation Group being that it had things in common and that all three Trusts wanted to the be lead providers, focus on the Places in which they operate, look at the growing needs of the population and implement prevention and integration. The Group Chief Executive highlighted that the Foundation Group had a capacity to deliver against its aims	

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	which was a strong position to be in. Foundation Groups were also being recognised nationally for how they play a key part in delivering the framework of the NHS.	
23.014.03	Question from a SWFT Public Governor (West Stratford and Borders) The Public Governor expressed how WVT could mention PFI as a savings opportunity when the contract still had six years left. The Chief Finance Officer at WVT explained that not all the opportunities within the presentation of Financial Planning were for immediate 2023/24 but were more medium-term opportunities. **Resolved – that position be noted.**	
23.015	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
23.016	**APOLOGIES FOR ABSENCE**	
23.017	**DECLARATIONS OF INTEREST**	
23.018	**GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.019	**SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.020	**WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.021	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
23.022	**GROUP STRATEGY REFRESH**	
23.023	**FOUNDATION GROUP OBJECTIVES FOR 2023/24**	
23.024	**FOUNDATION GROUP PRODUCTIVTY DISCUSSION**	
23.025	**ANY OTHER CONFIDENTIAL BUSINESS**	
23.026	**DATE AND TIME OF NEXT MEETING** The next meeting would be held on 3 May 2023 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman) Date: 3 May 2023
Russell Hardy

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

Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 February 2023 at 1.30pm via Microsoft Teams
In Parallel with George Eliot Hospital NHS Trust (GEH) and
South Warwickshire University NHS Foundation Trust (SWFT)

Present:

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

In attendance:

WVT:

Jon Barnes	(JB)	Chief Transformation Officer WVT
John Burnett	(JBu)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy and Planning Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Erica Hermon	(EH)	Associate Director of Corporate Governance and Company Secretary WVT
Frank Myers	(FM)	Associate Non-Executive Director (ANED) WVT
Andrew Parker	(AP)	Chief Operating Officer WVT

SWFT:

Jennie Bannon	(JB)	Deputy Chief Strategy Officer SWFT (Deputising for Chief Strategy Officer SWFT)
Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT (Deputising for Chief Medical Officer SWFT)
Yasmin Becker	(YB)	NED SWFT
Sarah Collett	(SC)	Trust Secretary SWFT/GEH
Richard Colley	(RC)	NED SWFT
Anne Coyle	(AC)	Managing Director SWFT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Paramjit Gill	(PG)	Nominated NED SWFT
Becky Hale	(BH)	Chief Commissioning Officer (Health and Care) SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Sarah Moppett	(SM)	Chief Nursing Officer SWFT
Gertie Nic Philib	(GP)	Chief People Officer SWFT/GEH
Simon Page	(SP)	NED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
David Spraggett	(DS)	NED SWFT
Sue Whelan Tracey	(SWT)	NED SWFT

GEH:

David Eltringham	(DE)	Managing Director GEH

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

Minutes of the Foundation Group Boards Meeting Held on 1 February 2023

Catherine Free	(CF)	Chief Medical Officer GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Anil Majithia	(AM)	NED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Deputy Chief Medical Officer GEH
Phil Thomas-Hands	(PTH)	Deputy Chief Operating Officer GEH (Deputising for Chief Operating Officer)
James Turner	(JT)	Head of Communications GEH
Umar Zamman	(UZ)	NED GEH

Foundation Group:

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

There were four SWFT Governors also in attendance.

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23.001	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Charles Ashton, Chief Medical Officer (SWFT), Sophie Gilkes, Chief Strategy Officer (SWFT), Julie Houlder (NED GEH) Simone Jordan (NED GEH), Rosie Kneafsey (NED GEH) and Robin Snead, Chief Operating Officer (GEH). **Resolved – that the position be noted.**	
23.002	**DECLARATIONS OF INTEREST** There were no declarations of interest. **Resolved – that the position be noted.**	
23.003	**GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022** It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended. **Resolved – that the GEH public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
23.004	**SWFT PUBLIC MINUTES OF THE MEETNG HELD ON 2 NOVEMBER 2022** It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended.	

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	Resolved – that the SWFT public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
23.005	**WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
	It was requested that the initials of the Chief People Officer at GEH/SWFT be changed from 'GNP' to 'GP'. It was noted that the title for the Chief Finance Officer at GEH was listed incorrectly and should be amended. **Resolved – that the WVT public minutes of the meeting held on 2 November 2022 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
23.006	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
23.006.01	Chairman's Remarks The Group Chairman took the time to congratulate the Managing Director at GEH and the Managing Director at SWFT for their new roles and their work and commitment during their time as Managing Directors. **Resolved – that the position be noted.**	
23.006.02	Request from SWFT Governor, West Stratford and Borders (Minute 22.023.01) The Board noted the request to ensure acronyms be avoided in future reports and discussions. **Resolved – that the position be noted.**	
23.007	**GROUP ANALYTICS UPDATE** The Managing Director at WVT provided an update on Group Analytics. She explained that the Group Analytics Board had been running for 12 months, where members focused on the five year strategy. The Managing Director at WVT assured the Foundation Group Boards that the Group Analytics Board was going well and there had been several important products that been developed as a result of that, which included standardising performance reports and the business intelligence system. She explained that progress had been hampered by the lack of resources available, however the Heads of Information across the Foundation Group had worked well together and delivered a lot between themselves and their teams. The Chief Finance Officer at GEH took the time to thank the Heads of Information across the Foundation Group and their teams for all the work they had done since the Group Analytics Board was established for delivering on a number of projects under sometimes difficult circumstances. He explained that the Group Analytics Board's objectives had been set out and included, data	

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	quality, standardisation, automation, and developing capacity and capability of the information functions. The Chief Finance Officer at GEH added that delivering against the objectives would take each Trust to similar levels of maturity. He informed the Foundation Group Boards that the eight projects that the Group Analytics Board had been working on, were now in business as usual mode and the new standardisation project had been launched with review of the Finance and Performance Executive Committee data packs. The Chief Finance Officer at GEH explained that the standardisation project would enable data being compared like for like across the Foundation Group and would help the Informatics Department when producing standard data packs. He highlighted that as part of the project the Group Analytics Board had also been looking at data quality to ensure assurance was being received from the priority indicators being reported against. The Chief Finance Officer at GEH provided the Foundation Group Boards with an update on Power BI, which had been implemented as the Foundation Groups analytics and business intelligence tool. He continued that this an important tool and a key piece of work was taking place on training staff and developing the reports through Power BI. The Chief Finance Officer at GEH added that part of the work taking place by the Group Analytics Board was also looking at capacity capability in the Information teams, and developing existing staff to build on the skills already within the teams to ensure skillsets were in place for current demand but also future needs. The Chief Finance Officer at GEH and the Managing Director at WVT both drew on the lack of resources and highlighted that the work was becoming increasingly challenging on top of pre-existing workloads. They expressed the need for investments to be made if the work was to continue at pace. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive expressed his thanks to the Chief Finance Officer at GEH, the Managing Director at WVT and the work that the Information teams had put into developing the Group Analytics Board. He explained that it had gone from an idea, into something that was helping improve productivity across the three Trusts. He added that it had been helpful to look into the data and realise that information hadn't been being compared like for like which was important. The Chief Executive requested that data for services start to be looked at as part of their future project work, such as virtual working. He expressed how the learnings within the Foundation Group were there and could really be used to lead the NHS on different ways of measuring activity, with a link into research to demonstrate new service models and how effective they could be for communities. Mr James (NED WVT) expressed his concerns regarding capacity of the teams and agreed that investments needed to be made to ensure the work could continue. However he queried with the Chief Finance Officer at GEH how were the risks of day-to-day pressures being mitigated. The Chief Finance Officer at GEH explained that work with partners such as Universities and seeing what they can offer such as support with recruit or student project work. He assured the Foundation Group Boards that as processes became more automated the	

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	pressures on teams would be alleviated, however there was a short-term pressure that needed to be dealt with. **Resolved – that** **A) The Group Analytics Board include services data as part of their future project work, and** **B) The Group Analytics Update be received and noted.**	**JI/HQ**
23.008	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director at WVT presented an update on performance at WVT. She explained that going forward data would measure against the new national targets due to these changing quite significantly for 2023/24. She expressed that it was a concerning picture regarding where WVT for the Trust 4hr Emergency Department standard when compared to National and Foundation Group benchmarks, however these were being addressed and the Chief Operating Officer at WVT would provide an update on this later on in the agenda (minute 23.010 refers). The Managing Director highlighted the focus that WVT had put on ambulance handovers, which was evident in the handovers within 15minutes metric. She explained that nationally the response time for category two ambulances reached 90minutes and for Hereford and Worcester it was the national average. However, this hid quite a lot of detail, and for those in Worcester it was around 95minutes, but for those in Hereford it was around 75minutes. The Managing Director at WVT continued that a 25minute improvement was very impressive and the people WVT served would have benefited from that. She expressed that sickness continued to be a concern and remained a high focus for WVT during 2023/24. The Managing Director at WVT informed the Foundation Group Boards that she was proud of the 62day cancer performance, which was at 70% and was lower than average compared to recent months at WVT. The Managing Director of SWFT expressed how difficult recent months had been for SWFT, especially with a significant increase in demand and difficult Flu season. She explained that the difficulties were reflective in the Emergency Department data and ambulance handover times. The Managing Director at SWFT informed the Foundation Group Boards that SWFT's mortality indicators remained within in the control limits, although there was slight variability in the Hospital Standardised Mortality Ratio (HSMR), however there was work underway by the Mortality Surveillance Committee to investigate this further. The Managing Director at SWFT explained that sickness continued to be a challenge, however significant work was underway to understand the reason for absence and identify any trends. She highlighted that SWFT had seen an increase in Cancer referrals since 2019, which equated to around a hundred additional referrals per week, however she confirmed the time until diagnosis numbers were returning to pre-pandemic levels. The Managing Director at SWFT added that SWFT had appointed an Associate Chief Operating Officer solely for Cancer Services, and improvements were starting to be seen following this. She celebrated SWFT being in the top quartile nationally for Referral to Treatment (RTT) figures and diagnostic performance. A challenge for SWFT remained Medically Fit for Discharge (MFFD) however the discharge frontrunner work will help ensure discharge remained a focus area moving forward.	

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The Manging Director at GEH discussed the challenges faced by the Emergency Department at GEH over the Christmas 2022 period. He explained that the hospital had no beds available on Christmas Eve, and this included surge capacity. This had a significant impact on 4hr performance and ambulance turnaround time targets. The Manging Director at GEH expressed his gratitude for how hard operational teams had worked to keep surge capacity open and keep flow happening through the Emergency Department. He explained that GEH had several ambulance delays and had to cancel a lot of Elective work, however these had recovered quickly over the first few weeks of January 2023. The Managing Director at GEH informed the Foundation Group Boards that GEH performance numbers remained in the top ten regionally, the top quartile nationally and performance year to date remained in excess of 78%, therefore they would be setting a stretched target to that outlined in the Urgent and Emergency Care Recovery Plan. The Managing Director at GEH explained that discharge remained a challenge at GEH and would be a focus area for 2023/24, however there had been good work with local authority colleagues that had started to show an improvement. He added that Cancer Performance would be a focus area moving forward, as well as RTT and the Elective Care position.

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

The Group Chief Executive explained that there was a huge focus on discharge as part of the Urgent and Emergency Care Recovery Plan, and that it was incredibly useful that the data across the Foundation Group was robust enough to learn from, which a lot of organisations don't have.

The Group Chairman expressed his thanks to all three Trusts in the Foundation Group for the phenomenal job they had done dealing with bed occupancy and provided clarity regarding how Trusts were unable to report bed occupancy above 100% even if capacity was greater 100%.

Mrs Raistrick (NED GEH) queried if the increase in cancer referrals coming in was still within the expected conversion rate that we would expect to see from referrals. The Chief Operating Officer at SWFT explained that December 2022 was the first month conversion rates went back down to expected levels, and that it was important note the 2week wait pathway wasn't pathway that generated the most cancer work which it was important to not divert all resources to the one pathway. However, she explained that the increase in referrals was approximately a 1% increase in conversation rate which was considered significant. December 2022 was the first time that rate reduced, however it was still on the radar of the Cancer Board due to only being the first month with a reduced figure. The Chief Operating Officer at SWFT explained that the Cancer Board were working with partners to streamline cancer pathways more effectively whilst ensuring that the right route into secondary care was used.

The Chief Medical Officer at WVT conveyed how impressed he was with GEH's Emergency Department performance, how they had encouraged flow through the hospital, and he queried whether there was any learning that could be

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	shared across the Foundation Group. The Deputy Chief Medical Officer at GEH informed the Chief Medical Officer at WVT that relationships between the Emergency Department, medical teams and subspecialties had been key as well as changing the mindset of the Emergency Department and its consultants. The Group Chairman thanked the Deputy Chief Medical Officer at GEH for his leadership. The Group Chairman asked the Group Chief Executive how he felt about the Foundation Groups Performance over the last quarter. The Foundation Group Chief Executive explained how impressed he had been with the Foundation Groups performance, and how teams had responded to the challenges faced. He added that there were always times within the NHS when it could feel overwhelming, however the test of a good system was how quickly it can recover and seeing how the Foundation Group had recovered its position during January 2023 showed how well it worked. The Group Chief Executive explained that he had particularly enjoyed seeing how the clinicians and managers worked together and the response to some significant challenges had shown together they could face anything. **Resolved – that the Foundation Group Performance Report be received and noted.**	
23.009	**FINANCIAL PLANNING FOR 2023/24 IMPLICATIONS** The Group Chief Executive provided a summary of the new financial regime. He explained that funding had been provided on a block basis previously, with top up funding to manage the implications of Covid-19. Moving forward the new regime for Elective Care was based on the activity that each organisation does called 'Payment by Results' and the top up funding was being stopped. The Group Chief Executive continued that from an Urgent and Emergency Care perspective funding would still be provided on a block basis, and within that would be targets aimed at reducing the spend on agency staff. The Group Chief Executive expressed the importance of planning for 2023/24 and how we can model the amount of Elective work and the income that comes with it to support Cost and Productivity Improvement Plan (CPIP) plans. He added that an area of focus needed to be around productivity and being able to demonstrate the investments made are delivering as expected. The Chief Finance Officer at WVT informed the Foundation Group Boards that the autumn statement released in November 2022, explained that health spending was going to increase by £3.3b in both 2023/24 and 2024/25. The increased investments provided shielding for the inflation pressures being seen. The Chief Finance Officer at WVT explained that this meant the National level of allocations were flat and therefore the money currently in place was the same amount of money that would be received to deliver everything that needed to be delivered. She added that systems consuming more of their fair share, there would be a convergence adjustment, and both Coventry and Warwickshire and Herefordshire and Worcestershire have a convergence adjustment as part of their allocation formula. In return for extra funding that has been invested the NHS is expected to make further efficiencies and deliver improved performance, each organisation is required to plan to deliver a balanced Net system position.	

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The Chief Finance Officer at WVT explained that for the Foundation Group the 2022/23 financial year end had been challenging and there had been multiple drivers for that which were consistent across the Foundation Group. Recruitment and Retention and the Workforce challenge had been a key factor in this, including the reliance on temporary workforce at premium cost. The Chief Finance Officer at WVT explained that each Trust within the Foundation Group had been working hard to deliver the current financial plan, however this wasn't without risk especially given the operational pressures faced at the end of 2022. The Chief Finance Officer at WVT informed the Foundation Group Boards that the current financial positions for each Trust had been supported by significant non-recurrent income streams and non-recurrent measures, which meant the exit position was resulting in an underlying deficit. She assured the Foundation Group Boards that the 2023/24 focus was to develop plans that focus on financial stability and productivity.

The Chief Finance Officer at SWFT presented the Group Financials to the Foundation Group Boards. She explained that all Trusts within the Foundation Group had similar trends in the Weighted Activity Unit (WAU) and Cost Per WAU. The WAU had grown over the last period, and costs had grown at a faster rate. The overall Cost Per WAU remained above the pre-Covid-19 levels. The Chief Finance Officer at SWFT explained that costs grew at a faster rate through the 2-year Covid-19 period and in 2022/23 to date had begun to stabilise.

The Chief Finance Officer at SWFT informed the Foundation Group Boards that typically 70% of expenditure related to pay so it was important to focus on expenditure for temporary staffing and specifically agency. All three Trusts within the Foundation Group had similar trends, with the expenditure increasing but the key issue was that funding allocations were flat which clearly presented a challenge for 2023/24. The growth over two years across all three Trusts predominantly linked to higher Emergency Care demand and higher capacity. The Chief Finance Officer at SWFT explained that Recruitment and Retention challenges had also impacted on the increasing cost of temporary staffing and despite trends being similar there were also significant differences across the Foundation Group. She continued that, GEH spend overall had remained consistent but had a high bank and agency as a percentage of pay. WVT mean spend had increased and had a low bank percentage of pay but a high agency as a percentage of pay. It was believed this was because of the rurality and population demographic of WVT which hampers their ability to grow their bank and nurses, for example, tend to travel significant distances. SWFT mean spend had increased but had a bank spend percentage of pay in between GEH and WVT and a lower agency percentage of pay. The Chief Finance Officer at SWFT assured the Foundation Group Boards that all three trusts had some successes in recruitment but increase in capacity meant the reduction in temporary staffing was not as expected. All Trusts across the NHS were being asked to reduce their agency spend to 3.7 percent of pay, and it was therefore a focus for all three Trusts in the Foundation Group and work programmes were in place to deliver this.

The Chief Finance Officer at GEH presented the focus areas moving forward following the planning guidance. He explained that the key areas to focus on

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hadn't changed since the planning guidance had been released which showed that the Foundation Group had been focusing on the right things. The key areas include:

- Planned Care
- Unplanned Care
- Integrated/discharge.
- Workforce Enablers
- Estates and Sustainability
- Other Opportunities.

The Chief Finance Officer at GEH went on to draw out some of the key elements in relation to the focus areas stating that the Foundation Group needed to continue to focus on recruitment and retention as well as efficient rostering to ensure people were being deployed in the most efficient way. There was a pressure on temporary pay rates that needed to be managed. He drew out productivity as a key focus of the planning guidance. As mentioned earlier by the Group Chief Executive the majority of planned care activity would be paid based on the number of patients that are seen and treated. This creates an opportunity as well as risks, therefore improving productivity becomes even more important. The Chief Finance Officer at GEH highlighted that all three Trusts in the Foundation Group had various projects focussed on increasing the number of patients they were able to treat within available resources through operating theatres and outpatients in particular. He pointed out that to enable improvements in productivity the three Trusts needed to contain Urgent and Emergency Care demand within available resources. The investment in Virtual Wards, Ambulatory Care and various elements of integrated care to support discharging patients and enabling patients to be cared for in the most appropriate environment were vital in supporting this. The Chief Finance Officer at GEH summarised by saying that the three Trusts were focussing on the right things but there was a lot of it. To help rise to the challenge of continuing to deliver within a constrained financial envelope each Trust needed to make a step change in the improvements being made in all these areas. That meant focussing on a few things and doing them well.

The Chief Finance Officer at GEH closed by posing three questions:

- What elements should we focus on?
- How do we share and assimilate good practice rapidly?
- What do we need to collaborate on?

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

The Group Chairman highlighted that in 2023/24 it was suspected there would be around £50m spent on agency costs, and agencies were expected to receive around 25% gross margin of that, which equated to £12.5m. He expressed how agency had to be a focus point and it needed to be resolved.

The Group Chief Executive expressed his concern regarding the temporary staffing and agency spend. He explained that agency spend had more than

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	doubled in a three-year period and that it was a significant amount of resource. He continued that in addition to that the use of certain agencies brought staff who were unfamiliar with local systems and processes which was a safety and quality risk. The Group Chief Executive explained how it was important to separate temporary labour of bank usage (in particular nursing) to agency. He noted that having a nurse bank and using that workforce flexibly through a managed roster system was what was wanted and needed. He expressed how having a bank of staff was good, however agency was not. The Group Chief Executive discussed the importance of using agencies on framework if needed, as these had been through a procurement process and Trusts had assurance that staff had received suitable training. Off framework agencies, such as Thornbry operate on a 'last resort' basis and charge a premium. The Group Chief Executive expressed how important it was that the Foundation Group used it's skills and resources to focus on drilling down the run rate for individual departments and wards, and get on top of agency costs. Mr Cottom (NED, WVT) expressed his disappointment that there appeared to be missed opportunities in rostering, sickness management, job planning and capacity management. He explained that these were all areas that were within the Foundation Groups capabilities to resolve and had been around for a long time. The Group Chief Executive explained that the Covid-19 Pandemic had a large impact on sickness levels, which had continued and needed to be challenged more by occupational health teams. He assured Mr Cottom that All three organisations had projects to get a tighter grip on this though and use tools effectively such as roster planning and capacity management. The Group Chief Executive discussed with the Foundation Group the need to focus on Productivity in 2023/24. He explained that Foundation Group have the PACE (Productivity and Clinical Effectiveness) programme which was overseen by the Chief Medical Officer at WVT with support from the Group Strategic Financial Advisor. The programme had started to gather pace and it was time to start looking the outputs from that work. The Group Chief Executive explained that he would like the Foundation Group Boards to be the forum to capture the summary of the work and ensure accountability for the delivery of those opportunities. He added that there was a lot of the capacity to implement changes which sat predominantly with the Chief Operating Officers and their management teams. The Group Chief Executive asked for the Foundation Group Boards approval to add a regular agenda slot that would pick up on the outputs of the specialities and track progress. The Foundation Group Boards agreed Productivity to be tracked through the meeting. **Resolved – that** **A) Productivity progress monitoring be added to the Foundation Group Boards Schedule of Business, and** **B) the Financial Planning for 2023/24 Implications be received and noted.**	**CI**
23.010	**URGENT AND EMERGENCY CARE PRODUCTIVITY AND MEASUREMENTS** The Chief Operating Officer at WVT presented the Urgent and Emergency Care Productivity data, and he explained that it didn't completely measure like for	

MINUTE		ACTION

like which continued to be worked through. He added that the data was the beginning of the benchmarking of key measures and was an evolving portfolio of productivity opportunities. The Chief Operating Officer at WVT explained following the release of Urgent and Emergency Care Recovery Plan a whole dashboard portfolio of metrics had been created that sat behind the high level indicators. He highlighted how challenging December 2022 had been for all three Trusts, however appropriate steps to overcome and learn from these had taken place. The Chief Operating Officer at WVT explained that December 2022 attendees had a sustained pressure and ambulance conveyances were significant. As a Foundation Group difficult decisions were made to balance risk across all three Trusts and health systems, with the priority being the need to release ambulance crews and easing congestion through the Emergency Department, which was successful in comparison to the rest of the region and nation.

The Chief Operating Officer at SWFT provided an overview on productivity and explained work had started about how to manage this moving forward, and what could be learnt from Winter 2022/23. She explained that when the data from December 2022 was presented, the Chief Operating Officers from across the Foundation Group compared the actions taken, what worked, what didn't work and what impacted productivity and efficiency significantly and would be lines that wouldn't be crossed again in the future. The Chief Operating Officer at SWFT explained that when productivity benefits were mapped out for having the assessment areas for bedding patients, it was released that Trusts were not as efficient and after comparing data it essentially proved that if hospitals were too busy and too full, they were not as productive and efficient. This fell in line with the best practice model which stated anything above 83% occupancy would significantly hamper flow. The Chief Operating Officer at SWFT highlighted the significant ambulance delays felt across the Foundation Group and how opening additional capacity areas was to try and reduce the delays to support safeguarding of the community, however all Trusts remained a net importer of ambulances not just from within their own regions but also out of area regions as well. The Chief Operating Officer at SWFT informed the Foundation Group Boards that for the first time ever that had been 'tarmac to tarmac' moved which was when ambulances who were waiting outside the Emergency Department would take patients to different Trusts with lower delays. This took up additional time during handovers and discharging back out to the community due to working through the pathways, this resulted in the average length of stay across the Foundation Group significantly increasing.

The Associate Chief Operating Officer at GEH informed the Foundation Group Boards of the next steps, which included work on finalising the portfolio comparative data, sharing the experience around SDEC opportunities, reviewing SWFTs PDSA results, and accessing the cost per cubicle and percentage seen per hour data. He explained that an Urgent Operational Management Summit was also being organised, where senior operational teams from across the Foundation Group would review data and establish the top three next steps for shared learning and productivity opportunities.

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

MINUTE		ACTION
	The Group Chief Executive thanked the Chief Operating Officers and their teams for managing through a difficult period, thinking on their feet and introducing innovative solutions. He highlighted that there was a productivity debate nationally and he expressed the need for this to become more sophisticated. He added that he felt the Foundation Group was in a great position to measure the true urgent care demand on the system and find the solutions to it. The Group Chief Executive encourage the Chief Operating Officers to look at capacity elsewhere as part of their next steps such as with Virtual Wards. **Resolved – that the Urgent and Emergency Care Productivity and Measurements be received and noted.**	
23.011	**LEVELLING UP UPDATE** The Deputy Chief Strategy Officer at SWFT provided the Foundation Group Boards with a brief overview on SWFTs Levelling Up position and that SWFT produced their Impact Report in 2022 with the Purpose Coalition. She explained that SWFT designed and developed, alongside Place colleagues, an intervention to support earlier assessment and intervention for young people with mental health conditions experiencing Health Inequalities. The Deputy Chief Strategy Officer at SWFT highlighted that SWFT had recently received ICB funding to progress that intervention work. She added that the Workforce Disability Network had been helping provide solutions for the Trusts disability challenges, and SWFT alongside GEH were introducing an internship to provide supportive work experience for young adults with learning disabilities in their local communities. The Chief Strategy Officer at GEH provided an update on GEH's Levelling Up position. She explained that GEH had just concluded on their engagement work, where they worked closely with Place colleagues to ensure their impact report featured the work in GEH but also into Place. The Chief Strategy Officer at GEH informed the Foundation Group Boards that the first draft of GEHs Impact report had been received but it was not ready to share in time for the meeting. She explained that GEH had been linking in with its surrounding boroughs who were embarrassing levelling up and therefore developed plans that were aligned with their priorities to encourage collaboration to support the levelling up work. The Chief Strategy Officer at WVT informed the Foundation Group Boards that WVT had started their work with the Purpose Coalition to do their Impact Report. He explained that WVT had taken the approach to do this with 'One Hereford' partners and very much make it about progress as a collective at Place. The Chief Strategy Officer at WVT added that the second element was the work at Place around the Health Inequalities Strategy, and this was nearly complete, and included a lot of good work around improving people's digital health literacy so that they could understand their issues and treatments and work with professionals to improve their condition. He expressed that WVT were also focused on working with communities and understanding what priorities matter to them to help reduce Health Inequalities in their community. **Resolved – that the Levelling Up Update be received and noted.**	

MINUTE		ACTION
23.012	**FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS FOR 2023/24** The Foundation Group Boards noted the Calendar of Meetings for 2023/24. **Resolved – that the Foundation Group Boards Calendar of Meetings for 2023/24 be received and noted.**	
23.013	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
23.014	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
23.014.01	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'The South Warwickshire Place Partnership Board is referred to in the Levelling Up Report. Please explain the aims and objectives of this Board and the extent of the engagement with it by SWFT?'* The Managing Director at SWFT explained the South Warwickshire Place Partnership Board was referred to in the Levelling Up report, and SWFT are involved by the Managing Director being the Co-Chair with membership supported by the Chief Strategy Officer at SWFT. She explained the aims and objectives of the South Warwickshire Place Partnership Board had just refreshed and that it takes a number of it's priorities from several publically available papers from meetings such as the Health and Wellbeing Board and the Coventry and Warwickshire Integrated Care Strategy. The Managing Director at SWFT explained that the South Warwickshire Place Partnership Board had just undertaken a 2022 look back and she had sent this to the Public Governor.	
23.014.02	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'Given that the Foundation Group straddles 2 Integrated Care Systems can the Foundation Group fully achieve its potential whilst it is operational across two systems?'* The Group Chief Executive expressed that he felt the Foundation Group working across two different Integrated Care Systems was not hampering any	

MINUTE		ACTION
	potential, due to the strength of the Foundation Group being that it had things in common and that all three Trusts wanted to the be lead providers, focus on the Places in which they operate, look at the growing needs of the population and implement prevention and integration. The Group Chief Executive highlighted that the Foundation Group had a capacity to deliver against its aims which was a strong position to be in. Foundation Groups were also being recognised nationally for how they play a key part in delivering the framework of the NHS.	
23.014.03	Question from a SWFT Public Governor (West Stratford and Borders) The Public Governor expressed how WVT could mention PFI as a savings opportunity when the contract still had six years left. The Chief Finance Officer at WVT explained that not all the opportunities within the presentation of Financial Planning were for immediate 2023/24 but were more medium-term opportunities. **Resolved – that position be noted.**	
23.015	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
23.016	**APOLOGIES FOR ABSENCE**	
23.017	**DECLARATIONS OF INTEREST**	
23.018	**GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.019	**SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.020	**WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022**	
23.021	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
23.022	**GROUP STRATEGY REFRESH**	
23.023	**FOUNDATION GROUP OBJECTIVES FOR 2023/24**	
23.024	**FOUNDATION GROUP PRODUCTIVTY DISCUSSION**	
23.025	**ANY OTHER CONFIDENTIAL BUSINESS**	
23.026	**DATE AND TIME OF NEXT MEETING** The next meeting would be held on 3 May 2023 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman) Date: 3 May 2023

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)
Minutes of the Foundation Group Boards Meeting Held on 1 February 2023

Russell Hardy

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST
WYE VALLEY NHS TRUST
GEORGE ELIOT HOPITAL NHS TRUST

PUBLIC ACTIONS UPDATE: FOUNDATION GROUP BOARDS MEETING – 3 MAY 2023

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
23.009 Financial Planning for 2023/24 Implications (1 February 2023)	Productivity progress monitoring be added to the Foundation Group Boards schedule of business.	Chelsea Ireland	Completed – on the schedule of business for 2023/24
ACTIONS IN PROGRESS			
REPORTS SCHEDULED FOR FUTURE MEETINGS			
23.007 Group Analytics Update (1 February 2023)	The Group Analytics Board include services data as part of their future project work.	Jane Ives / Haq Khan	

Report to	Foundation Group Boards	**Agenda Item**	6.1
Date of Meeting	3rd May 2023		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For discussion		
Author:	Damian Rogers, Head of Information, WVT		
Lead Executive Director:	Jane Ives, Managing Director, WVT Adam Carson, Managing Director, SWFT Dr Catherine Free, Managing Director, GEH		
1. Purpose of the Report	Assurance and oversight of Group performance		
2. Recommendations	The Foundation Group Board are invited to review this report as assurance.		
3. Executive Assurance	This report provides group, regional and national benchmarking on 6 key areas of performance. A narrative has been provided by each organisation for the key areas benchmarked.		

Foundation Group Performance Overview

Group Analytics

George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

	Indicator	Standard	Latest Data	Benchmark		Latest Data	Wye Valley NHS Trust: Current Month	Wye Valley NHS Trust: Year to Date	Wye Valley NHS Trust: Trend - Dec 2019 to date	Wye Valley NHS Trust: DQ Mark	South Warwickshire University NHS Foundation Trust: Current Month	South Warwickshire University NHS Foundation Trust: Year to Date	South Warwickshire University NHS Foundation Trust: Trend - Dec 2019 to date	South Warwickshire University NHS Foundation Trust: DQ Mark	George Eliot Hospital NHS Trust: Current Month	George Eliot Hospital NHS Trust: Year to Date	George Eliot Hospital NHS Trust: Trend - Dec 2019 to date	George Eliot Hospital NHS Trust: DQ Mark
ED	ED 4 hour standard	95%	Mar-23	National	71.5%	Mar-23	55.2%	56.3%			64.1%	64.1%			72.7%	75.7%		
				Midlands	66.0%													
	Ambulance Handovers < 15 mins (%)	95%				WVT Nov SWFT Feb GEH Mar	42.5%	42.6%			34.8%	20.3%			14.6%	18.1%		
	Ambulance Handovers < 60 mins (%)	100%				Mar-23	94.8%	91.2%			96.8%	90.7%			97.9%	97.8%		
	G&A Occupancy	< 90%	Mar-23	National	95.3%	Mar-23	97.1%	92.7%			96.2%	96.8%			100.0%	100.0%		
				Midlands	95.1%													
Mortality	SHMI	<100	August 2021 to July 2022	National	100.1		Witihn expected range	103			Witihn expected range	104			Witihn expected range	109		
				Midlands	106.5													
Work force	Staff Sickness	<5%	Nov-22	National	5.4%	Mar WVT & GEH Feb SWFT	5.4%				4.3%			N/A	4.8%			
				Midlands	5.8%													
Cancer	Cancer 62 day waits	0				Mar WVT & SWFT Feb GEH	89				167				63			
RTT	RTT 52 week waiters	0				Mar-23	1203				793				114			
	RTT 78 week waiters	0					4				0				3			
MFFD	% of occupied beds considered fit for discharge		Mar-23	Midlands	23%	Mar-23	30%				27%				23%			

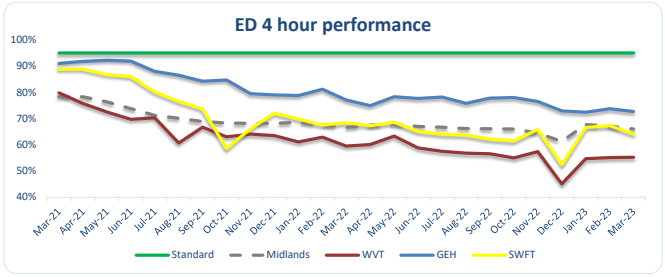
Foundation Group Key Metrics

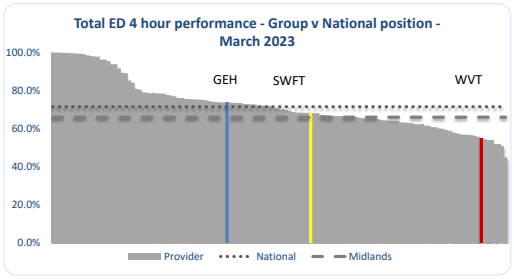
Group Analytics

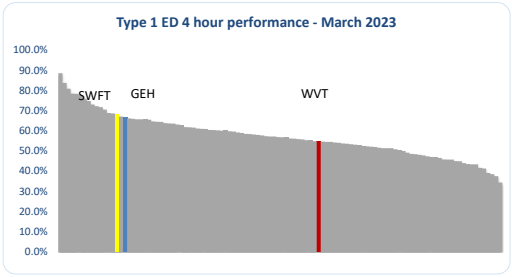
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

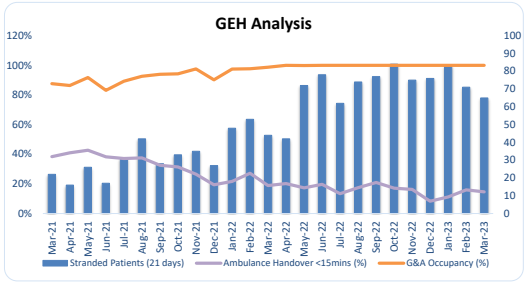
ED 4 hour Performance

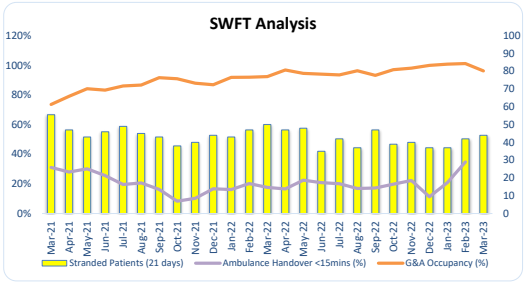
Trust	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD
GEH	91.0%	91.8%	92.2%	91.9%	88.0%	86.5%	84.2%	84.7%	79.5%	79.0%	78.8%	81.2%	77.1%	74.9%	78.3%	77.7%	78.2%	75.8%	77.8%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.7%
SWFT	88.8%	88.8%	86.7%	86.0%	80.1%	76.5%	73.7%	58.5%	66.1%	72.1%	69.8%	67.5%	68.4%	67.3%	68.6%	65.1%	64.1%	63.7%	62.2%	61.5%	65.8%	52.4%	66.6%	67.3%	64.1%	64.1%
WVT	79.8%	75.7%	72.5%	69.7%	70.3%	60.7%	66.7%	63.0%	64.1%	63.5%	61.1%	62.9%	59.5%	60.1%	63.3%	58.8%	57.5%	56.8%	56.6%	55.0%	57.4%	45.1%	54.7%	55.1%	55.2%	56.3%

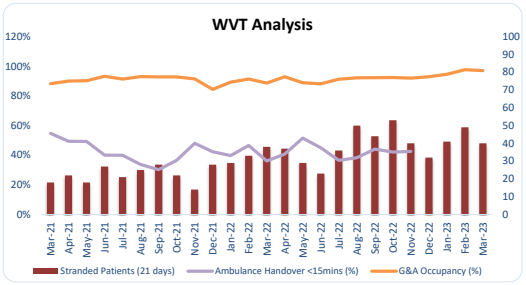












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Occupancy - Averaged over 97% in March, with the first two weeks in March having 8 days with 100%+ bed occupancy. This lead to high numbers of Super Stranded patients [patients in a Hospital bed for over 21 days] and delays in Medical Fit for Discharge (MFFD) patients on pathway 1-3. This has improved as the HomeFirst delays have started to reduce and recruitment to our Hospital@Home "bridging team" supports some of the capacity shortfalls.

4 Hour Performance - Our Urgent and Emergency (UEC) pathway remains under significant pressure from high attendances and week commencing 20th March we saw the second highest Emergency Department (ED) attendance this year, the highest week being over the pre-Christmas period, and during March the highest daily number of ED attendances the Trust has seen.

Despite this we continue to deliver a favourable Ambulance Handover position, regionally and nationally, to ensure Ambulance clinicians are able to respond to our local community, despite the higest number of conveyances the Trust has seen this year, over 1,800.

Our Same Day Emergency Care (SDEC) performance was the best month the Trust has seen in terms of % admissions managed on a SDEC pathway and overall number of patients. This was a total of 841 patients in the month, our second highest monthly patients recorded.

WVT performance for minors remains constantly over 95% each month. However, our overall 4-hour Trust performance is not where we would want it be for our patients and, although national when comparing Type 1 ED performance we are often above the national average, but there is much more to do.

Other - As we work through our Valuing Patient Time agenda to improve flow and across the Trust, in partnership with Herefordshire system partners, the Medical Division have developed there own ED Action Plan to deliver improved Clinical Quality Indicators [CQIs] by reducing the time for decision making in ED, reviewing the current processes across the Acute Floor which includes peer reviews from colleagues across the Foundation Group including peer review visit with GEH colleagues.

Our Frailty and Acute Medicine Virtual Ward (VW) will be operational in April and will increase the overall bed capacity to manage Uurgent and Emergency Care (UEC) flow.

George Eliot NHS Trust (GEH)

4 Hour Performance - GEH has seen a further 8% increase in attendances to the Emergency Department compared with February data. High attendances and high bed occupancy has underpinned a dip in 4hr performance. GEH continue to perform in the top quartile when compared nationally.

Ambulance performance - Continue to work closely with the ambulance trusts to review patient pathways and support the wider system with ambulances, taking diverts when able. High attendances and high bed occupancy has impacted capacity within the department and influenced ambulance handover times. Staff continue to ensure that all patients are cared for safely and ambulance offload expedited..

GEH have had success in managing variation (short term release to support timely ambulance off load). They have also been able to protect SDEC from inpatient admissions to support ambulatory pathways and increase Pathway 0 discharges while Increasing medical cover at the weekend to support increased discharges on Saturdays and Sundays.

South Warwickshire University NHS Foundation Trust (SWFT)

4 Hour Performance - There has been significant pressure at SWFT and within the System over the winter and early spring period, with a tougher flu season than normal, and also the impact of local strike action by ambulance and nursing staff.

A further improvement in 4-hour performance in February to 67.5%, this is the highest level of performance achieved since March 22, and we finished March 2023 at 64%. The new national 4-hour target for A&E will be 76% from the start of April

Attends to ED have remained high throughout winter with an average of around 237 attends per day. This has dropped slightly entering April and the Trust has seen a corresponding improvement in performance; this has seen the Type 1 department achieve performance of 81.2% so far in April.

Given the reduction of the A&E 4 hour target to 76% this is welcome news to the department. It is also becoming clear that day to day variance in attends is becoming a feature in 2023. With significant peaks and troughs and a prediction that the number of attends at the Warwick site will fall between 280-300 more frequently this year; and days of 300+ arrivals (10 in 2022), are likely to be surpassed previous years. Also worth noting that Stratford is back to the average daily level recorded in 2019 (28.5 per day).

The strikes have affected SWFT but the ability to bring in senior consultants (at cost) has meant that performance has not suffered in ED in the same way as other areas. COVID continues to recede and the flu and strep 'A' issues that were faced in December through to February have abated. Conversion remains similar at around 28% and though occupancy, particularly medical beds, has been at the limits since December there are some signs of those pressures abating relatively.

Attends from Birmingham & Solihull have dropped by around 4% since the turn of the year, though it remains too early to predict if this is a trend or is temporary; however Solihull MIU is proposed to reopen in June 23. This may help reverse some of the 185% increase in attends to Warwick/Stratford from patients registered with GP's in this area (18/19 compared to 22/23).

The use of SDEC areas is under review with the aim to extend opening hours and to improve GP and 111 access to these facilities; a PDSA to understand the cost and impact of these schemes is currently underway.

Ambulance performance - SWFT has continued to see an increase in 'Out of area' conveyancing, which have been accounting for around 20% of the monthly activity, which is a rise from 14% pre covid.

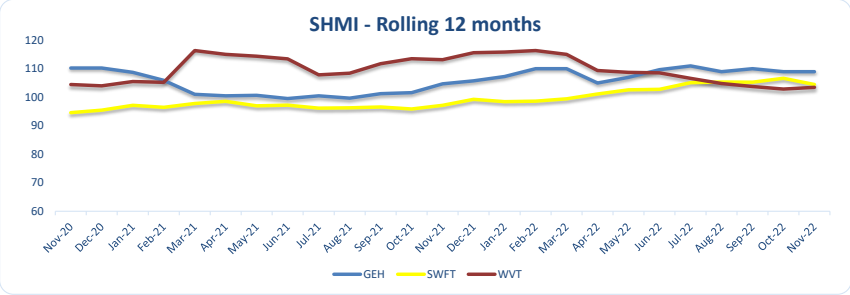
Foundation Group Key Metrics

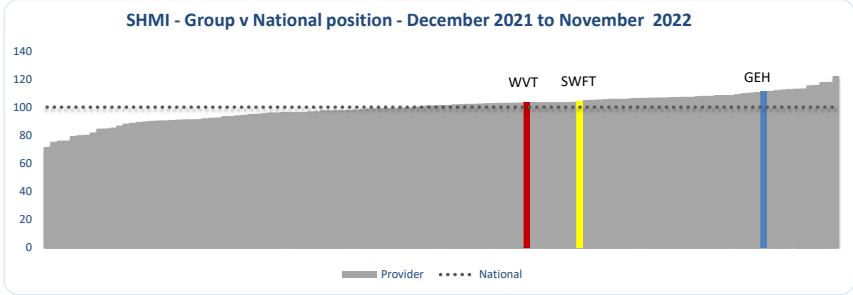
Group Analytics

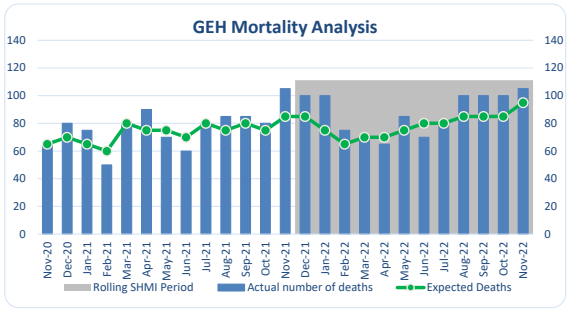
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

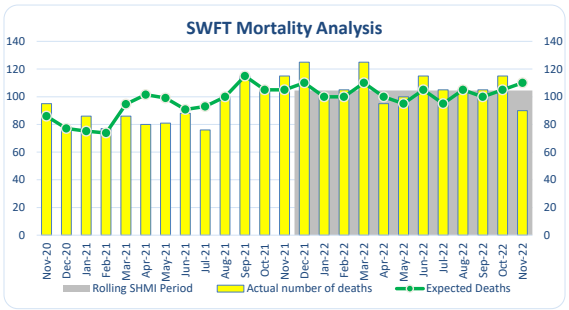
SHMI - rolling 12 month positions

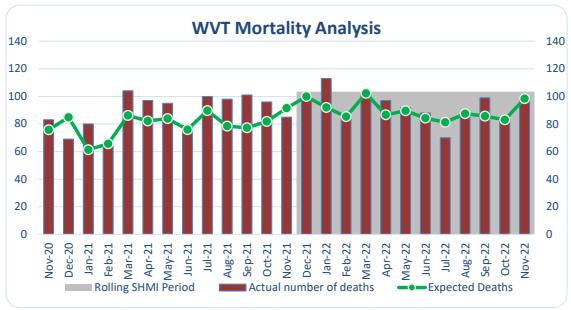
Trust	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
GEH	110	110	109	106	101	100	101	100	100	100	101	102	105	106	107	110	110	105	107	110	111	109	110	109	109
SWFT	95	96	97	97	98	99	97	97	96	96	97	96	97	99	98	99	99	101	103	103	105	105	105	107	104
WVT	105	104	106	105	116	115	114	113	108	108	112	114	113	116	116	116	115	109	109	109	107	105	104	103	103











Analysis / Current Performance:

WVT

SHMI (NHS Digital) from December 2021 to November 2022 shows Wye Valley NHS Trust at 103.5, which is a reduction of 3.0 since the last reported figure. The latest reported Hospital Standardised Mortality Ratio (HSMR) (in-hospital deaths only), for the period of January 2022 to December 2022, is 110.97. This equates to 97th out of 122 reporting Trusts. Based on an initial analysis, when the data is not adjusted for palliative care, our HSMR significantly reduces to 95.49. An escalation meeting is planned to review and address this area of concern. In-hospital crude mortality rate for March 2023 is at 1.39% for all admissions, and continues to reduce following a period of high numbers of deaths during December.

The roll-out of the Medical Examiner service has been delayed to May 2023, but plans are in place to start bringing on GP surgeries as early as possible. Communications have been sent out to our colleagues in primary care, which provides information on the new process for death certification including the revised roll out dates. There are also new ME's joining the team during April, who are current GP's in Herefordshire and Worcestershire, and bring new expertise to the role.

Overall, the majority of our key mortality outlier groups have reported small reductions in the latest Summary Hospital Level Mortality Indicator (SHMI). Although our #NOF mortality remains higher than expected, but there is a plan in place to investigate further. Heart failure will also be undergoing an initial analysis, which will include the data and the mortality reviews to identify any concerns or potential issues. Our two largest groups of deaths, Stroke and Pneumonia, continue to report significantly lower than expected rates of mortality.

GEH

SHMI remain within the expected range however, #NOF has been highlighted as an outlier. This is currently under revew with T&O. HSMR continues to be an outlier with higher than expected inhospital mortlaity rates. A data quality review is underway and work continues with the clinical coding department. Mortality reviews indicate care is Good which is consistent with feedback from the Medical Examiners. The Medical Examiner Service is embedded across the Trust. Learning from Deaths is shared across the Trust through Directorate Governance Meetings and M&M meetings. The Theme of the Month this month focused on Learning Disabilities and Autism.

SWFT

Mortality indicators remain within control limits although some variability in the HSMR is noted, and in recent months there has seen a steady increase in the SHMI, which is subject to several deep dives around coding depth and the number of episodes within a spell, for which SWFT appears to be an outlier. Diagnosis areas that have contributed most to the SHMI increase include Acute bronchitis, congestive heart failure, Gastrointestinal haemorrhage and Pneumonia (excluding TB/STD).

The Medical Examiner function is embedded and is going from strength to strength with work to extend this into the community and to review cases referred to the coroner. Risk Adjusted Mortality Index (RAMI) was above peer: Surgery deaths, MI, COPD and Acute Kidney Injury (AKI). For all of them, the Mortality Surveillance Committee commissioned a deep dive review of the cases and received a very reassuring report with no significant gaps in care identified.

There has also been further work around investigating the coding completeness of End of Life coding which has revealed a likely impact on the overall HSMR score, but there wont be an impact on the SHMI. The coding issue has been rectified but will take some months to feed through to the HSMR value. Furthermore, the coders now have access to the Integrated Care Record, which should help in increasing the depth of coding.

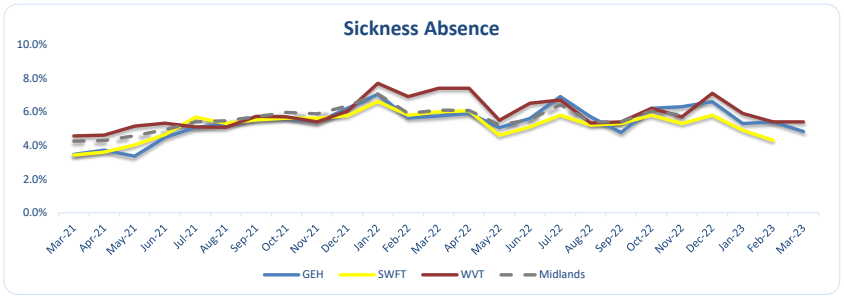
Foundation Group Key Metrics

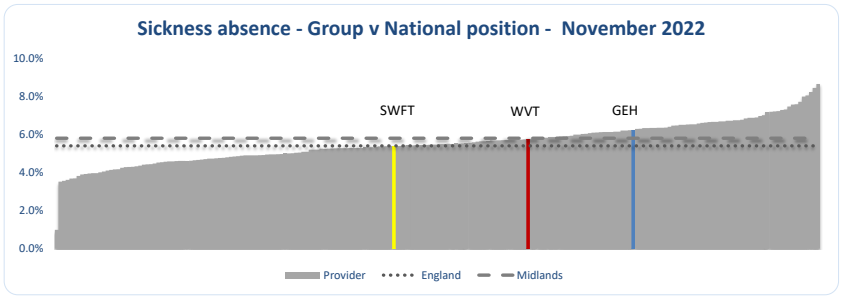
Group Analytics

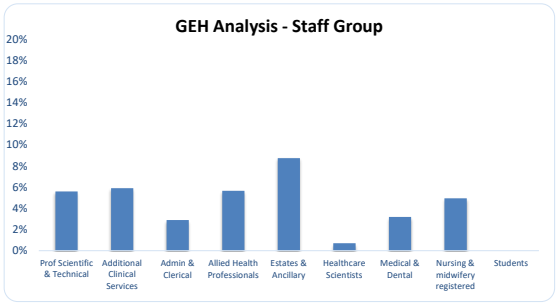
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

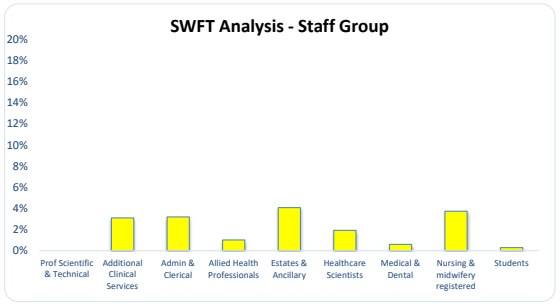
Sickness Absence All Staff Groups

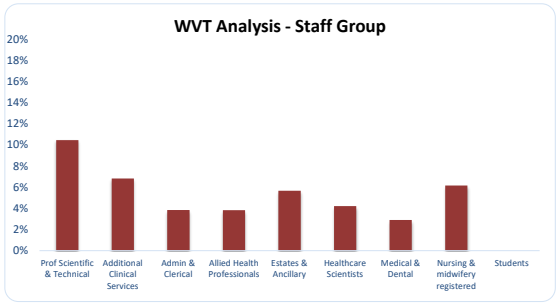
Trust	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
GEH	3.5%	3.7%	3.4%	4.5%	5.1%	5.3%	5.5%	5.6%	5.4%	6.2%	7.0%	5.6%	5.8%	5.9%	5.1%	5.6%	6.9%	5.7%	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%
SWFT	3.4%	3.6%	4.0%	4.6%	5.7%	5.3%	5.5%	5.6%	5.6%	5.8%	6.6%	5.8%	6.0%	6.1%	4.6%	5.1%	5.8%	5.2%	5.3%	5.8%	5.3%	5.8%	4.9%	4.3%	
WVT	4.6%	4.6%	5.1%	5.3%	5.1%	5.1%	5.7%	5.7%	5.4%	6.0%	7.7%	6.9%	7.4%	7.4%	5.5%	6.5%	6.7%	5.3%	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%	5.4%











Analysis / Current Performance:

WVT

Mental health sickness continues to account for a significant proportion of sickness absence followed by msk, colds/flu and long term conditions. Weekly absence trend line reports are produced for all staff groups and HRBPs use this information in review meetings with line managers on reducing absence. The current absence level stands at 5.4% in April and this is expected to reduce further over the next few months.

Deep dive reviews on absence have been conducted for all divisons and at monthly F&PE meetings, divisions are required to present comprehensive data on sickness absence including heat maps, costs, no. of reviews and % of return to work interviews conducted. These detailed reports will continue as they are important in demonstrating robust actions being taken to manage sickness absence more effectively across WVT. Divisions have been tasked with reducing sickness absence over spring and summer months by ensuring the absence policy is being used effectively and appropriately.

Considerable work continues to be done to enhance the wellbeing staff support offer including fast track OH referrals, wellbeing training, more psychological and team based wellbeing support for staff. The wide range of health & wellbeing initiatives (Hereford & Worcestershire mental health hub, employee assistance programme, NHS apps and support lines, face to face counselling, clinical psychology) are still in place for staff. We are now delivering Schwartz Rounds to support emotional and psychological wellbeing of staff and Halo leisure instructors are expanding their presence and wellbeing programmes across community hospital sites.

The management of absence remains a key priority area for HR and case by case reviews are undertaken by HRBPs and OH for all long term sickness absence and short term absence cases of concern to ensure the absence process is being managed appropriately. The HR team are also following NHSE Improving Attendance Toolkit, in managing sickness absence and deep dive reviews will continue over the coming months at Finance and Performance meetings.

We are piloting a dedicated staff physio for staff and a mental health & wellbeing nurse using funding from NHS Charities. Both roles are based in the occupational health department and will provide more support to staff in order to reduce sickness absence and enhance staff wellbeing at work.

GEH

Sickness rates have continued to decrease and are currently at 4.8%, the lowest rate it has been since September 22, although this remains above the Trust target of 4%. The People & Workforce Business Partners are working alongside the Directorates to develop staff wellbeing action plans together with mechanisms to improve attendance rates in order to achieve CPIP targets. Estates & Ancillary have the highest rates of sickness absence and targeted work is being undertaken with the Technical Services Directorate to understand any underlying causes for this.

Health & Wellbeing continues to be a focus for the organisation with a wide range of support interventions available for staff. Timely Occupational Health interventions remain a concern; however, colleagues are well supported through the multiple wellbeing offers available. Conversations have been held across the ICS regarding the closure of the With Staff In Mind service to ensure that any staff supported through this service smoothly transition to an alternative service and that staff continue to be supported appropriately.

SWFT

Sickness levels continue to have an impact on our workforce and staffing, and the winter of 22/23 will be remembered for a particulary bad flu season, together with increased cases of Covid also. Since December we have seen a reduction in the sickness level from 5.8% now down to 4.3% in February, which follows a similar trend from the previous year.

In February the top reason for sickness is Stress/Anxiety/Depression with cold/coughs/flu as a close second. We have seen an increase over the winter period of covid and flu related absences.

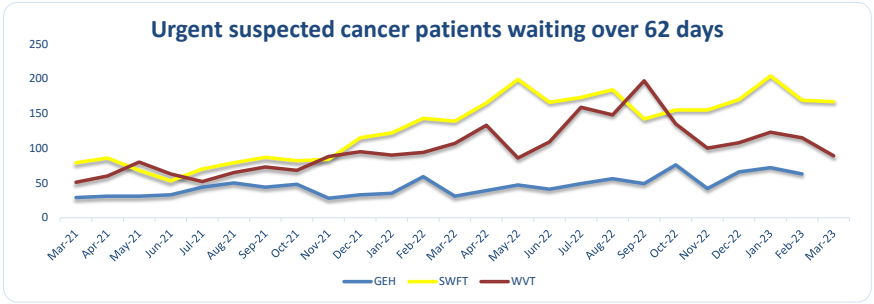
Foundation Group Key Metrics

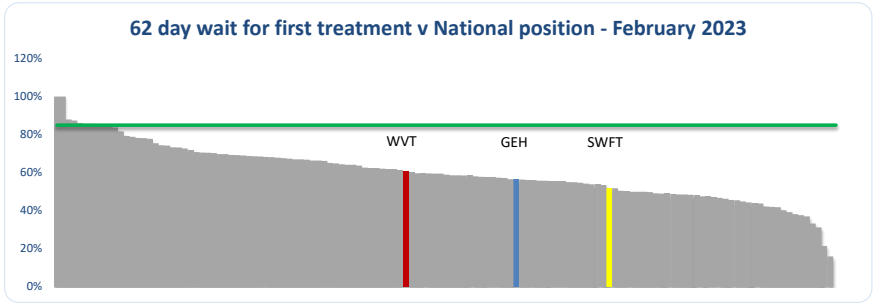
Group Analytics

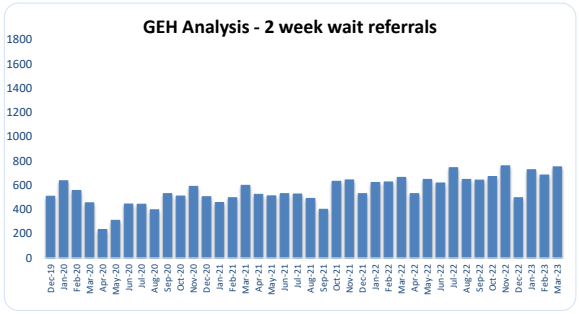
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

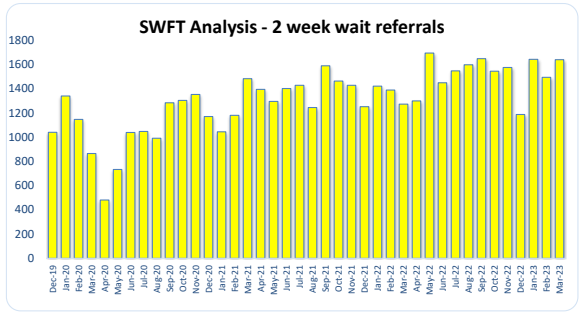
Cancer - Urgent Suspected Cancer 62 day Waits (excluding Non Site Specific)

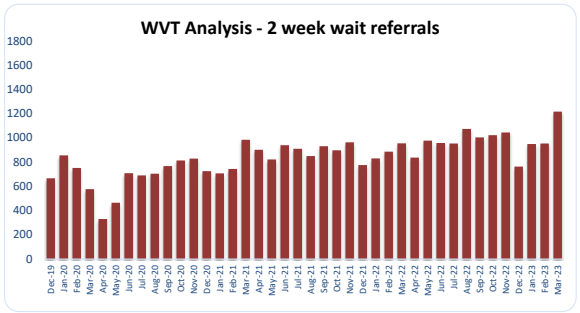
Trust	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
GEH	29	31	31	33	44	50	44	48	28	33	35	59	31	39	47	41	49	56	49	76	42	66	72	63	
SWFT	79	86	68	53	70	79	87	82	84	115	122	143	139	165	199	166	173	184	142	155	155	170	204	169	167
WVT	51	60	80	63	52	65	73	68	88	95	90	94	107	133	86	109	159	148	197	135	100	108	123	115	89











Analysis / Current Performance:

WVT

Our Cancer pathways continues to see increased referral above 21/22 and 19/20 levels. 17% above precovid levels. There is a improvements in our Fast Diagnostic standards over the past few months with February 2023 achieving 68% and March achieving 71%.
The number of patients waiting greater than 62 days for the start of their cancer treatment has also reduced despite the challenges of the winter period and increased referrals. In order to improve this position further the cancer team have been conducting monthly deep dives to provide management and clinical teams with common themes and advising changes to pathways along with the development of a Diagnostic Dashboard to include new target of 72 hour reporting for cancer.

GEH

Continue to see a sustained increase in 2ww referrals particularly in LGI and breast and we are struggling to meet this demand for 2ww OPAs and diagnostics, although increased capacity in endoscopy through the priorisation of 2ww patients over routine will help to address this. Straight to test for LGI has been implemented to assist in an improved pathway for the patients who meet that criteria, however owing to diagnostic capacity this has not yet yielded inprovements in the FDS target or 62 days for LGI but will in the future. There has been an impact on the triaging of TWW referrals due to annual leave and bank holiday, the directorates are working through plans to reduce the risk going forward. This will impact on FD and 62 days owing to the time taken to get to diagnosis. Ongoing work in the directorates to ensure that services provide and enact robust plans to alleviate these pressures. Work is also ongoing to improve 28 FDS by aligning best practice guidance and implementing one stop clinics as part of both phases of the CDC for Gynaecology, Urology Lower Gi and Lung. February's 62 day performance was 44.2% against a target of 85%. 62.1% of patients treated at GEH met this standard. In terms of tertiary patients only 16.7% patients met this target. 28 day Faster diagnosis performance was 68.2% which was significantly higher than January which was 53.3%, year to date we have a average of 61.4% .There are a number of reasons for our under performance, with the most common themes being capacity in endoscopy for Colorectal, delays for urology in both first appointments and diagnostics and an increase in delays relating to histology and an increase in delays due to patient choice

SWFT

As per the last report we have seen GP referrals continue to rise compared with 2019. Referrals into the colorectal pathway have continued to remain above 2019 levels we saw a peak in September 2022 and December and January 2023 continued to see very high volumes of referrals. The total number of patients on the waiting list remains significantly more than in 2019, with the number waiting for more than 104 days at an average of 26 compared with 9 in 2019 / 2020. Most of the long waits continue to sit within urology and colorectal.

The number of patients now receiving a confirmed cancer diagnosis has returned to the levels saw in 2019 (7.1%) after a rise in 2021 (8.4%) . 2022 saw 7.4% of referred patients have received a confirmed cancer diagnosis. We have redesigned the colorectal pathway, this will include the FIT tests by GP's as part of the referral process and a triage direct to test where appropriate. This will not improve the 2ww pathway but we expect to see improvement against the 28 day faster diagnostic standard, in the last month it has gone from 6% against the national standard to 23%.

Our breast service has achieved all of the main national cancer waiting times standards, with skin and upper GI consistently achieving above the 75% for the 28 day faster diagnostic standard.

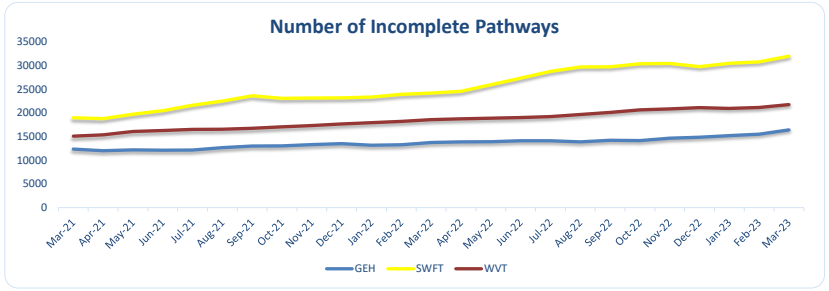
Foundation Group Key Metrics

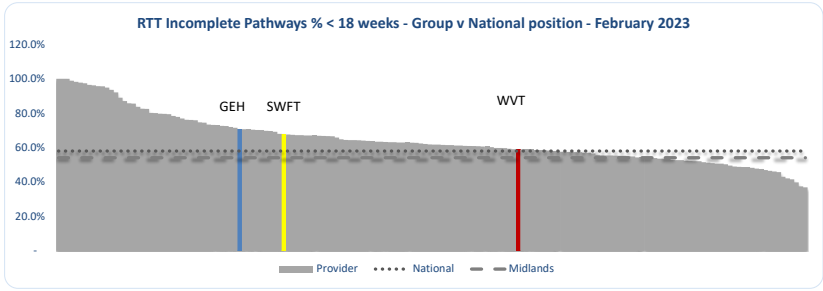
Group Analytics

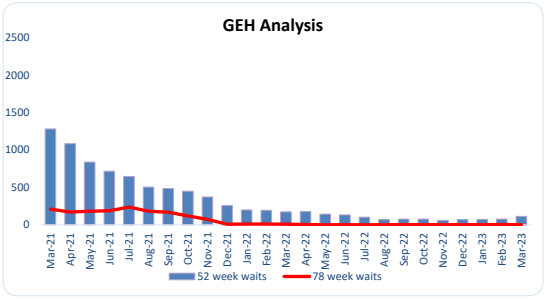
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

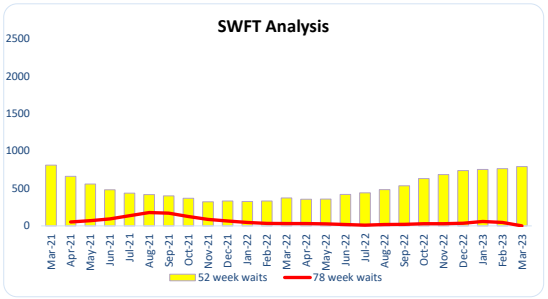
Referral to Treatment List Size - English

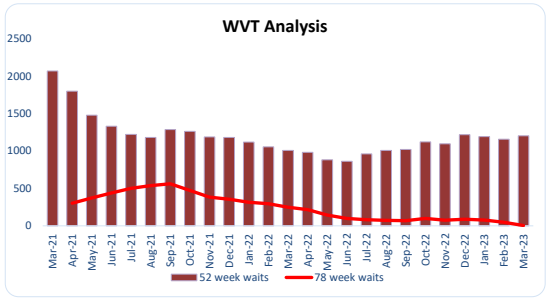
Trust	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	% change v Mar 22
GEH	12360	12024	12191	12148	12170	12659	13001	13042	13310	13508	13188	13296	13753	13887	13921	14128	14143	13877	14224	14150	14675	14859	15222	15514	16430	19%
SWFT	18996	18801	19753	20495	21653	22524	23650	23097	23159	23184	23376	23958	24207	24583	25987	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	32%
WVT	15103	15393	16078	16308	16532	16555	16764	17069	17351	17697	17969	18211	18606	18765	18897	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	17%











Analysis / Current Performance:

WVT

With the Junior Doctors Strike in March the success of our planning and implementation of our response meant that over the period of the three days we were able to maintain as much elective activity as possible. Overall, compared with the 8 week average of Monday to Wednesday activity, we saw a 13% reduction in Outpatient activity and a 14% reduction in elective overnight and day case activity.

Despite this we have significantly reduced our long waiting patients by the end of March 2023 to just 6 patients [4 English and 2 Welsh], some of these patients were as of a direct result of the Industrial Action cancellations in March. But a significant success for the Trust when is July 2022 we have a cohort of 3,000 that would of breached by the end of March 2023.

Value-based Weighted Activity [VWA] across over night elective, day case, outpatient procedures activity for acute specific Treatment Function Codes [TFCs] we are consistency over 100% activity when compared against the corresponding month in 19/20] for February and March. Only one of five Trusts across the Midlands region constantly above 100% for this period.

Our Diagnostics waiting list continues to reduce and the % of patients waiting greater than 6 weeks has reduced to 22%, the best position the Trust has been in since March 2020.

GEH

The trust have seen a 33% increase in the over 52 weeks position from February 23 to March 23, owing to elective activity being cancelled as a direct result of the current winter pressures and the closure of Day procedures Unit. However we have no patients breaching the 78 weeks timeframe and work continues to ensure we are compliant with the national target of no 65 week breaches by end March 24. We have also been able to offer mutual aid within the foundation trust and ICB system group. The majority of patients breaching 52 weeks are under W&C directorate and Surgical directorate, with Gynaecology, Oral surgery and General surgery having the highest numbers, plans are being discussed to treat these patients and reduce the number of 52 week waiters.

The waiting list currently sits at around 16,430 with 546 patients above the 40 week mark which are validated manually on a weekly basis. We continue to manage the PTL closely and the Trust have seen considerable improvements in the position on a monthly basis.

SWFT

Continue to remain in the upper quartiles nationally for Referral to Treatment (RTT) performance, although we have seen a recent reduction in the diagnostic DMO1 performance.

Overall good progress on elective recovery, with strong inpatient and out-patient first activity performing strongly in January, February and March, where the Trust finished over 105%, and the Trust had no patients waiting over over 78 weeks at the end of the financial year. Focus now changes to getting down to having no patients waiting over 65 weeks by March 2023. At the moment the Trust has just under 200 pathways waiting over 65 weeks.

The over 52 week position also has stabalised, thanks to a decrease in the number of non-admitted pathways, however, we have now see the admitted pathways continue to increase in number. We are accessing the independent sector to tackle the orthodontic backlog and supporting the ophthalmology team to cover long term sickness to reduce that backlog.

The waiting list total has risen by around 10,000 patient since June 2020 but now appears to have stabalised around the 30,000 mark, although an increase in the number of GP referrals is once again starting to drive up the number of patients on the waiting list. This is a concern as the balance between meeting the cancer demand and maintaining the RTT position against the capacity constraints we are experiencing specifically in theatres due to staffing.

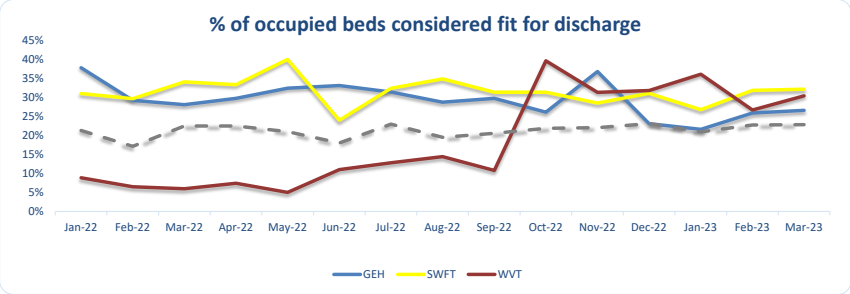
Foundation Group Key Metrics

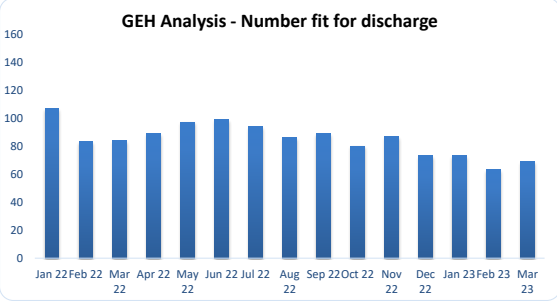
Group Analytics

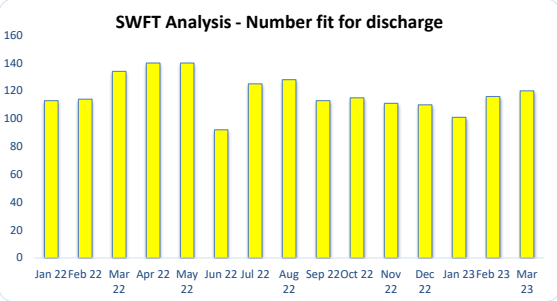
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust

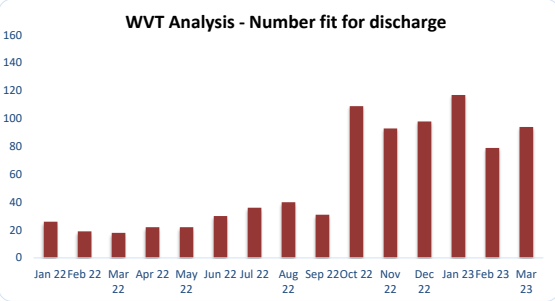
% of occupied beds considered fit for discharge

Trust	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
GEH	37.8%	29.2%	28.1%	29.8%	32.4%	33.1%	31.4%	28.8%	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	26.6%
SWFT	31.0%	29.7%	34.1%	33.3%	40.0%	24.0%	32.4%	34.9%	31.4%	31.4%	28.5%	31.1%	26.8%	31.9%	32.2%
WVT	8.8%	6.5%	6.0%	7.4%	5.0%	11.0%	12.8%	14.4%	10.8%	39.6%	31.3%	31.8%	36.1%	26.7%	30.4%









Analysis / Current Performance:

WVT

We continue to see delays with MFFD and on daily basis we have c43 patients awaiting Pathway 1 - 3 delays across our Acute and Community sites.

Shortfalls in Home First and Domiciliary care impacts on our ability to discharge timely along with 35% of our Pathway 1-3 delays being over of area [Powys, Shropshire and Worcestershire]. These delays were escalated via Silver system meetings and continue to be discussed with partners daily.

We continue to recruit to our Hospital@Home team in order to mitigate the impact on Adult Social Care delays with additional staff. We are also due to establish a system wide Discharge to Access [D2A] Board, chaired by our Associate COO for Integrated Care, in order to provide oversight and assurance across the system discharge pathways.

Our Integrated Complex Discharge Teams, along with its on site Adult Social Care support, continues work with Ward Discharge co-ordinators and our ward teams on Criteria to Reside [CTR] reporting, which has been fully embraced and are using this daily to progress chase and escalate delays to discharge.

GEH

58% of medically fit for discharge are waiting pathway 2 and 40% pathway 1. System T&F group focusing on complex pathways into residential homes.

Deep dives on the wards continue weekly, embed the Length of stay dashboards in the wards to fully understand internal delays on a more strategic and granular level for each directorate and ward and focus on pathway for complex patients requiring residential homes, exploring alternative pathways to reduce the demand on pathway 1&2

SWFT

MFFD rates have remained around 30% over the winter period, but down slightly from the same period the previous year. On average 40% are delayed waiting for Pathways 1, 2 and 3. There has been a recent move since June to more patients waiting for pathway 2 and this has remained the case over January, February and March, with a corresponding decrease in pathway 1. Also since last year there has been a huge decrease in 'Waiting Medical Decision'.

Focus continues to energise specific areas, developing relationships to support discharge and flow into the community eg: domiciilary care with out of area colleagues to gain traction with these patients, and the OPMU are also now involved in the review work around the collection and robustness of the MFFD data, with additional review meetings being set up over the next few months.

Further, there will be increased focus on the Criteria To Reside data, as it is now being included within the new Faster Data Flows, which will send Elective Recovery Admitted data up to the centre on a daily bases, and a main area of focus will be on the medically fit for discharge rates.

George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2022/23

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)

NHS
George Eliot Hospital
NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month Numerator	Latest Month Denominator	Year to Date v Standard	Trend - Rolling 12 Month	Latest Available Monthly Position: GEH Latest month v benchmark	Latest Available Monthly Position: National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	64.3%	69.3%	66.2%	68.3%	61.7%	.54.1	57.2%	64.2%	66.5%	56.1%	68.2%		391	573	61.4%		68.2%	68.6%			
	2 Week Wait all cancers	Chief Operating Officer	93%	73.6%	88.0%	82.8%	87.8%	66.5%	59.2%	77.6%	71.2%	74.9%	86.2%	76.2%		473	621	76.4%		76.2%	77.8%			
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	48.7%	90.9%	81.8%	100.0%	87.8%	36.1%	37.1%	12.2%	44.8%	97.9%	40.9%		18	44	57.3%		40.9%	75.8%			
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		52	52	99.7%		100.0%	92.0%			
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		9	4	9	8	9	7	9	9	12	14	8										
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	79.0%	55.4%	47.2%	68.1%	71.9%	56.9%	64.9%	55.8%	60.0%	63.5%	44.3%		11.5	26	60.0%		44.3%	60.3%			
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	75.0%	42.9%	0.0%	100.0%	44.4%	37.5%	50.0%	58.3%	100%	57.1%	8.3%		0.5	6.0	50.6%		8.3%	73.0%			
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	79.0%	48.0%	50.0%	61.9%	71.3%	56.9%	100%	100%	100%	84.2%	75.0%		6.0	8.0	91.3%		75.0%	77.4%			
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	39	47	41	49	59	56	76	42	66	72	63										
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	89.8%	90.4%	91.4%	89.8%	92.8%	90.8%	90.8%	91.0%	90.7%	90.7%	90.5%	89.0%	1,704	1,914	90.2%		89.0%	91.9%			
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Plan	7,930	8,414	8,176	8,113	7,728	7,294	8,318	8,398	9,263	7,707	7,487	8,155									
	Ambulance handover within 15 minutes	Chief Operating Officer	95%	20.2%	17.3%	19.7%	13.4%	17.4%	20.9%	17.1%	16.3%	8.3%	11.2%	15.9%	14.6%	214	1,463	16.2%		14.6%	26.0%			
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	3.3%	1.0%	1.6%	4.0%	2.2%	1.4%	0.7%	2.8%	15.3%	11.3%	2.4%	2.1%	31	1,463	4.0%		2.1%	16.0%			
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	872	891	884	888	936	875	866	855	926	853	789	926									
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	33%	17.0%	20.0%	27.5%	31.3%	32.9%	35.4%	37.9%	43.1%	39.7%	36.2%	39.5%	38.8%	587	1,512	33.8%		38.8%	35.0%			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	5.5%	7.0%	6.7%	5.6%	7.3%	593	8,156			7.3%	6.0%			
	A&E - Time to treatment (median) in mins	Chief Operating Officer		101	89	91	86	89	86	83	90	102	93	91	89					89	110			
	A&E - 4-Hour Performance	Chief Operating Officer	95%	74.9%	78.3%	77.7%	78.2%	75.8%	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	5,928	8,155	75.7%		72.7%	76.7%			

Quality of care, access and outcomes		Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month		Year to Date v Standard	Trend - Rolling 12 Month	Latest Available Monthly Position		Pass/ Fail	Trend Variation	DQ Mark
																Numerator	Denominator			GEH Latest month v benchmark	National or Regional			
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	26	23	25	24	26	26	27	25	34	30	23	22			**26**		**22**	25			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	0	0	0	0	0	0	0	0	10	16	1	0			**27**						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**3%**	1.3%	1.3%	1.3%	2.0%	1.2%	0.9%	1.4%	1.2%	1.3%	1.2%	1.0%	0.8%	58	7,651	**1.2%**		**0.8%**	8.7%			
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**92%**	66.3%	68.9%	69.2%	70.3%	71.3%	70.4%	70.1%	70.8%	68.8%	69.8%	70.7%	67.7%	11,122	16,426	**68.4%**		**67.7%**	59.7%			
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		13,870	13,891	14,107	14,101	13,826	14,199	14,101	14,628	14,857	15,216	15,504	16,426									
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	177	144	132	106	70	76	76	58	69	72	69	110									
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	5	0	1	0	2	2	2	1	1	0	0	0									
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	1	1	0	0	0	0	0									
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	**2019/20**	98.3%	105.1%	103.1%	94.0%	100.7%	98.1%	89.9%	100.1%	95.3%	96.2%	103.0%	91.8%	9,129	9,946							
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	**2019/20**	81.0%	92.3%	88.6%	84.4%	87.1%	81.2%	96.3%	89.9%	89.9%	101.5%	98.5%	85.8%	4,816	5,615							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	71.1%	80.9%	77.7%	74.0%	76.4%	71.3%	84.5%	78.9%	78.8%	89.0%	74.1%	75.2%	4,816	6,402							
	Total Outpatient Activity (% v 2019/20 baseline)	Chief Operating Officer	**2019/20**	87.5%	89.4%	89.5%	87.5%	88.9%	87.0%	94.6%	91.6%	90.4%	98.1%	95.1%	85.7%	15,245	17,781							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	92.8%	94.9%	95.1%	92.7%	94.6%	92.2%	100.3%	96.8%	95.7%	104.2%	101.0%	91.1%	15,245	16,743							
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	**2019/20**	75.4%	94.0%	82.9%	81.5%	85.9%	120.3%	120.7%	108.5%	131.1%	101.5%	131.9%	100.6%	174	173							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	67.3%	83.9%	73.8%	72.7%	76.8%	107%	107%	97%	117%	90.5%	118.0%	89.7%	174	194							
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	**2019/20**	86.8%	97.5%	90.7%	89.8%	99.7%	102.0%	119.2%	111.1%	101.6%	120.5%	107.9%	98.7%	1,537	1,557							
	Total Daycase Activity (volume v plan)	Chief Operating Officer	**Plan**	77.5%	87.1%	81.0%	80.2%	89.0%	91.0%	106.4%	99.2%	90.7%	107.6%	96.4%	88.1%	1,537	1,744							
	BADS Daycase rates	Chief Operating Officer	**90%**	88.9%	96.3%	95.0%	84.7%	90.0%	93.5%	93.3%	96.1%	95.5%	90.1%	96.2%	96.4%	54	56	**92.9%**		**96.4%**	78%			
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	**10 per month**	35	25	21	23	23	48	27	21	44	22	24	23			**28**						
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	109.0%	113.1%	105.6%	104.6%	116.5%	114.0%	113.7%	124.5%	113.9%	121.1%	98.0%	136.0%	1,995	1,467	**114%**						
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	81.8%	88.7%	72.6%	82.3%	88.5%	86.1%	80.4%	86.6%	77.8%	83.6%	105.1%	138.6%	815	588	**82.8%**						
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	77.4%	71.9%	72.8%	75.3%	69.2%	73.0%	57.3%	68.6%	67.4%	75.6%	72.9%	100.7%	1,040	1,033	**70.8%**						

Quality of care, access and outcomes		Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month		Year to Date v Standard	Trend - Rolling 12 Month	Latest Available Monthly Position		Pass/ Fail	Trend Variation	DQ Mark
																Numerator	Denominator			GEH Latest month v benchmark	National or Regional			
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>99%	94.4%	98.1%	97.4%	96.0%	91.3%	90.1%	94.0%	96.8%	94.3%	97.4%	99.4%	91.5%	3,416	3,735	95.0%		91.5%	69.2%			
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	88.5%	85.0%	85.8%	85.8%	87.0%	87.2%	89.7%	90.3%	85.4%	81.3%	89.0%	86.0%	215	250	82.0%						
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	NA	NA	33.3%	14.8%	5.3%	10.5%	12.5%	20.8%	12.5%	21.1%	12.5%	22.2%	6	27	13.9%						
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	NA	NA	33.3%	48.5%	51.0%	40.4%	53.6%	61.5%	53.5%	66.7%	44.4%	43.6%	17	39	53.6%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	NA	NA	86.7%	80.8%	72.4%	86.4%	80.0%	92.6%	78.3%	81.8%	80.0%	88.2%	15	17	81.7%						
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2021/22	NA	NA	143	188	189	188	211	170	188	173	137	178			132						
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:25	1:26	1:29	1:31	1:31	1:30	1:32	1:28	1:28	1:25	1:21	1:29			1:28						
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	6.7%	9.7%	8.6%	6.7%	7.8%	9.2%	8.5%	8.3%	7.8%	7.0%	6.9%	7.6%	456	6,028	7.0%		7.6%	7.8%			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	67.0%	72.4%	71.4%	74.9%	74.7%	75.1%	76.6%	81.5%	71.0%	72.0%	73.2%	67.2%	6,267	9,320	61.9%						
	Outpatient Activity - Follow Up attendances (% v 2019/20 baseline)	Chief Operating Officer	<85%	90.5%	88.0%	90.0%	89.0%	89.7%	89.8%	93.8%	92.5%	90.6%	96.5%	93.5%	85.7%	10,429	12,166							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	106%	104%	106%	105%	105%	106%	110%	109%	107%	114%	110%	101%	10,429	10,341							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	20.2%	20.5%	19.1%	19.6%	19.5%	19.7%	19.7%	19.0%	19.5%	19.9%	18.6%	19.8%			19.3%		19.8%	20.0%			
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		14.3%	8.0%	9.7%	17.8%	11.9%	10.2%	10.0%	14.1%	8.4%	8.2%	11.1%	16.6%	27	163							
	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	305	305	100%		100%	96.0%			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	4,373			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		6.0%	4.7%	2.6%	3.6%	2.4%	2.1%	2.6%	2.9%	2.1%	3.0%	3.8%	2.5%	27	1,073							
	ALoS – D2A Pathway 2	Chief Operating Officer		24.1	37.1	26.7	32.1	31.7	30.1	34.8	24.5	26.3	20.3	22.7	22.7									
	ALoS – D2A Pathway 3	Chief Operating Officer		27.8	24.2	27.4	32.3	27.1	34.1	30.9	20.7	26.7	25.4	27.1	20.0									
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	9.5	9.8	8.8	9.2	9.1	9.5	9.6	8.2	9.6	9.3	9.2	6.6			6.2		6.6	4.9			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.3	2.6	1.8	2.0	2.2	2.0	2.6	2.3	2.6	3.0	2.7	2.6			2.5		2.6	2.8			
	Medically fit for discharge - Acute	Chief Operating Officer	5%	29.8%	32.4%	33.1%	31.4%	28.8%	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	26.6%	81	305	29.0%		26.6%	23.1%			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	8.1%	8.0%	8.8%	9.1%	9.4%	7.7%	8.1%	6.9%	8.0%	7.3%	7.9%	8.5%	317	3,711	8.1%						

Quality of care, access and outcomes		Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month				Latest Available Monthly Position				
																Numerator	Denominator	Year to Date v Standard	Trend - Rolling 12 Month	GEH Latest month v benchmark	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Safe, High-Quality Care	HSMR - Rolling 12 months	Chief Medical Officer	**<100**	104	108	107	113	122	122	122	122	122	123	124				**124**		**124**	103			
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	105	107	110	111	109	110	109	109	110	111	112				**112**		**112**	100			
	Never Events	Chief Medical Officer	**0**	1	0	0	0	0	1	0	0	0	0	0	0			**2**						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0			**0**						
	MSSA Bacteraemia	Chief Nursing Officer	**0**	1	0	2	0	3	1	1	2	0	0	1	2			**12**						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**2022/23 (13)**	1	3	5	1	2	1	5	3	4	5	2	3			**35**						
	Number of falls with moderate harm and above	Chief Nursing Officer	**2021/22 (18)**	2	2	0	2	1	1	0	0	2	0	0	0			**10**						
	Total no of Hospital Acquired Pressure Sores Category 4	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0			**0**						
	Serious Incidents	Chief Medical Officer	**Actual**	8	2	1	8	1	2	1	3	1	4	4	2			**37**						
	VTE Risk Assessments	Chief Medical Officer	**95%**	98.8%	98.8%	98.9%	97.8%	96.5%	98.0%	97.8%	96.9%	96.8%	97.0%	96.8%	96.8%	3,724	3,846	**97.7%**		**96.8%**	95%			
	WHO Checklist	Chief Medical Officer	**100%**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			**100%**						
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	39.1%	36.4%	28.0%	37.5%	57.9%	100%	100%	100%	100%	100%	100%	100%			**69.9%**		**100%**	80%			
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**95%**	93.6%	94.6%	97.2%	97.5%	93.8%	95.9%	90.9%	95.9%	96.6%	96.4%	94.8%	95.6%			**95.2%**						
	Number of complaints	Chief Nursing Officer	**2021/22 (352)**	15	15	12	8	10	10	14	13	4	9	8				**110**						
	Number of complaints referred to Ombudsman - Assessment Stage BWFD = 1	Chief Nursing Officer	**0**	0	1	0	0	1	1	0	0	1	0	0				**4**						
	Number of complaints referred to Ombudsman - Investigation stage BFWD = 2	Chief Nursing Officer	**0**	1	0	0	0	1	0	0	0	0	1	1				**3**						
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	**0**	0	0	0	0	0	0	1	1	0	0	0				**2**						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	100%	100%	100%	88.0%	100%	90.0%	93.0%	100%	100%	100%	88%		7	8	**96.8%**						
	Friends and Family Test Score: A&E% Recommended/Experience by Patients**	Chief Nursing Officer	**>86%**	82.0%	81.0%	81.0%	77.0%	78.0%	81.0%	78.0%	78.0%	75.0%			78.0%			**77.6%**		**78.0%**	73.0%			
	Friends and Family Test Score: Acute % Recommended/Experience by Patients**	Chief Nursing Officer	**≥86%**		87.0%	86.0%	81.0%	84.0%	87.0%	86.0%	86.0%	83.0%			86.0%			**84.1%**		**86.0%**	94%			
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	**>96%**	96.0%	96.0%	96.0%	88.0%	89.0%	94.0%	95.0%	90.0%	91.0%			94.0%			**92.4%**		**94.0%**	92.0%			
	Friends and Family Test: Response rate (A&E)**	Chief Nursing Officer	**25%**	40.0%	41.0%	29.0%	24.0%	33.0%	30.0%	29.0%	29.0%	27.0%	20.0%		15.0%			**27.8%**						
	Friends and Family Test: Response rate (Acute inpatients)**	Chief Nursing Officer	**30%**	20.5%	18.5%	24.2%	26.7%	33.1%	25.4%	33.4%	32.7%	28.2%	28.4%		26.6%			**26.4%**						
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	**30%**	42.0%	42.0%	42.0%	46.0%	41.0%	40.0%	36.0%	40.0%	31.0%	21.0%		44.0%			**37.8%**						

**Note:- Related to FFT reporting, due to technical reasons with the third-party vendor, the organisation was not able to extract the data for the month of January and February 2023.

Quality of care, access and outcomes	Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month Numerator	Latest Month Denominator	Year to Date v Standard	Trend - Rolling 12 Month	Latest Available Monthly Position GEH Latest month v benchmark	Latest Available Monthly Position National or Regional	Pass/ Fail	Trend Variation	DQ Mark

People		Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month Numerator	Latest Month Denominator	Year to Date	Trend - Rolling 12 Month	Latest Available Monthly Position Latest month v benchmark	Latest Available Monthly Position National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	78.8%	78.1%	76.6%	78.0%	80.6%	79.9%	82.0%	82.0%	78.3%	79.4%	80.5%	78.5%	1,438	1,831	79.3%		78.5%	76.3%			
	Mandatory Training	Chief People Officer	≥ 85%	90.0%	91.0%	90.0%	90.0%	91.0%	91.0%	91.0%	90.0%	90.0%	89.1%	87.8%	89.1%	21,528	24,156	89.9%		89.1%	88.4%			
	Sickness Absence (%) - Monthly	Chief People Officer	<4%	5.9%	5.1%	5.8%	6.8%	5.4%	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%	3,696	76,464	5.7%						
	Overall Sickness (Rolling 12 Months)	Chief People Officer	<4%	5.7%	5.9%	5.9%	5.9%	5.8%	5.8%	5.8%	5.9%	5.9%	5.8%	5.7%	5.7%	48,980	866,439	5.7%		5.7%	6.0%			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 10%	14.2%	15.5%	15.4%	15.9%	18.1%	17.6%	17.3%	15.9%	15.9%	16.0%	17.1%	17.3%	397	2,292	17.3%						
	Vacancy Rate	Chief People Officer	5%	8.9%	9.5%	9.8%	9.0%	7.8%	9.3%	14.0%	13.0%	12.8%	11.8%	11.1%	11.9%	334	2,807	9.9%						

Finance and Use of Resources		Responsible Director	Standard	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month Numerator	Latest Month Denominator	Year to Date	Trend - Rolling 12 Month	Latest Available Monthly Position Latest month v benchmark	Latest Available Monthly Position National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-265	-907	700	-592	-237	-236	-36	-541	-710	1,480	694	693			43						
	I&E - Margin (%)	Chief Finance Officer	≥0%	-1.5%	-5.5%	3.9%	-3.4%	-1.4%	-1.3%	-0.2%	-3.0%	-3.9%	7.3%	3.7%	2.3%	693	30,295	0						
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-246	-608	894	-533	-306	-151	-238	-699	-652	1,391	599	591			42						
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-1,167%	-203%	461%	-888%	-437%	-176%	-116%	-442%	-1,124%	1,563%	631%	579%	591	102	4,200%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-164	-174	-32	969	-55	42	359	-157	-66	-32	-58	-633			0						
	Agency - expenditure (£k)	Chief Finance Officer	7,500	1,109	1,022	1,047	994	1,393	1,008	849	1,316	1,203	907	1,182	1,145			13,175						
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	9.3%	8.7%	8.2%	8.3%	11.3%	7.6%	6.8%	10.3%	9.3%	6.8%	9.2%	4.9%	1,145	23,440	8.1%						
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	177%	163%	167%	159%	222%	161%	136%	210%	192%	145%	189%	183%	1,145	627	175%						
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,660	4,081	4,306	4,385	4,208	4,292	4,291	4,285	4,612	4,191	4,456	4,458			4,267						
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-429	574	450	-183	-944	121	1,185	1,119	442	888	-281	-5,594			(2,653)						
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	52.0	50.1	47.3	45.6	46.5	40.8	37.9	40.2	40.3	40.5	38.6	45.3			45.3						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	96.3%	87.4%	83.5%	76.7%	76.9%	79.7%	83.3%	94.0%	81.0%	89.1%	92.2%	92.6%	13,697	14,791	86.1%						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	90.4%	94.7%	91.7%	87.6%	88.2%	82.4%	83.0%	88.0%	87.3%	91.8%	92.1%	94.0%	4,043	4,302	89.2%						

South Warwickshire University NHS Foundation Trust
Trust Key Performance Indicators (KPIs) - 2022/23

Relates to the latest months data

NHS
South Warwickshire University
NHS Foundation Trust

Performance Against Targets TB (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

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

Example

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

Latest Period

Quality of care, access and outcomes		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	70%	62.1%	58.0%	58.5%	67.9%		902	1329	63.2%					
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	72.1%	68.4%	69.7%	67.1%		867	1292	81.0%					
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	98.8%	97.0%	96.7%	97.6%		81	83	97.4%					
	Cancer 31-Day Diag to treat, all new cancers	Chief Operating Officer	96%	91.7%	90.0%	93.8%	92.7%		89	96	90.8%					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	20	17	14	19		19							
	Cancer 62-Day 2WW Ref to treat, all cancers	Chief Operating Officer	85%	57.8%	59.7%	46.4%	52.0%		33	64	51.4%					
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	83.3%	83.3%	56.5%	66.7%		7	11	59.0%					
	Cancer 62 Days Wait: Consultant Upgrade	Chief Operating Officer	85%	100%	73%	84%	84%		8	10	77.0%					
	Cancer 62-Day 2WW Ref to treat, all cancers patients waiting	Chief Operating Officer		80.5	90.5	70.0	63.5		64							
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	119.2%	114.0%	116.9%	115.3%	131.1%	87768	66969	119.9%					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.6%	99.0%	99.7%	99.1%	98.8%	927	935	96.4%					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	82.6%	83.1%	83.4%	83.7%	82.8%	773	923	79.4%					
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		93.7%	90.7%	93.9%	94.6%	92.5%	2250	2432	93.6%					
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	110.7%	107.4%	101.9%	107.1%	111.5%	7569	6790	108.0%					
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	22.3%	11.3%	20.8%	34.8%	37.9%	582	1535	23.6%					
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	2.9%	27.2%	10.7%	3.2%	2.9%	45	1535	9.0%					
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	122.1%	117.9%	120.3%	118.0%	134.1%	3683	3303	122.9%					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	41.1%	34.2%	41.7%	40.2%	41.7%	801	1922	39.7%					
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	2.5%	12.0%	6.3%	3.1%	3.2%	241	7600	4.3%					
	A&E - Time to treatment (median)	Chief Operating Officer	-	71	95	54	68	66	66		77					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	95%	59.5%	45.9%	60.9%	59.8%	61.5%	3713		58.3%					
	A&E - Time to Initial Assessment	Chief Operating Officer	-	23	36	19	20	21	21		25					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	0	12	0	0	1	1		13					

Quality of care, access and outcomes		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	3.8%	3.9%	3.5%	3.9%	3.4%	*251*	*7382*	4.0%					
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	70.2%	69.1%	68.6%	67.8%	67.3%	*21551*	*32013*						
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	**16234**	30476	29649	30513	30808	32013	*32013*							
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	685	752	755	765	793	*793*							
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	28	42	59	52	0	*0*							
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	*0*							
	Referrals (GP/GDP only)	Chief Operating Officer	**0**	7695	5908	7370	6462	7807	*7807*							
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	**104% 2019/20 Outturn**	113.9%	105.6%	112.4%	118.0%	117.4%	*8831*	*7519*	**111.7%**					
	Outpatient Activity - Total	Chief Operating Officer	**2019/20 Outturn**	**98.6%**	**91.5%**	**96.8%**	**98.3%**	**104.6%**	***33647***	***32174***	**98.6%**					
	Elective Activity	Chief Operating Officer	**104% 2019/20 Outturn**	104.2%	104.3%	95.0%	103.4%	121.7%	*3496*	*2873*	**100.8%**					
	Elective - Theatre Productivity	Chief Operating Officer	**75%**	92.1%	94.5%	93.8%	104.5%	92.9%	*85310*	*91852*	**93.9%**					
	Elective - Theatre utilisation	Chief Operating Officer	**85%**	92.5%	94.5%	92.4%	98.8%	92.0%	*84542*	*91852*	**93.0%**					
	Cancelled Operations on day of Surgery	Chief Operating Officer	**0.8%**	0.0%	0.0%	0.0%	0.0%	0.0%	*0*	*0*	**0.03%**					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**120% 2019/20 Outturn**	115.3%	77.0%	107.0%	132.9%	257.0%	*609*	*237*	**105.5%**					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**120% 2019/20 Outturn**	143.0%	149.4%	208.7%	185.5%	214.6%	*925*	*431*	**151.8%**					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**120% 2019/20 Outturn**	217.5%	171.0%	141.5%	127.4%	159.7%	*984*	*616*	**178.6%**					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**99%**	97.2%	93.9%	89.4%	89.9%	79.5%	*7628*	*9597*						
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	**70%**	76.8%	76.1%	76.2%	77.4%	82.1%	*174*	*212*	**79.2%**					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	**-**	22.4%	23.9%	23.3%	18.7%	15.9%	*43*	*271*	21.8%					
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	**-**	22	22	18	28	28	*28*		291					
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	**90%**	87.0%	87.0%	88.1%	91.4%	89.0%	*276*	*310*	**86.5%**					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	17.1%	16.2%	15.6%	12.3%	10.6%	*29*	*273*	17.2%					
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	**-**	28.0%	27.2%	27.3%	26.6%	26.4%	*69*	*261*	28.1%					
	Robson category - CS % of Cat 2b deliveries (rolling 6 month)	Chief Nursing Officer	**-**	100.0%	100.0%	100.0%	100.0%	100.0%	*144*	*144*	99.6%					
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	78.4%	81.0%	82.9%	84.9%	84.4%	*179*	*212*	76.9%					
	Maternity Activity (Deliveries)	Chief Operating Officer	**PLAN**	103.3%	107.1%	103.9%	106.9%	100.7%	*270*	*268*	**101.8%**					
	Midwife to birth ratio	Chief Nursing Officer	**1:27**	1:27	1:28	1:24	1:24	1:24	*1:24*		1:24					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q3)	Chief Nursing Officer	**46%**						*423*	*1353*	24.1%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q3)	Chief Nursing Officer	**46%**						*490*	*971*	50.0%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q3)	Chief Nursing Officer	**46%**						*220*	*488*	44.8%					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	**81%**	90.2%	86.8%	91.4%	90.2%	90.8%	*246*	*271*	**89.2%**					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	**3.35%**	7.2%	8.7%	8.2%	7.5%	6.8%	*1179*	*17327*	**7.4%**					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**95%**	82.0%	77.7%	79.2%	79.3%	81.2%	*15146*	*18662*	**79.6%**					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	**85% 2019/20 Outturn**	104.5%	97.9%	105.1%	103.1%	109.4%	*17292*	*15811*	**100.34%**					
	Outpatients Activity - Virtual Total	Chief Operating Officer		**22.9%**	**24.8%**	**21.3%**	**21.3%**	**19.8%**	***4221***	***21363***	**23.8%**					
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	**8%**	6.3%	5.4%	5.2%	4.1%	5.4%	*18*	*334*	**4.8%**					

Quality of care, access and outcomes		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Numerator	Denominator	Year to Date	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	90%	98.1%	100.0%	100.8%	101.1%	99.8%	*10083*	*10103*	98.2%					
	Bed occupancy - Community Wards	Chief Operating Officer	90%	108.2%	111.2%	115.7%	111.0%	109.4%	*1323*	*1209*	106.5%					
	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	0	0	0	0	0	0	*0*		1					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	2%	1.5%	2.5%	1.8%	1.7%	2.1%	*55*	*2668*	1.5%					
	ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	30	28	37	29	31	*36*	*1116*	28					
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	6.7	7.1	7.0	7.3	7.1	*6969*	*978*	7.0					
	ALoS – Elective Inpatients	Chief Operating Officer	2.5	2.4	2.7	2.6	2.3	2.2	*706*	*317*	2.3					
	Medically fit for discharge - Acute	Chief Medical Officer														
	Medically fit for discharge - Community	Chief Medical Officer														
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	10.7%	8.6%	11.7%	10.5%	8.9%	*200*	*2242*	10.78%					
	HSMR - Rolling 12 months Dec 21 - Nov 22	Chief Medical Officer	100						*116.2*		116.2					
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	89-112						*105.3*		105.3					
	Never Events	Chief Nursing Officer	-	0	0	0	1	0	*0*							
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	*0*		0					
	MSSA Bacteraemia	Chief Nursing Officer	0	0	0	0	2	0	*0*		18					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	1	4	3	4	2	*2*		35					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.04	0.83	0.97	0.75	1.30	*57*	*13032*	1.04					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	3	0	0	3	0	*0*		17					
	Sepsis screening - A&E (% screened) - Latest Quarter (Q1)	Chief Medical Officer	90%						*50*	*50*	100.0%					
	Sepsis screening - Inpatients (% screened) - Latest Quarter (Q1)	Chief Medical Officer	90%						*50*	*50*	100.0%					
	Serious Incidents	Chief Nursing Officer	-	6	6	6	8	2	*2*							
	VTE Risk Assessments	Chief Nursing Officer	95%	94.8%	90.8%	92.1%	93.1%	95.6%	*1014*	*1061*	94.7%					
	WHO Checklist	Chief Nursing Officer	100%	98.5%	96.8%	98.2%	97.8%	98.1%	*0*		98.1%					
	Stroke Admissions - CT Scan within 24 hours	Chief Operating Officer	80%	-	-	-	-	-			91.6%					
	Stroke - thrombolysis	Chief Operating Officer	-	-	-	-	-	-								
	Stroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	80%	-	-	-	-	-			45.0%					
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.1%	98.1%	98.1%	98.1%	TBC	*TBC*		98.1%					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	98.0%	98.0%	98.0%	97.9%	TBC	*TBC*		98.1%					
	No. of Complaints received	Chief Nursing Officer	0%	10	17	9	13	7	7		133					
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	0	1	1	0	0	0		4					
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	70%	73%	80%	63.6%	80.0%	12	15	74.7%					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	85.9%	75.4%	84.3%	89.5%	87.5%	*175*	*200*	81.2%					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	95.7%	94.5%	96.6%	95.5%	95.7%	*12307*	*12865*	95.9%					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	95.5%	93.3%	92.9%	96.1%	96.7%	*238*	*246*	95.8%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	95.2%	100.0%	100.0%	100.0%	95.0%	*19*	*20*	94.9%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	7.7%	7.0%	6.9%	10.8%	4.8%	*200*	*4193*	7.0%					

Quality of care, access and outcomes		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**>25%**	23.4%	23.1%	19.4%	12.7%	24.8%	*426*	*1720*	**21.2%**					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**>23.4%**	8.1%	1.9%	2.9%	4.5%	6.8%	*20*	*293*	**11.0%**					
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	**>30%**	0.0%	0.0%	0.0%	0.0%	0.0%	*0*	*4193*	**0.0%**					

People		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking	Agency (agency spend as a % of total pay bill)	Chief Finance Officer		5%	5%	6%	5%	3%								

Finance and Use of Resources		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer		-5.0	9.0	11.0	-21.0	49.0								
	I&E - Margin (%)	Chief Finance Officer		0%	0%	0%	0%	0%								
	I&E variance from plan (£)	Chief Finance Officer		-256.0	-242.0	-240.0	-272.0	-192.0								
	I&E - Variance from Plan (%)	Chief Finance Officer		-102%	-96%	96%	-108%	-80%								
	CPIP - Variance from plan (£k)	Chief Finance Officer		-547.0	1726.0	-487.0	-603.0	3613.0								
	Agency - expenditure (£k)	Chief Finance Officer		1086.0	1194.0	1343.0	1041.0	1286.0								
	Agency - expenditure as % of cap	Chief Finance Officer		217%	238%	268%	208%	256%								
	Productivity - Cost per WAU (£k)	Chief Finance Officer		4320.0	4993.0	4759.0	5167.0									
	Capital - Variance to plan (£k)	Chief Finance Officer		-1336.0	-69.0	-1092.0	8.0									
	Cash - Balance at end of month (£m)	Chief Finance Officer		21065.0	22435.0	21284.0	19575.0	17326.0								

Wye Valley NHS Trust
Trust Key Performance Indicators (KPIs) - 2022/23

Performance Against Target (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

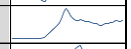
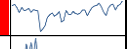
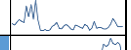
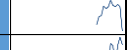
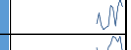
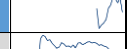
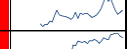
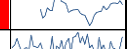
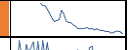
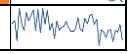
Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator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

Example

Data Quality Assurance Questions

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

Quality of care, access and outcomes		Responsible Director	Standard	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Latest Month: Numerator	Latest Month: Denominator	Year to Date v Standard	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	54.0%	50.1%	55.5%	58.8%	63.2%	56.3%	68.1%		549	806	57.4%			75.0%				
	2 Week Wait all cancers	Chief Operating Officer	93%	87.8%	87.3%	90.2%	94.2%	91.4%	89.5%	88.8%		740	833	91.4%			86.1%	February			
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	100.0%	85.7%	72.0%	89.5%	82.8%	77.3%	39.3%		11	28	81.3%			78.9%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	89.5%	89.1%	93.6%	90.1%	86.2%	81.7%	89.6%		86	96	87.7%			92.0%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		9	5	4	5	10	14	13				79							
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	65.2%	65.8%	79.8%	60.2%	67.7%	61.5%	60.7%		41	68	66.3%			58.2%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	100.0%	100.0%	0.0%	83.3%	71.4%	33.3%	0.0%		0	1	66.7%			63.9%	February			
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	88.0%	61.9%	57.1%	60.0%	71.4%	58.5%	74.2%		12	16	64.5%			73.6%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	148	197	135	100	108	123	115	89										
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2021/22	102%	96%	106%	104%	105.7%	113.1%	102.7%	100.4%	28457	28341	102%							
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	100%	99%	100%	100%	98.6%	99.2%	100.0%	98.2%	112	114	99.5%							
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	72.7%	81.1%	90.0%	91.1%	80.0%	90.2%	91.7%	83.3%	75	90	84.1%			86%	Feb			
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	89.9%	89.2%	89.7%	90.5%	88.4%	89.2%	89.2%	89.2%	2253	2527	89.5%			91.8%	Jan - Dec			
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	99%	97%	107%	102%	108.0%	95.8%	96.8%	107.7%	6117	5679	102%							
	Ambulance handover within 15 minutes	Chief Operating Officer	95%	38.3%	44.1%	42.1%	42.5%							42.6%			26%	Nov			
	Ambulance handover within 30 minutes	Chief Operating Officer	98%					58.7%	77.0%	81.0%	82.9%	1366	1648				68%	February			
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	10.0%	6.8%	7.3%	6.1%	25.0%	9.2%	6.6%	5.2%	86	1648	8.8%			15%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	94%	94%	102%	111%	110%	115%	113%	117.3%	2340	1994	103%							
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	37.4%	38.4%	39.5%	40.8%	37.1%	36.5%	40.4%	37.2%	785	2109	38.3%			35%				
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		18.7%	19.8%	16.6%	13.8%	24.6%	19.3%	18.4%		961	5234	17.5%			6%	February to January			
	A&E - Time to treatment (median)	Chief Operating Officer		01:30	01:46	01:36	01:34	02:44	01:28	01:36	01:38						01:53				
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer		In development - to be reported next month																	
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:47	00:45	00:42	00:46	01:06	00:42	00:41	00:44						00:26	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	282	296	322	238	346	288	308	263			3413							
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	7.6%	7.8%	8.4%	7.7%	7.2%	7.4%	7.2%	8.3%	107	5309	7.7%			8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**92%**	61.1%	60.3%	61.1%	61.2%	58.4%	58.6%	59.0%	58.3%	12690	21776				58.5%	Feb			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	**95%**	68.7%	68.5%	70.0%	69.4%	68.0%	66.7%	67.5%	67.3%	2814	4181								
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		23368	23813	24525	24698	24997	24974	25301	25957										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1229	1228	1336	1326	1463	1446	1391	1453						362498	February			
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	72	68	98	94	104	94	58	6						29778				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1	0	1	1	2	0	0	0.0%						1038				
	GP Referrals	Chief Operating Officer	**2019/20**	116%	115%	113%	118%	103%	100%	110%	165%	3814	2316	112%							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	108%	105%	99%	105%	96%	101%	99%	116.2%	5892	5072	103%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	104%	92%	92%	92%	103%	81%	93%	94.9%	5892	6206	95%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	109%	104%	103%	105%	97%	105%	102%	114%	19762	17285	105%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	121%	97%	105%	98%	109%	95%	105%	100%	19762	19753	103%							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	89%	88%	90%	96%	85%	92%	99%	104%	3220	3099	92%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	82%	78%	84%	86%	89%	80%	91%	88%	3220	3656	84%							
	BADS Daycase rates	Chief Operating Officer	**Actual**	79.6%	77.4%	79.5%	81.7%					638	781	82.4%			81%	Dec to Nov			
	Elective - Theatre Productivity (% Booked sessions used)	Chief Operating Officer	**95%**	94.7%	94.2%	97.3%						286	294	95.6%							
	Elective - Theatre utilisation (%)	Chief Operating Officer	**85%**	67%	76%	79%	80%	74%	78%	80%	83.6%			77.3%			79%	Jan			
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	**10 per month**	8	14	26	46	32	16	16	16			218			21273	Oct to Dec			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	135%	138%	146%	139%	138%	141%	138%	108%	2508	2330	132%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	99%	100%	124%	121%	100%	122%	131%	123%	853	695	111%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	103%	123%	129%	143%	139%	132%	142%	117%	1282	1100	117%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<1%**	44.1%	39.5%	29.2%	24.9%	30.0%	29.4%	22.2%	22.0%	1329	6044				25.1%	Feb			
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	96.6%	91.3%	94.0%	94.9%	97.3%	89.3%	96.3%	98.6%	139	141	94.2%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	**<15%**	21.9%	19.7%	20.9%	18.5%	15.8%	14.5%	15.2%	16.2%	18	111	16.2%							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	**<34%**	58.7%	58.2%	61.9%	62.5%	63.4%	63.3%	60.9%	60.0%	114	190	60.0%							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	**<60%**	84.0%	85.0%	86.9%	87.3%	87.2%	87.0%	88.4%	86.6%	97	112	86.6%							
	Maternity Activity (Deliveries)	Chief Nursing Officer	**v 2021/22**	87%	85%	109%	97%	95%	70%	99%	117.1%	151	129	95%							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:34	1:28		1:29	1:33	1:24	1:24	1:31										
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development - to be reported next month								0	0								
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<4%**	6.5%	6.5%	6.2%	6.0%	6.8%	6.3%	6.5%	5.8%	1615	26207	6.3%			7.8%	Feb to Jan			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	82.8%	82.1%	82.9%	81.6%	79.2%	78.1%	79.3%	78.4%	14852	18945	81.4%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	110%	103%	105%	105%	97%	107%	103%	114%	13870	12213	106%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	130%	100%	111%	100%	112%	102%	110%	102%	13870	13547	107%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	25%	25%	23%	23%	25%	26%	25%	23%	4476	19762	25.0%			20%	Feb to Jan			
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.0%	10.5%	10.6%	6.7%	10.5%	9.9%	12.4%	7.3%	11	151								

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<95%**	92%	92%	92%	91%	92%	97%	103%	97%	278	287	**93%**			95%	Mar		
	Bed occupancy - Community Wards	Chief Operating Officer	**<95%**	93%	96%	94%	97%	96%	97%	96%	95%	72	76	**94%**						
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	133	121	203	81	240	517	233	150			**2166**			4164	Jan		
	Patient ward moves emergency admissions (acute)	Chief Operating Officer		8.8%	9.5%	10.3%	10.2%	9.9%	10.9%	8.6%	7.2%	92	1282	10.0%						
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	4.4	4.6	4.7	4.3	4.4	4.9	4.1	4.5	8638	1922	**4.4**			4.4	Jan to Dec		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	3.0	2.3	2.2	2.4	2.3	2.6	2.1	1.8	621	338	**2.3**			2.9			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**							22.7%	22.0%	8664	1903				23.1%	Dec		
	Medically fit for discharge - Community	Chief Operating Officer	**10%**							57.9%	61.1%	2478	1514							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	9.3%	9.1%	8.9%	9.1%	10.0%	7.1%			292	4103	**9.1%**			7.2%	Dec - Nov		
	HSMR - Rolling 12 months	Chief Medical Officer	**<100**	106.5	106.7	108.3	107.7	111.6				701	628				102	Jan to Dec		
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	104.8	103.8	102.9	103.5					1115	1075				100	Oct		
	Never Events	Chief Nursing Officer	**0**	0	1	0	0	0	0	0	1			**2**						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0			**0**						
	MSSA Bacteraemia	Chief Nursing Officer		2	2	0	1	1	0	0	0			**14**						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**44**	8	0	5	3	4	0	3	5			42						
	Number of falls with moderate harm and above	Chief Nursing Officer	**2021/22 (18)**	3	5	3	1	1	1	3	5			30						
	Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	**0**	2	1	2	8	2	3	11	5			**39**						
	Serious Incidents	Chief Nursing Officer	**Actual**	9	8	9	14	9	10	30	16			134						
	VTE Risk Assessments	Chief Medical Officer	**95%**	91.5%	91.2%	90.4%	92.3%	90.7%	89.7%	90.6%	90.4%	4208	4657	**91.4%**						
	WHO Checklist	Chief Medical Officer	**100%**		98.4%			99.5%			99.5%									
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	**60%**	63.4%	64.8%	58.3%	47.7%	79.1%	71.7%	60.7%	48.8%	20	42	**58.0%**						
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	50.0%	100.0%	100.0%	75.0%	62.5%	80.0%	33.3%	75.0%	3	4	**68.2%**						
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	84.8%	92.5%	70.2%	73.6%	71.0%	76.9%	82.1%	84.8%	28	33	**80.3%**						
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**98%**	In development - to be reported next month								0	0							
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**98%**	In development - to be reported next month								0	0							
	Number of complaints	Chief Nursing Officer	**2021/22 (352)**	21	18	22	19	18	19	18	25			253						
	Number of complaints referred to Ombudsman	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0			**2**						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	32.0%	33.3%	45.5%	58.3%	34.8%	50.0%	20.0%	64.7%	11	17	**42.5%**						

	Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	**30%**	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%		1	5302	**0.0%**						
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**95%**	Nil Return	Nil Return	Nil Return	Nil Return	Nil Return	Nil Return	Nil Return							83%	January		
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	100.0%	67.0%	100.0%	67.0%	80.0%	100.0%	82.2%		74	90	**89.6%**			95%			
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	100.0%	100.0%	100.0%	67.0%	0.0%	100.0%	100.0%		1	1	**86.7%**			94%			
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	100%	100%	100%	100%	100%	100%	0.0%				**89.5%**			92%			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	Nil Return	Nil Return	Nil Return	Nil Return	Nil Return	Nil Return	Nil Return										
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	0.1%	0.7%	0.1%	2.0%	0.9%	1.0%	20.2%		90	446	**2.5%**						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	7.1%	9.6%	18.8%	23.0%	3.3%	4.0%	0.0%		0	0	**13.1%**						

People		**Responsible Director**	**Standard**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**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**
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6.4%**	13.2%	10.4%	9.6%	10.2%	11.1%	12.0%	10.5%	6.9%			**11%**							
	Appraisals	Chief People Officer	**85%**	69.8%	69.7%	71.5%	72.4%	72.8%	74.4%	76.0%	77.1%	2216	2876	**73%**			76%	2021/22			
	Mandatory Training	Chief People Officer	**85%**	88.5%	88.7%	88.5%	89.1%	88.7%	89.3%	89.6%	89.2%	3224	3613	**89%**			88%				
	Overall Sickness	Chief People Officer	**3.5%**	5.3%	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%	5.4%	177	3314	**6%**			6%	Oct			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**10%**	13.7%	13.6%	14.2%	14.4%	14.1%	13.6%	13.5%	12.8%	416	3251	**13%**							
	Vacancy Rate	Chief People Officer	**5%**	10.4%	9.0%	9.4%	9.2%	9.1%	8.6%	8.7%	8.2%	295	3619	**9%**							

Finance and Use of Resources		**Responsible Director**	**Standard**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**	**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**
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£867	-£509	-£372	-£623	-£383	-£519	-£517				**-£6,159**							
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-3.4%	-1.9%	-1.4%	-2.5%	-1.5%	-1.9%	-1.9%		-£517	£26,556	**-2.2%**							
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£190	£130	£83	-£33	-£39	£36	£13				**-£107**							
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	28.1%	-20.4%	-18.1%	5.6%	5.6%	-6.5%	-2.5%		£13	-£530	**1.8%**							
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	£102	£6	-£164	£125	-£344	-£717	-£666				**-£2,151**							
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	£2,131	£1,796	£1,578	£1,634	£1,874	£1,880	£1,744				£20,368							
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	13.3%	10.3%	9.4%	10.1%	11.5%	11.4%	10.5%		£1,744	£16,679	11%							
	Agency - expenditure as % of cap	Chief Finance Officer	**≤100%**																		
	Productivity - Cost per WAU (£k)	Chief Finance Officer	**N/A**																		
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	£55	-£87	-£53	-£17	£377	£414	£14				**£698**							
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£29	£31	£20	£21	£22	£18	£22				£21.7							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	82.0%	73.7%	86.4%	75.8%	77.0%	89.1%	77.4%		£7,134	£9,221	**83.8%**							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	84.2%	89.1%	92.6%	93.0%	93.9%	86.5%	92.6%		£5,127	£5,539	**89.4%**							

George Eliot Hospital NHS Trust

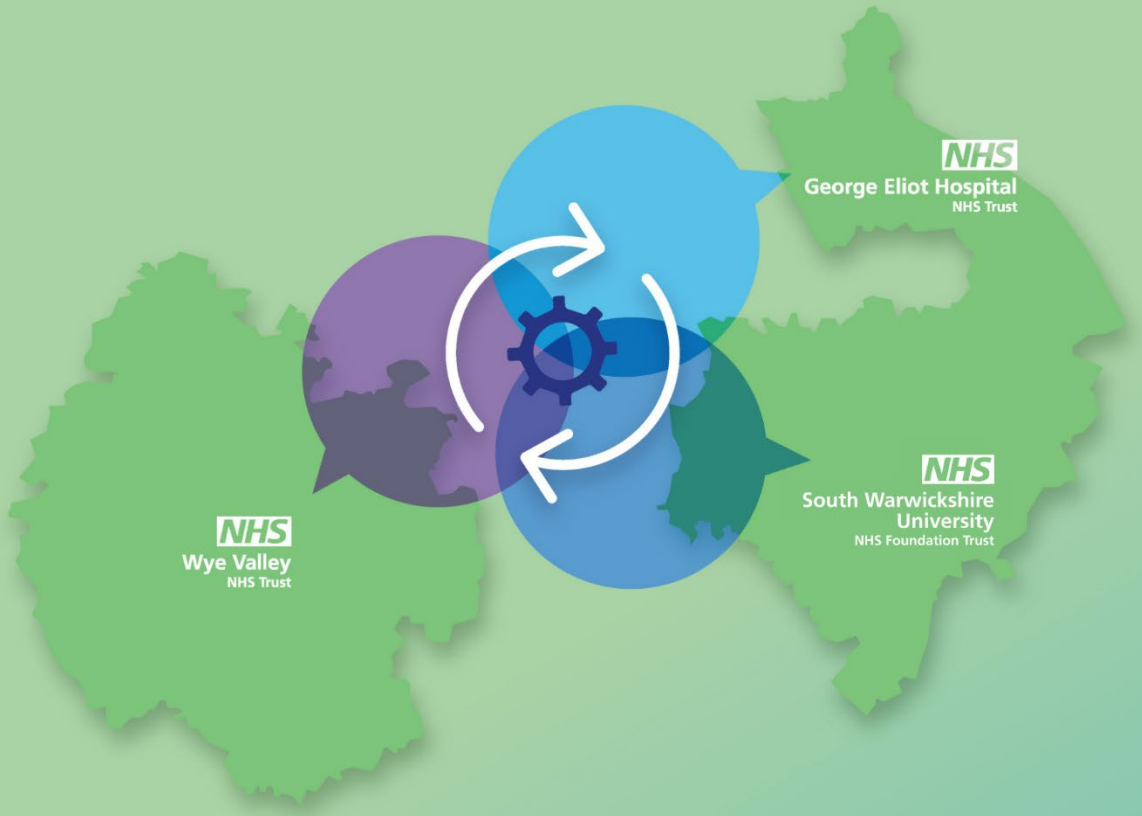
Wye Valley NHS Trust

South Warwickshire University NHS Foundation Trust

Report to	Foundation Group Boards	**Agenda Item**	6.2
Date of Meeting	3rd May 2023		

Title of Report	Deep Dive into Additional Performance Measures - Virtual Wards - Same Day Emergency Care - 28 Day Faster Diagnosis Standard
Status of report: (Consideration, position statement, information, discussion)	For information and discussion.
Authors:	Associate Chief Operating Officers, GEH, SWFT and WVT
Lead Executive Director:	Robin Snead, Chief Operating Officer, GEH Harkamal Heran, Chief Operating Officer, SWFT Andrew Parker, Chief Operating Officer, WVT
1. Purpose of the Report	This report is made up of three presentations that cover the key areas of: - - Virtual Wards - Same Day Emergency Care - 28 Faster Diagnosis Standard The Foundation Group Operational Steering Group, has worked in conjunction with the Foundation Board Analytics Group to use the current performance metrics to identify where there is learning to be taken from the best practice across the group. This has then been used to identify the opportunities for individual organisations to improve the services provided to the local population.
2. Recommendations	The Foundation Group Board is asked to note the content of the three presentations and to discuss the examples of best practice learning to improve the performance of all three organisations.
3. Executive Assurance	The three presentations included in this report have been based on data from each Foundation group organisation. This data has then been synthesized by the Foundation Board Analytics Group to provide collective information to support areas of operational focus to generate service improvements from shared learning. All three organisations have worked closely at Associate Chief Operating Officer Level and above to ensure senior ownership of the recommendations, and assurance of delivery of key improvements to benefit the patient care provided to our local population.

6.2.1 - Virtual Wards



Foundation Group Board – May 2023

Summary

A **virtual ward** is a safe and efficient **alternative to NHS bedded** care that is enabled by **technology**.

A YEAR IN A GLANCE – 2022/23

170 virtual ward beds available
1105 completed episodes of care

72% occupancy (snapshot Feb '23)
10-day average Length of stay

" I want to say how much I appreciated your care and support during my treatment at home. It was not a pleasant experience and the pain and worry has put me in a very vulnerable state of mind. However, you always put me at ease and explained each step of treatment. I couldn't thank you enough and will surely recommend your service."

PRIORITY PATHWAYS & CAPACITY PLAN

April 2022	April 2023	Sept 2023
GEH (0) Beds WVT (0) Beds SWFT (50) Beds	GEH(35) Beds WVT (50) Bed SWFT (85)Beds	GEH (40) Beds WVT (70) Beds SWFT (115)Beds

Pathway (Mar '24)	GEH	SWFT	WVT
Frailty	10	55	5
Acute Respiratory Infection	10	10	10
Heart Failure	10	0	
General / Acute Medicine	10	10	15
Complex Infection		65	10
Stroke Early Supportive Discharge			10
Urgent Community Response			20
Total	40	150	70

WORKING TOGETHER

- Developing Joint 'Teams' approach to share SOPs, Training / Competency documents, Evaluation approaches, Idea generation & problem solving
- Joint Dashboard Development for benchmarking
- Future Funding / Business Case Support
- Lessons Identified Capture / Best Practice
- Wisdom of Crowds for Wicked Problems e.g. Health Inequalities / Staff

DEFINITION OF A VIRTUAL WARD

A **virtual ward** is a safe and efficient **alternative to NHS bedded** care that is enabled by **technology**.

Virtual wards support patients who would **otherwise be in hospital to receive the acute care**, monitoring and treatment they need in their own home.

This includes either **preventing avoidable admissions** into hospital, or **supporting early discharge** out of hospital.

NB: A virtual ward **is not** a mechanism intended for enhanced primary care programmes; chronic disease management; intermediate or day care; safety netting; or proactive deterioration prevention.

Admission Avoidance

- Patient was referred to UCR with ?lower respiratory tract and urine infection. Upon assessment, the patient had a large palpable bladder.
- The patient was admitted onto the Frailty VW where daily MDT discussions ensured visibility and the monitoring and necessary care was discussed and provided to avoid an admission to an acute bed.
- A bladder scan was conducted and the patient catheterised. Medication prescribed to lower temperature.
- On discharge from VW, referral made to district nurses were made. CERT visited the patient and no care was required.

It's likely the patient would have declined, if admitted into an acute bed, and a care home would have been a more likely outcome, had they not been admitted to the VW; this was the family's main concern.

Early Supported Discharge

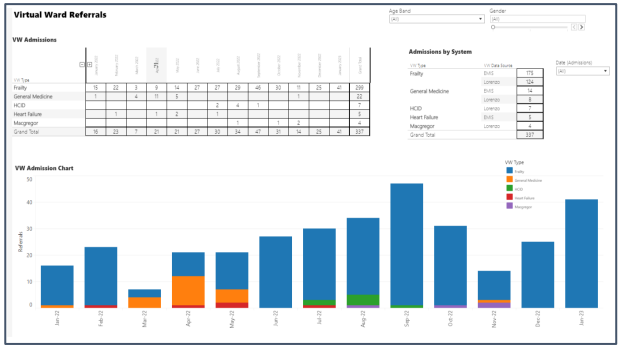
- 57 year old female patient was identified by the VW Team during her 4-day LOS as an inpatient.
- Patient treated for cellulitis & osteomyelitis.
- Referred to GE@H team and admitted onto the virtual ward; thus avoiding up to a month in hospital and at home for festive period
- This episode of care would have previously been completely delivered in an acute hospital bed; realising 33 days of bed capacity.

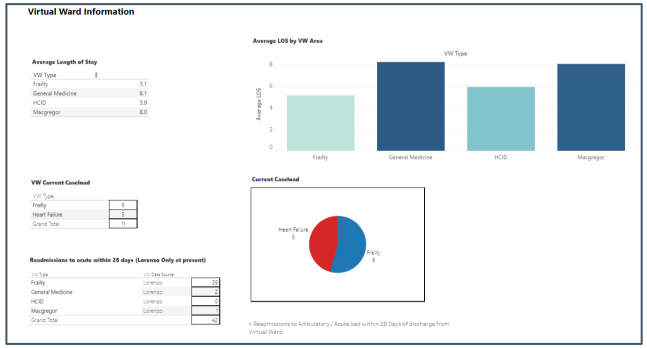
" I want to say how much I appreciated your care and support during my treatment at home. It was not a pleasant experience and the pain and worry has put me in a very vulnerable state of mind. However, you always put me at ease and explained each step of treatment. I couldn't thank you enough and will surely recommend your service."

Overview – 22/23 summary and 23/24 forward plan

Trust	22/23						23/24
	Capacity planned Mar '23 (beds)*	Capacity reported Mar '23 (beds)	Capacity Gap	Completed Episodes	Snapshot occupancy (Feb '23/M11)	Length of Stay (days)	Capacity Plan (beds)
GEH	45	35	10 (22%)	301	63%	11	40
SWFT	85	65	20 (23.5%)	814	80%	8	150
WVT	50	42	7 (14%)	TBC *	TBC*	TBC *	70

*WVT only just starting to report this capacity from April onwards – so data not yet available





- The Trusts each started from a different point, and plan position for 22/23, agreed with respective ICBs
- Variance from plan is due to recruitment challenges, service start up planning and business case development processes. Where providers have progressed with pilots learning is shared and has informed the 23/24 capacity plans
- The NHSE position is changing, with learning including adjustment and evolution of sitrep returns/definitions, revision of funding and capacity plans for 23/24
- The table represents the regional reporting view, with additional local data. Early dashboard development is underway as shown with key performance metrics including plan versus actual, LoS, occupancy level & referral sources
- Noting our ideas re a shared dashboard and reporting – *how would FGB like this to look……*

** Capacity planned is as per high level plan returns submitted via systems in May '22*
*** NHSE M11 reported position 22/23;Trust level data = Trust level reported FY 22/23 position based on local analysis*

Group Forward Plan 23/24

VISION

All Trusts are committed to deliver their agreed capacity plans. Through evaluation and business cases (using locally agreed bed benefit methodologies) we envisage virtual wards being a standard approach to providing acute care for people in their 'home' setting, supported, where appropriate by remote technology

PRIORITY PATHWAYS & CAPACITY PLAN 2023/24

Pathway (Mar '24)	GEH	SWFT	WVT
Frailty	10	55	5
Acute Respiratory Infection	10	10	10
Heart Failure	10	0	
General / Acute Medicine	10	10	15
Complex Infection		65	10
Stroke Early Supportive Discharge			10
Urgent Community Response			20
Total	40	150	70

TRAJECTORY SUMMARY

April 2022	April 2023	Sept 2023
GEH (0) Beds	GEH(35) Beds	GEH (40) Beds
WVT (0) Beds	WVT (50) Bed	WVT (70) Beds
SWFT (50) Beds	SWFT (85)Beds	SWFT (115)Beds

Recruitment, in line with the national position has been our biggest challenge, resulting in the variance against plan. Detailed planning and business case development alongside leveraging existing staff resources, starting small and scaling-up as workforce recruitment comes on stream.

Utilisation and delivery of benefit dependent on acuity of patients, and other interdependent factors including staff training, partner working arrangements, digital maturity

- Key dependency and strong alignment to Trust & ICB digital strategies
- Docobo's and Docabo@Home is used across Group as the remote tech solution
- Data sharing key for clinical delivery and performance management with an opportunity to share learning and use group analytics for visualisation of metrics

Main Challenges

- **Investment Appraisal - Clear demonstration of impact**
- **Management Capacity to fully develop the initiative**
- **Workforce recruitment remains a challenge**
- **Data systems not talking to each other, e.g. EMIS in Community, Lorenzo in Acute (risk of double counting patients)**
- **Connectivity for Community colleagues when on-scene in rural areas**

GEH

- Starting from a zero baseline – it takes time to PDSA/pilot pathway areas, particularly developing clinical confidence in a service
- In Year 1 recruitment challenges have resulted in significant rework with repeated recruitment rounds
- Occupancy level variability due to acuity of patients and early level of service development
- Time to build in patient design, personalisation, and volunteer opportunities
- Dashboard/Performance data & evaluation to inform and investment appraisal

SWFT

- Paediatric VW PDSA commencing in May – several attempts to launch, but workforce challenges
- Dashboard, to develop further, to gage admission routes
- Staff feedback opportunities launched
- Patient feedback – how to ensure we learn from patient experiences: working with PALS to adjust (if necessary) I Want Great Care
- VW patient definition – ensuring we are counting the right patients as VW patients

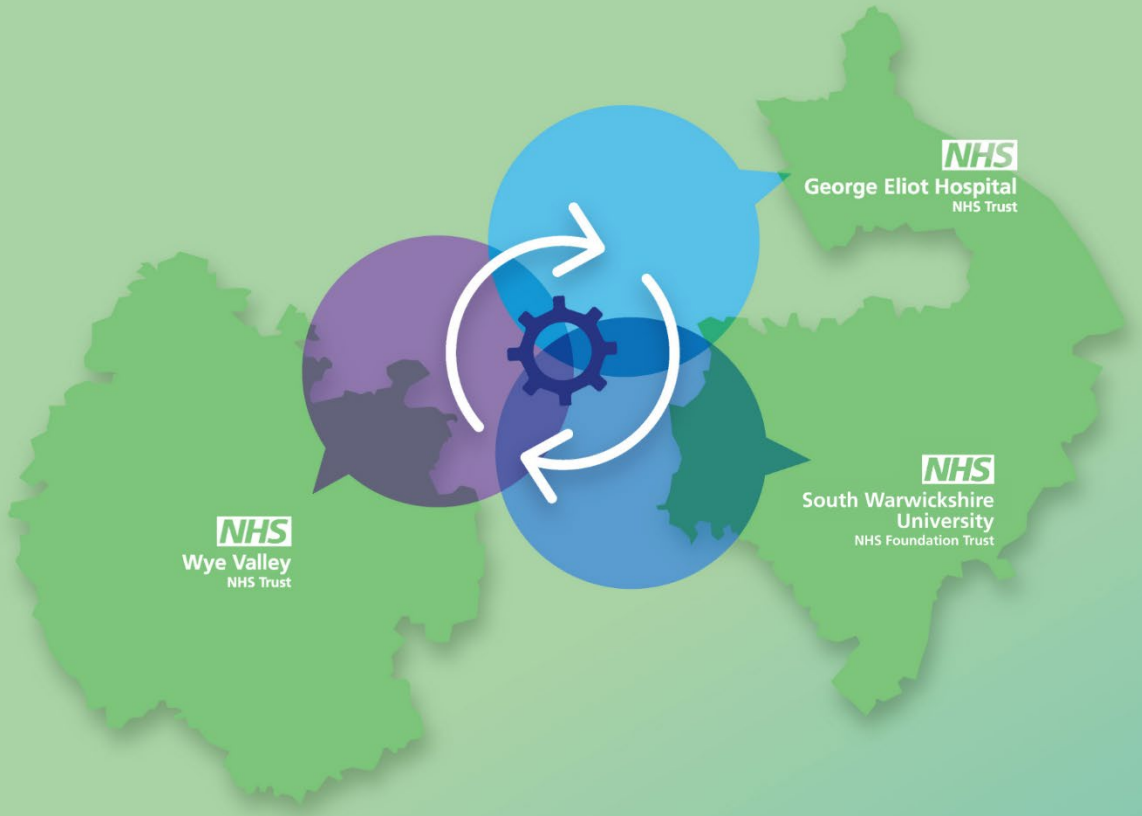
WVT

- Going 'live' on 24th April 23 of Frailty and Acute Medicine – Full Operating Capability planned by July 23
- 24/7 cover still be recruited too to allow for additional capacity and clinical oversight
- Developing pathways to link into SDEC opportunities / productivity
- Dashboard Development to allow clear benefits mapping/investment case for Business Case
- Review of Frailty and Acute Medicine capacity = look at increased productivity ahead of Winter 23/24
- Staff and Patient feedback reviews over summer
- Development of VW in conjunction with wider emerging Urgent Care Model for Herefordshire
- Understanding Health Inequalities

Working Together - Actions and Improvements

- Developing Joint ‘Teams’ Site to allow sharing:
  - SOPs
  - Training / Competency documents
  - Evaluation approaches
  - Idea generation & problem solving - clinical connections
- Joint Dashboard Development for benchmarking
- Future Funding / Business Case Support
- Lessons Identified Capture / Best Practice
- Wisdom of Crowds for Wicked Problems e.g. Health Inequalities / Staff Impact

6.2.2 - Same Day Emergency Care (SDEC)



Foundation Group Board – May 2023

Summary

SDECs allows specialists, where possible, to care for patients within the same day of arrival

12 SDECs across Foundation Group

Single biggest challenge: Bedding into SDEC areas, either ongoing or previously.

National involvement
- Inclusion in NHS Elect accelerator programme
- SDEC Experience of Care PDSA
- NHSE Winter Collaborative

SDECS (at a glance)	GEH	SWFT	WVT
Medicine	✓	✓	✓
Frailty	✓	✓	✓
Surgical	✓	✓	✓
Paediatric		✓	✓
Early Pregnancy & Gynae		✓	✓

WORKING TOGETHER

- Developing Joint 'Teams' approach to share SOPs, Training / Competency documents, Evaluation approaches, Idea generation & problem solving
- Joint Dashboard Development for benchmarking
- Future Funding / Business Case Support
- Lessons Identified Capture / Best Practice
- "Never Event" Governance

Same Day Emergency Care (SDEC) allows specialists, where possible, to care for patients within the same day of arrival as an alternative to hospital admission, removing delays for patients requiring further investigation and / or treatment.

GEH

- Medicine SDEC: 12 chairs waiting area, Assessment Area 1 – 10 trollies and 2 chair, Assessment Area 2 – 3 trollies, Consultation Room x 1
- Surgical Assessment Unit
- Frailty Assessment – 2 bays on AMU and Frailty at the front door PDSA

SWFT

- Ambulatory Emergency Care: 25-seat waiting room triage room 3 x consultation rooms and treatment bay with 5 reclining chairs/trollies, one couch for procedures, transfusions. M-F, 12:00noon to 8pm
- Frailty Assessment Area: 13 beds across 2 bays, including one side room. M-F, 8am – 8pm
- Paediatric Assessment Area: 5 rooms, M-S, 10am – 10pm
- Surgical Assessment Unit: 4 beds, one trolley, M-F, 8am – 8pm
- Early Pregnancy and Gynae Unit: 2 beds, 5 chairs, M-S, 8am – 8pm.

WVT

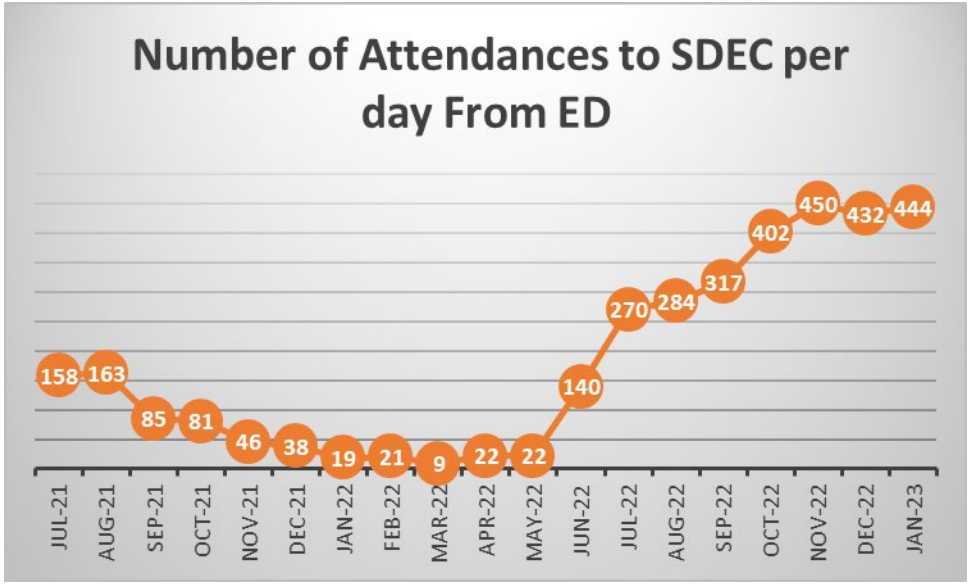
- Medical / Surgical SDEC: 8-seat waiting room (+corridor) with 5 x rooms 7 days 08:00 to 20:00
- Frailty SDEC: 4 beds in 1 bay – Currently non-operational due to staffing issues
- Paediatric Assessment Unit: 2 rooms 24/7
- Gynaecological Assessment area, 1 Room, within Women's Health Ward available 24/7

Main Challenges - GEH

- Bedding into SDEC areas

Solutions…

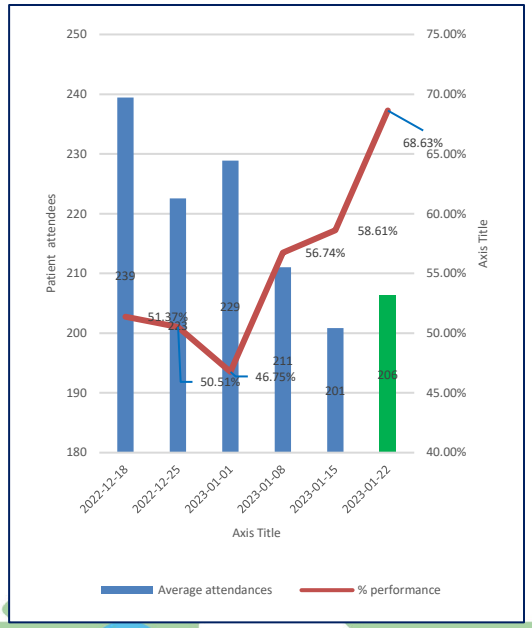
- George Eliot hard stop for bedding in SDEC in June 2022
- Exclusion rather than inclusion criteria
- Push and pull model
- Senior decision maker hours increased
- Inclusion in NHS Elect accelerator programme

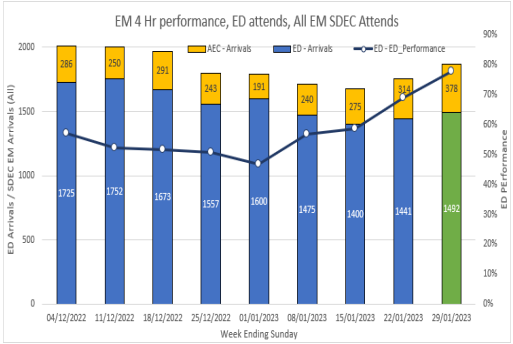


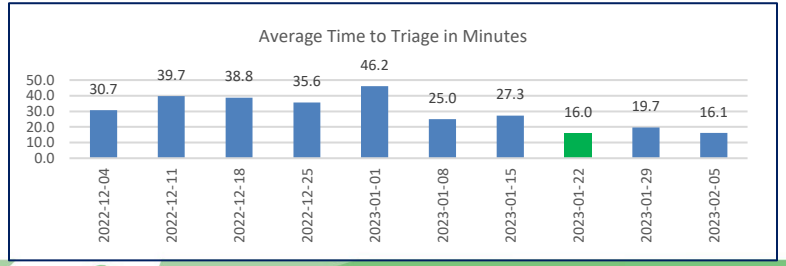
Main Challenges - SWFT

- Bedding into SDEC areas

Solutions trialled at SWFT ... PDSA: Seven Days of Extended Care (SDEC)







- 230 additional hours of opening across 7-days
- Identified new opportunities of working
- Recognised bedding in SDECs should be a never-event
- Strengthen relationships with GPs and WMAS
- Direct referrals, through 111 algorithms
- Improve visibility and activity through technology
- Celebrated Time to Triage time of 16 mins, increased ED Performance and saw more direct to SDECs during PDSA week

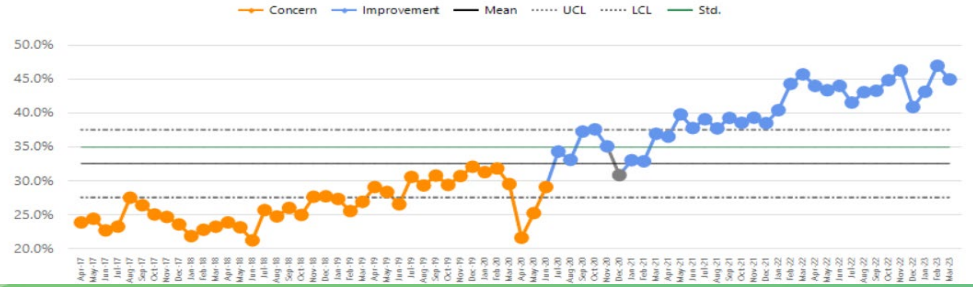
Main Challenges - WVT

- Bedding into SDEC areas
- Increase Capacity to increase 0 LOS throughput / SDEC type patients “held” in ED due to capacity

Solutions…

- WVT Purpose built SDEC Unit where unable to bed
- FSDEC unfortunately is a bay and therefore unable to close - currently driven by staffing issues within Frailty
- Considering co-locating SDEC, Frailty SDEC and Virtual Ward
    - Revised Acute Floor plan, currently being “worked up” to include how an expanded SDCE could improve UEC flow
    - Increase opportunity to increase direct admissions to SDEC from Urgent Community Response, Primary Care and Ambulance services [WMAS and Powys]
- Create Dashboard with ‘ED-style’ metrics
- Review ‘missed opportunities’ in other G&A Wards (e.g. April 17% of admissions that went to non-elective wards could have been dealt with in SDEC, as discharged the same day)

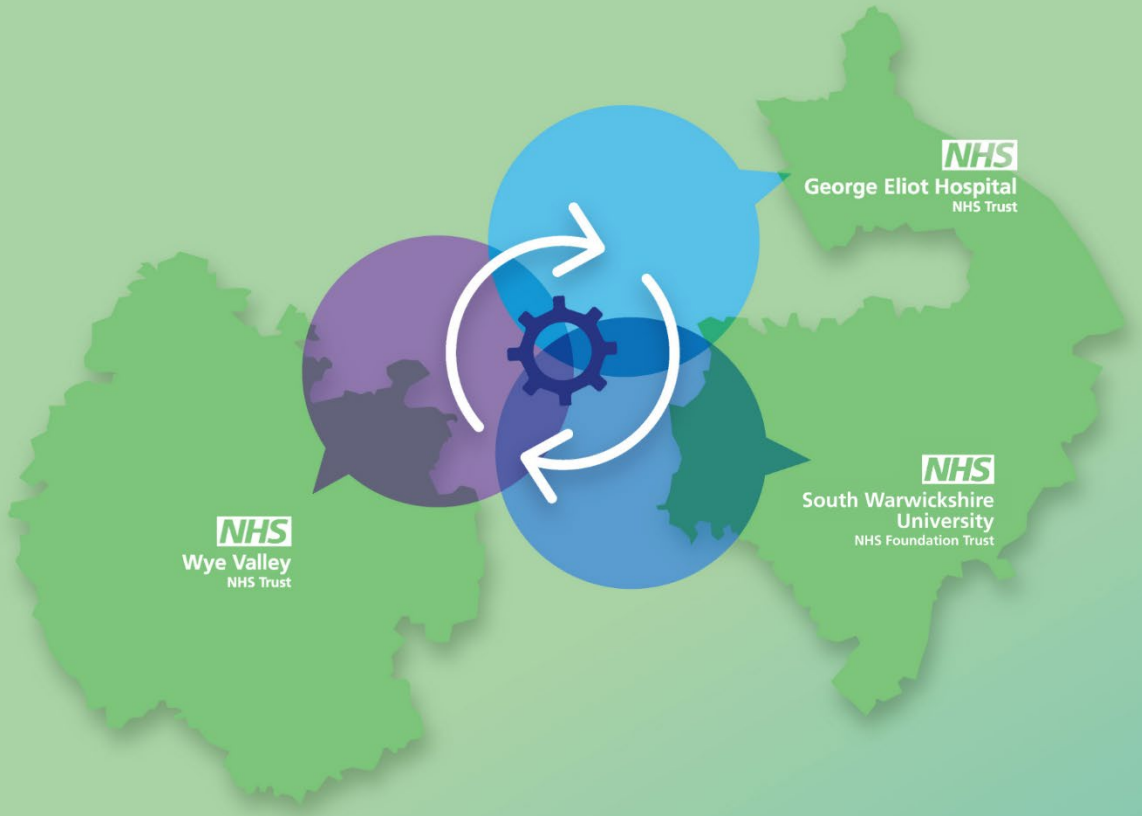
Current SDEC Performance



Working Together - Actions and Improvements

- Learning from SDEC activity across the Group
- Joint Dashboard Development for benchmarking
- Future Funding / Business Case Support
- Lessons Identified Capture / Best Practice
- Working towards a Group “Never Event” Governance
- SDEC, Experience of Care – opportunities to get involved
- Staffing model /skill-mix alignments

6.2.3 - 28-Day Faster Diagnosis



Foundation Group Board – May 2023

Faster Diagnosis Standard (FDS) description

The standard will ensure patients will be diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer. For patients who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly.

The Faster Diagnosis Standard will apply to patients:
Referred by their GP on a suspected cancer pathway
Referred by their GP with breast symptoms where cancer is not initially suspected; or
Referred by the National Screening Service with an abnormal screening result.

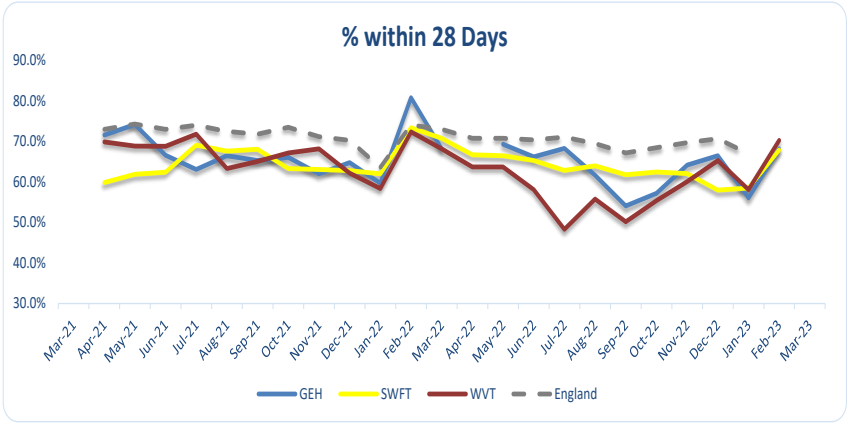
Contributing towards the NHS Long Term Plan commitments for earlier diagnosis, including that, by 2028, 55,000 more people each year will survive their cancer for five years or more, and 75% of people with cancer will be diagnosed at an early stage (stage one or two).

Overview – monthly performance

Group Analytics

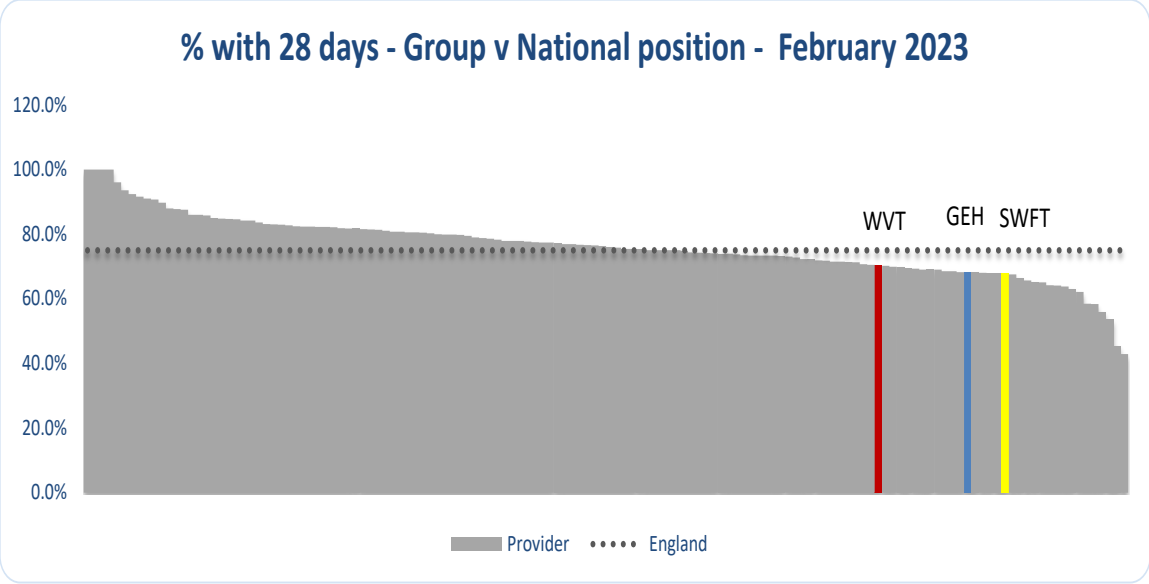
NHS George Eliot Hospital NHS Trust | NHS South Warwickshire University NHS Foundation Trust | NHS Wye Valley NHS Trust

Trust	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
GEH		69.3%	66.2%	68.3%	61.7%	54.1%	57.2%	64.2%	66.5%	56.1%	68.2%	
SWFT	66.7%	66.5%	65.3%	62.9%	64.0%	61.8%	62.5%	62.1%	58.0%	58.5%	67.9%	
WVT	63.7%	63.7%	58.1%	48.3%	55.8%	50.2%	55.4%	60.1%	65.3%	58.1%	70.3%	



- Monthly performance is variable across the 3 trusts
- All three Trusts are broadly comparable across the 28 Day Faster Diagnosis Standard during February 2023
- England average for February sits at 75%

Overview - benchmarking



Key points:

- Benchmarking across all providers shows all 3 Trusts at the lower end of performance
- See action plans on slide 7 and 8 of how we achieve the national good position

Overview – tumour site breakdown: February 2023

Tumour Group	WVT	GEH	SWFT	England
Breast symptoms	77%	97%	99%	90%
Breast	85%	96%	94%	93%
Childrens			100%	88%
Gynaecological	65%	44%	56%	66%
Haematological	33%	0%	14%	59%
Head & neck	81%		57%	78%
Lower GI	59%	61%	39%	57%
Lung	58%	72%	74%	82%
Other		70%		66%
Sarcoma	33%			70%
Skin	89%		92%	85%
Testicular	100%	86%	100%	81%
Upper GI	66%	76%	90%	75%
Urological	53%	46%	43%	56%

Key points:

- Whilst overall performance is similar across each of the 3 Trusts the breakdown by Tumour Site shows some considerable variation.

Shared challenges across group:

- Lack of one stop clinics for Gynaecology across all sites.
- Histopathology delays across all tumour sites
- Haematology – small numbers affect performance
- Diagnostics capacity
- Clinical admin delays (reviewing results & clinical letters)

Main Issues

South Warwickshire University NHS Foundation Trust

- Increased referrals across all tumour sites, however main increases in Lower GI, Head & Neck, Gynaecology & Upper GI
- Concerning pathways (being reviewed)
  - Lower GI (Straight To Test delays in triage)
  - Urology
  - Oral (Reliance on Service Level Agreement)
- Histopathology
  - Prioritisation of specimens
  - Turnaround times

Wye Valley NHS Trust

- Radiology
  - Booking capacity – main concern CT Colonography
  - Reporting capacity and prioritisation
- Histopathology
  - Recruitment to vacant posts
  - Prioritisation of specimens
- Admin delays - Letters not being marked as urgent, typed and signed in an appropriate time
- Endoscopy – delays in booking endoscopy due to capacity and staffing

George Eliot NHS Trust

- Increased referrals across all site have been challenging with demand outstripping capacity.
- Lack of capacity for first outpatients appointment, diagnostics and post Multi Disciplinary Team (MDT) appointments due to capacity and operational demands outside the cancer pathway.
- Delays in Clinical letters being typed and dispatched to the patient informing of a non cancer diagnosis.
- Shortage of Cancer Care Navigators, owing to recruitment, leave and sickness.
- Patient choice and short notice cancellation of appointments and diagnostics
- Patient fitness for undergoing diagnostics and increase in best interest meetings regarding capacity of patient.
- Straight to Test pathway for LGI implemented but not yielding maximum time benefits due to endoscopy capacity.
- Histopathology for 2 week wait patients are delayed owing to clinicians requesting this as routine and not labelling as 62 days patients.
- Delays at tertiary centre with respects to both outpatient capacity and also surgery and oncology capacity.

Actions and Improvements

GEH	SWFT	WVT
Endoscopy to prioritise 2 week wait patients over routine to ensure flow throughout pathway. Faecal Immunochemical Test work and audits continue	Visiting higher performing Trusts to understand how they are achieving the targets	Benchmarking turnaround time for each cancer speciality in Radiology
Made style event 26/4/23 to address long waiters on 62 day pathway.	Review of cancer meeting structure and agenda	Change prioritisation processes within histopathology, introducing 2 week wait priority
Cancer Waiting Times training has been launched to address understanding of FD 28 days throughout the Trust.	Reviewing Lower GI Straight To Test pathway	Implementation of digital pathology and exploring functionality from backlog providers
Twice weekly Patient Tracking Lists with Operational Managers to ensure patients are expedited.	Reviewing Urology pathways (inline with Best Practice Tariff)	Education to clinical teams of how to mark admin urgent
Email to clinicians and Operational Managers to request that histology is requested with the appropriate labelling or the patient is clearly stepped off the 62 day pathway.	Ongoing review of Service Level Agreements's – specifically in relation to Oral & Plastic Surgery from a Cancer perspective	Buddy system across each speciality for admin delays
Recruitment of staffing within cancer services admin team.	Consideration of one stop clinics for Gynaecology	Endoscopy navigator recruited to help with booking process and plans for recruitment in Endoscopy
2 week wait forms are being monitored and audited with feedback to ICB and GP Protected Learning Time.	Recruitment (Gynaecology Consultant, Lower GI Consultant, UGI Consultant, several Clinical Nurse Specialist posts)	Wye Valley cancer week – 10th July
Optimal Pathway work has commenced with once stop clinics being planned for the Community Diagnostic Centre.	Updating Cancer Access Policy inline with new Cancer Waiting Times guidance	Deep dive with COO and all cancer specialities arranged for May
Timed Pathways implemented on SCR (awaiting SCR fix)	Reviewing Multidisciplinary Team processes (tracking process)	Cancer targets on MAXIMS system to improve visibility

Actions across the foundation group

- Admin review of job roles in the cancer Multidisciplinary Team (MDT) co-coordinators and cancer navigators
- Prioritisation of cancer clinical admin
- Work together to implement suspected cancer prioritisation within histopathology
- Shared learning of improvements in 28 days across all cancer pathways
- Sharing feedback following in house training in relation to cancer waiting times with specialties
- Implement process for Radiology to prioritise reporting for cancer referrals

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

South Warwickshire University NHS Foundation Trust

Report to	Foundation Group Boards	**Agenda Item**	6.3
Date of Meeting	3rd May 2023		
Title of Report	Productivity and Clinical Effectiveness (PACE) Update		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	David Moon, Group Strategic Financial Advisor		
Lead Executive Director:	David Mowbray, Chief Medical Officer, WVT		
1. Purpose of the Report	To highlight potential opportunities coming from the ongoing PACE reviews.		
2. Recommendations	The Foundation Group Boards are asked to note the presentation.		
3. Executive Assurance			

South Warwickshire University NHS Foundation Trust
George Eliot Hospital NHS Trust
Wye Valley NHS Trust

Report to Foundation Group Boards – PACE Update

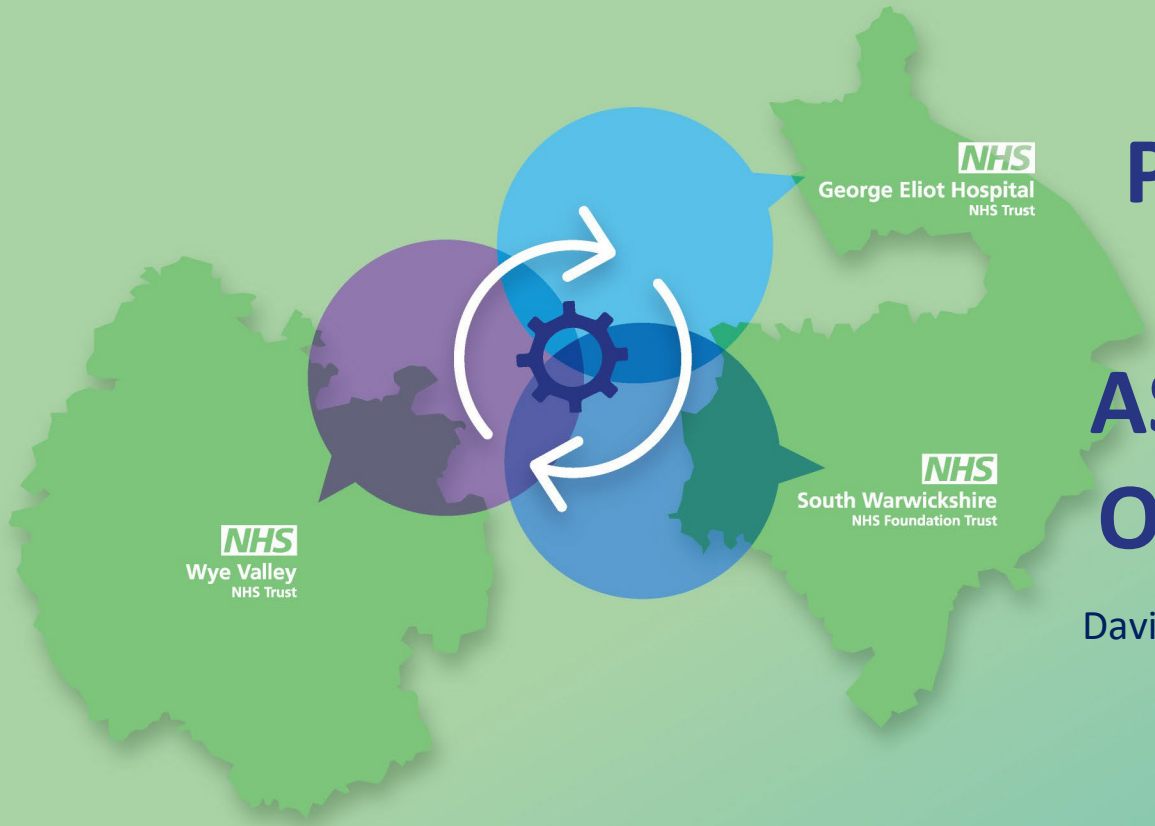
1. Introduction

The attached presentation highlights the potential opportunity from three of the PACE sessions undertaken to date. The estimates are based on potential additional income (under an elective recovery scenario). The estimates do not include the marginal additional cost of delivery or any improvement since the sessions were undertaken.

For Cataracts, an up-to-date sessional volume has been downloaded from the Model Hospital. The current Coventry and Warwickshire Trust elective volumes (based on data to month eight 2022/23) are running significantly below those delivered in 2019/20.

2. Recommendation

The Foundation Group Boards are asked to note the presentation.



PACE UPDATE – HIGH LEVEL ASSESSMENT OF OPPORTUNITIES

David Moon, Group Strategic Financial Advisor

Productivity – PACE estimates of the Size of the Prize

- Ophthalmology (Cataracts) + pose another issue
- T&O Hip & Knee
- Gynae DNA%

Income opportunities (there will be marginal costs of delivery)

Productivity – PACE estimates of the Size of the Prize (Cataracts)

GIRFT Recommendations/Expectations:

≥8 cataracts / 4hr including training for trainees who require >20 mins to complete a cataract operation.
≥ 10 cataracts/ 4hr including training for trainees who can complete a cataract operation in 20 mins or less.

PACE Analysis – average procedure time (SWFT and WVT) – was 17/18 minutes……. Highest 23 minutes lowest 11 minutes

Productivity – PACE estimates of the Size of the Prize (Cataracts)

Opportunity…… (Note *WVT do a lot of mixed lists hence why value low).

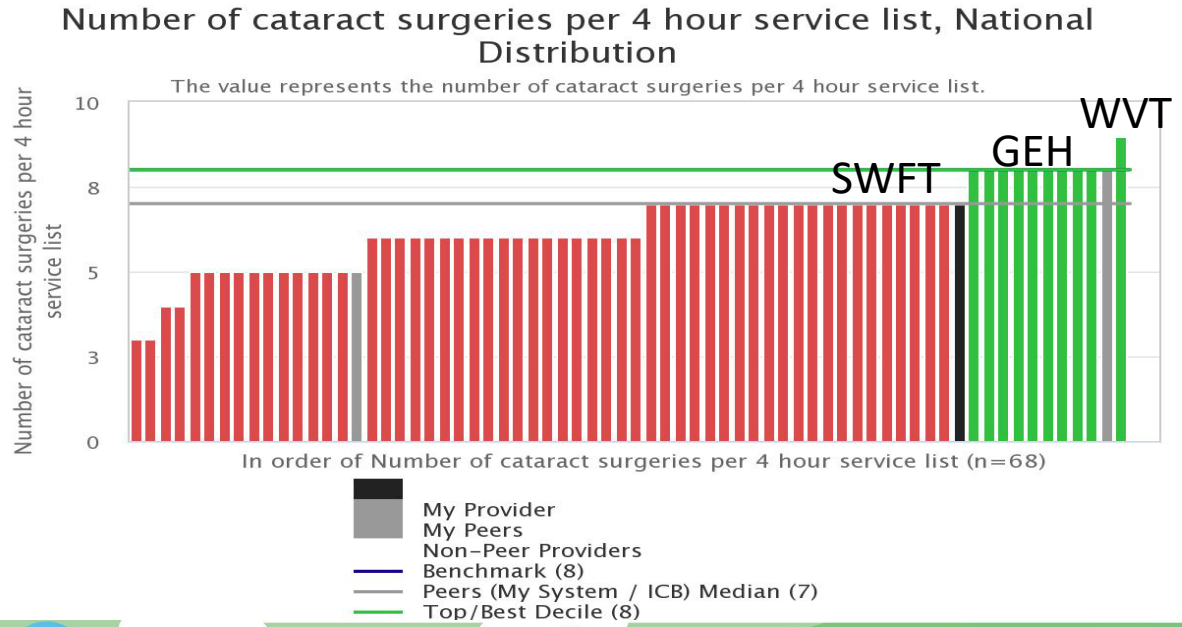
	Gain at 8 per session		
	GEH	SWFT	WVT*
Cataract gain		863	21
Income gain		£775,349	£17,802

	Gain at 9 per session		
	GEH	SWFT	WVT*
Cataract gain	TBC	1174	49
Income gain	TBC	£1,054,762	£41,537

Productivity – PACE estimates of the Size of the Prize - Ophthalmology

Specialty - 130 Ophthalmology -All Elective activity							
NHS / IS	Providers	2019-20	2022-23 Run Rate	Change from 2019-20	2019-20 YTD	2022-23 YTD	Variance
Acute	RKB: University Hospitals Coventry and Warwickshire NHS Trust	14,771,300	11,957,327	(2,813,973)	9,048,541	6,975,107	(2,073,434)
Acute	RJC: South Warwickshire NHS Foundation Trust	5,152,615	4,050,726	(1,101,889)	3,144,223	2,362,923	(781,300)
Acute	RLT: George Eliot Hospital NHS Trust	2,877,964	1,164,971	(1,712,994)	1,840,841	679,566	(1,161,275)
	Total	22,801,879	17,173,023	(5,628,856)	14,033,605	10,017,597	(4,016,009)

Productivity – PACE estimates of the Size of the Prize (Cataracts)



T&O Hip & Knee

	Gain at 1.8 per session		
	GEH	SWFT	WVT
Activity	289		410
Tariff Gain Estimate	£1,982,226		£2,710,780

*Based on lowest knee replacement tariff

Gynaecology Outpatients

	Gain at 6% DNA Rate		
	GEH	SWFT	WVT
New	0	69	113
FU	0	29	250
Tariff Gain	0	£15,420	£40,169

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

South Warwickshire University NHS Foundation Trust

Report to	Foundation Group Boards	**Agenda Item**	7.1
Date of Meeting	3rd May 2023		

Title of Report	Foundation Group Boards Schedule of Business for 2023/24
Status of report: (Consideration, position statement, information, discussion)	For approval
Author:	Chelsea Ireland, Foundation Group EA
Lead Executive Director:	Erica Hermon, Company Secretary, WVT
1. Purpose of the Report	To provide the Foundation Group Boards with a forward view of the 2023/24 reporting schedule.
2. Recommendations	The Foundation Group Boards are asked to discuss whether there are any items on the schedule of business for both the Foundation Group Boards and the Foundation Group Boards Workshop that they would like to amend or add, and to approve the forward plan.
3. Executive Assurance	Trust company secretaries will continue to identify work/reporting where the group can avoid duplication in governance processes and align documentation where possible. For example, the Trust/Company Secretaries from GEH/SWFT and WVT are working together on the Committees' Terms of Reference to ensure an aligned approach. That said, it is felt that the Quality Committees are not yet in a position to come to joint boards and, for now, will be kept separate and agreed at respective Trust Boards. Moving forward this report will be presented in February of each year, ahead of the new financial year.

Foundation Group Boards Schedule of Business for 2023/24

Report	May-23	Aug-23	Nov-23	Feb-24	Presenter
Standing Items for Each Meeting	✓	✓	✓	✓	
Apologies for Absence	✓	✓	✓	✓	
Declarations of Interest	✓	✓	✓	✓	
Minutes of the Meeting held on (relevant date to be inserted)	✓	✓	✓	✓	
Matters Arising and Actions Update Report	✓	✓	✓	✓	
Questions from Members of the Public and SWFT Governors	✓	✓	✓	✓	
Quarterly Reports for Noting and Information					
Foundation Group Strategy Committee Minutes	✓	✓	✓	✓	Group Chairman
Foundation Group Strategy Committee Report	✓	✓	✓	✓	Group Chairman
Quarterly Reports for Assurance					
Foundation Group Performance Report (leave longer for this on the agenda)	✓	✓	✓	✓	Managing Directors - Damian Rogers, Kevin Shine and Hema Raju prodcuce the performance data
Overview of Big Moves and Key Discussions from FGB Workshop	✓	✓	✓	✓	Group Chairman / Group Chief Executive
Safe Staffing Overview (to include Nurse Per Bed Ratio)	✓	✓	✓	✓	Chief Nursing Officers
Key Items for Discussion (decided for each meeting individually)	✓	✓	✓	✓	Relevant Executives
Productivity and Clinical Effectiveness (PACE) Progress Monitoring	✓	✓	✓	✓	Chief Operating Officers
Quarterly Reports for Approval					
Bi-Annual Reports for Noting and Information					
Bi-Annual Reports for Assurance					
Group Analytics Update		✓		✓	Managing Director WVT and Chief Finance Officer GEH
Foundation Group Objectives Progress Monitoring		✓		✓	Managing Directors
Bi-Annual Reports for Approval					
Annual Reports for Noting and Information					
Annual Reports for Assurance					
Gender Pay Gap			✓		Chief People Officers
Emergency Preparedness, Resilience and Response / Core Standards			✓		Chief Operating Officers
Equality Update Report	✓			✓	Chief People Officers
Annual Reports for Approval					
Calendar of Meetings			✓		Group Chairman
Schedule of Business				✓	Group Chairman
Fit and Proper Persons				✓	Trust Secretary / Company Secretary
Board Committee's Terms of Reference				✓	Trust Secretary / Company Secretary
Modern Slavery Statement/Policy				✓	Company Secretary
Foundation Group Objectives				✓	Chief Strategy Officers

Dates for Submission				
Deadline for papers	**25-Apr**	**25-Jul**	**24-Oct**	**30-Jan**
Meeting dates	03-May	02-Aug	01-Nov	07-Feb

Key:

Public

Confidential

Foundation Group Boards Workshop Schedule for 2023/24

Meeting Date	Subject/Items	Presenter	Submission Date for Presentations/Papers
03 May 2023	1. Guest Speaker - Julian Hartley 2. Update on Big Move - 'Be a Very Flexible Employer' 3. Update on Big Move - 'Create Resilience in the Domiciliary Care Marketplace' - Integration Front Runner and Work in Herefordshire through the BCF MOU	1. Julian Hartley - Confirmed 2. Chief People Officers 3. Sophie Gilkes and Jennie Bannon (Warks) and Jon Barnes (WVT)	26 April 2022
02 August 2023	Subject to Change Depending on Board Litigation and Emergency Planning Training Chosen Date 1. Update on Big Move - 'Embed Prevention in Every Service' 2. Guest Speaker 3. tbc Board Litigation and Emergency Planning Training (either August or November's Meeting)	1. Managing Directors with Duncan Vernon 2. Options - Sarah-Jane Marsh 3. Emergency Planning Leads	26 July 2023
01 November 2023	Subject to Change Depending on Board Litigation and Emergency Planning Training Chosen Date 1. Update on Big Move - 'Lead the NHS on Carbon Reduction' 2. tbc Board Litigation and Emergency Planning Training (either August or November) 3. Update on Big Move - 'Home First - Supported by Technology and Collaboration'	1. Chief Strategy Officers with Sustainability Leads 2. Emergency Planning Leads 2. Chief Operating Officers with Support from Andy Laverick	25 October 2023
07 February 2024	1. Guest Speaker - tbc 2. tbc 3. tbc		31 January 2024

Report to	Foundation Group Boards	**Agenda Item**	8.1
Date of Meeting	3rd May 2023		

Title of Report	Staff Survey Results Overview and Action Plan
Status of report: (Consideration, position statement, information, discussion)	For information
Author:	Gertie Nic Philib, Chief People Officer GEH & SWFT and Geoffrey Etule, Chief People Officer WVT
Lead Executive Director:	Gertie Nic Philib, Chief People Officer GEH & SWFT Geoffrey Etule, Chief People Officer WVT
1. Purpose of the Report	This report sets out a summary of the staff survey results in each of the Trusts in the Foundation Group
2. Recommendations	The Foundation Group Board is asked to receive and note the contents of the report.
3. Executive Assurance	The Staff Survey results are an indicator of the overall staff experience. Whilst they should be viewed within a range of quality and safety indicators, they do provide a valuable insight into the lived experience of staff at the Trusts. The risks associated with a poor staff experience are the impact on patient experience, increased absence and attrition rates, reputational damage and increased difficulties in recruiting. This report summarises the results of the 2022 NHS Staff Survey which was carried out between October and December 2022.

South Warwickshire University NHS Foundation Trust (SWFT)
George Eliot Hospital NHS Trust (GEH)
Wye Valley NHS Trust (WVT)

Report to Foundation Group Boards – Staff Survey Results

Executive Opinion and Assurance

The Staff Survey results are an indicator of the overall staff experience. Whilst they should be viewed within a range of quality and safety indicators, they equally provide a valuable insight into the lived experience of staff at our Trusts. The risks associated with poor staff experience are the impact on the patient experience, increased absence and attrition rates, reputational damage and increased difficulties in recruiting.

This report summarises the results of the 2022 NHS Staff Survey which was carried out between October and December 2022.

Measuring and acting on staff experience information collected from the national NHS Staff Survey, coupled with the NHS People Plan, is important for delivering improvements for colleagues, patients and the organisation.

Executive Summary

The National Staff Survey is a key resource in assessing colleague engagement. Staff experience reflects the ways that people behave, think and act. Influencing these things in a positive way will increase the level of engagement that our colleagues have at work. Year on year the Trusts aim to put in place measures that improve colleague experience and methods through which colleagues can feedback on their experience and feel that the Trusts respond proactively to their views.

It is essential that the Trusts uses the data from the Staff Survey as one of the primary sources that inform initiatives regarding colleague engagement.

As with 2021, the Trusts have significantly prioritised both colleague engagement and support in recognition of the immense efforts that have been made to support the restoration programme following the Covid-19 pandemic.

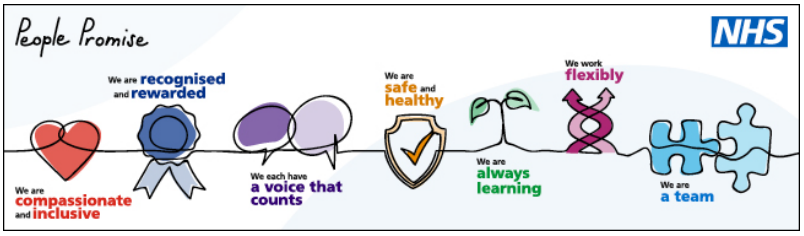
The report outlines the proposed actions in response to the staff survey with the aim of addressing our overall staff experience, creating a positive culture where every colleague feels valued, included, and respected through leadership, engagement at all levels and building a social movement of empowerment and consideration around the belief that every individual matters and can make a difference.

Staff Survey Overview

The national NHS Staff Survey provides an opportunity for NHS organisations to survey their staff in a consistent and systematic way.

It makes it possible to build up a picture of staff experience and, with care, to compare and monitor change over time and to identify variations between different staff groups. Obtaining feedback from staff and taking account of their views and priorities is vital for driving real improvements in continuing to improve the experience of our people at work.

From the 2021 survey onwards, the questions in the NHS Staff Survey are aligned to the NHS People Promise. This sets out the things that would most improve the working experience of NHS staff, and is made up of seven elements:

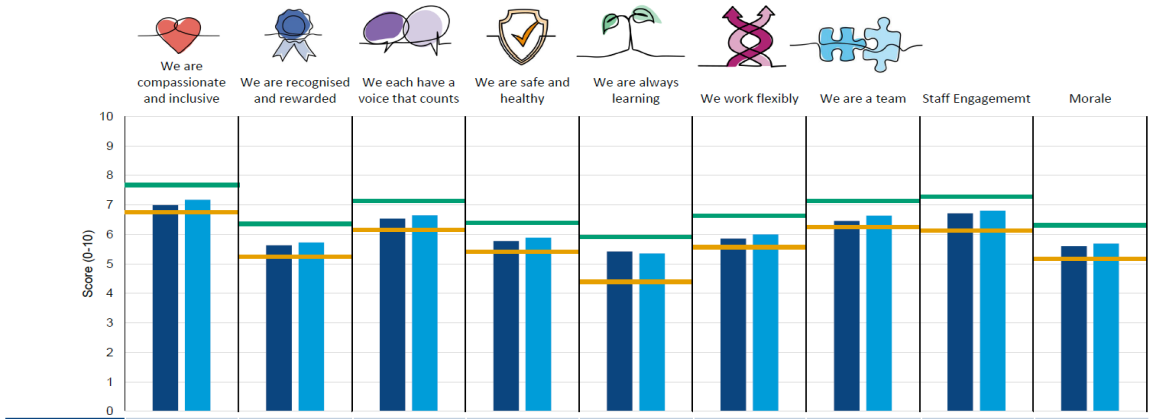


The results of the NHS Staff Survey are measured against the seven People Promise elements and against the two further themes of Staff Engagement and Morale. In addition, there is reporting available splitting out the experience of staff under the Workforce Race Equality Standard and the Workforce Disability Equality Standard. These themes are covered in this overview along with the intended next steps in response to the feedback from our people.

Results Overview

<u>George Eliot Hospital NHS Trust</u>
894 staff responded to the 2022 Staff Survey out of 2682 staff that were invited to take part. This was a response rate of 33.3%. This is less than the average in the comparator group (44.5%) and less than the expected GEH response rate of 40%+. Moving forward ensuring a higher response rate will be part of the action planning for future surveys.

The response was proportionate across staff groups with good responses from all clinical colleagues, corporate backgrounds and across the operational directorates. Of the seven people promise elements GEH scored in line with the average for similar Trusts across the NHS. The following chart shows this in more detail:



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.6	6.5	5.8	5.4	5.9	6.5	6.7	5.6
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	891	890	884	886	848	886	890	892	891

<u>South Warwickshire University Foundation Trust</u>
In total, 2,208 staff had their say and made their voice heard by completing the 2022 Staff Survey out of 4,968 staff that were invited to take part. This was a response rate of 44% and was equivalent to the comparator benchmarking Trusts. The response was proportionate across staff groups with good responses from all clinical colleagues, corporate backgrounds and across the operational divisions.

The good news is that the Trust's overall results are significantly better than the national average.

Of the seven People Promise elements, all scored significantly above the average scores in our sector (Acute and Community Trusts Combined). In addition, the two themes of 'Staff Engagement' and 'Morale' scored well above average compared to comparator Trusts.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.6	6.1	7.0	6.1	5.8	6.4	6.9	7.2	6.0
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	2205	2199	2194	2200	2138	2191	2201	2205	2204

<u>Wye Valley NHS Trust</u>
1255 staff participated in the 2022 Staff Survey which was a response rate of 35%. This is less than the average in the comparator group (44%), however it is a reasonable response rate considering the severe operational pressures faced by WVT over the past year. Moving forward ensuring a higher response rate will be part of the action planning for future surveys and a key part to this is service/line manager led engagement.

The response was proportionate across staff groups with good responses from all clinical colleagues, corporate backgrounds and across the operational divisions.

The Trust scored above average (compared to the benchmark group) in all nine areas of the staff survey, i.e., the seven People Promise elements plus the staff engagement and morale themes.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.3	5.9	6.8	6.0	5.5	6.2	6.8	6.9	5.9
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	1247	1246	1229	1231	1203	1241	1244	1250	1249

Foundation Group Performance against People Promises and Key Questions

In addition to the seven People Promises and two themes of engagement and morale, there are a number of key questions that assist in understanding the culture of an organisation and the experience of our staff within their respective Trusts. These are set out in the table below.

People Promise	GEH		SWFT		WVT		Sector
1. Compassion & Inclusion	6.95	v	7.60	^	7.32	v	7.16
2. Recognition & Reward	5.58	v	6.06	v	5.97	v	5.71
3. A Voice that Counts	6.49	v	7.00	=	6.79	v	6.63
4. Safe and Healthy	5.74	v	6.08	^	5.99	v	5.87
5. Always learning	5.34	^	5.80	^	5.53	=	5.38
6. We work Flexibly	5.85	v	6.43	^	6.24	^	5.98
7. We are a Team	6.41	v	6.96	^	6.82	^	6.62
Overall							
Overall Engagement Score	6.68	v	7.21	=	6.85	v	6.76
Overall Morale Score	5.58	v	6.05	=	5.80	v	5.69
Key Qs							
Care Top Priority (23a)	72.5%	v	80.7%	v	70.3%	v	73.9%
Recommend Work (23c)	55.2%	v	71.1%	v	59.3%	v	56.9%
Recommend Care (23d)	59.8%	v	76.0%	v	56.6%	v	62.9%
Act on F2SU (23f)	46.2%	v	57.5%	^	48.6%	v	47.1%
Improvement (3f)	53.7%	v	58.5%	^	61.0%	^	59.0%
Descrimination Staff (16b)	89.0%	^	93.9%	v	92.7%	v	90.4%
Flexible work (4d)	48.7%	v	59.9%	v	57.2%	v	52.4%

Next Steps and Action Plans

The 2022 staff survey scores, identify that there are opportunities across each of the People Promises to improve the experience our staff have at work. Each Trust is developing its individual action plan to the staff survey and the areas highlighted. This will be supported by divisional action plans that seek to respond to the staff survey feedback within those areas.

The key themes across the Foundation Group are to:

- Develop an ongoing communications plan to improve the response rate so that all voices are heard;
- Celebrate the achievement of the results across the Trust;
- Focus on the development of our line managers to be compassionate and inclusive leaders, improving the colleague experience in their area of work;
- Focus engagement and Big Conversations with colleagues to listen to their experience and what they want to see improve;
- Produce Local Divisional response plans.

The Foundation Group Board may take assurance that actions have and continue to be taken to address areas for continued improvement. Opportunities to share good practice and undertake joint activity to respond to the staff survey will continue to be identified across the People functions. Those areas requiring more focus have work and action plans in progress and will support a sustained improvement in colleague experience across the Group.