

Foundation Group Boards

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

via Microsoft Teams

Agenda

1. Apologies for Absence

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

2. Declarations of Interest

13:30 - 13:35 Russell Hardy

3. Minutes of the Meeting held on 1 November 2023

13:35 - 13:40 Russell Hardy

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

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


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

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

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

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

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

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

4. Matters Arising and Actions Update Report

13:40 - 13:45 Russell Hardy

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

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:15

Managing Directors

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

6.2. Group Analytics Update

14:15 - 14:25

Adam Carson and Haq Khan

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

6.3. Mutual Aid for Elective Patients Deep Dive

14:25 - 14:40

Chief Operating Officers

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

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

14:40 - 14:55

Chief Nursing Officers

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

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

14:55 - 15:05

Chief People Officers

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

7. Items for Approval

7.1. Foundation Group Boards Schedule of Business 2024/25

15:05 - 15:10

Russell Hardy

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

8. Items for Information

8.1. Foundation Group Strategy Committee Annual Report 2022/23

15:10 - 15:15

Russell Hardy

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

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

15:15 - 15:20

Russell Hardy

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

9. Any Other Business

15:20 - 15:25

10. Questions from Members of the Public and SWFT Governors

15:25 - 15:30

11. Adjournment to Discuss Matters of a Confidential Nature

12. Apologies for Absence

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

13. Declarations of Interest

15:45 - 15:50

Russell Hardy

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

15:50 - 15:55

Russell Hardy

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

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

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

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

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

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

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

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

15. Matters Arising and Actions Update Report

15:55 - 16:00

Russell Hardy

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

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

16. Performance Review and Updates

16.1. Staff Survey

16:00 - 16:10

Glen Burley

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

16.2. Foundation Group Objectives - Verbal Update

16:10 - 16:20

Glen Burley / Chief Strategy Officers

17. Items for Information

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

16:20 - 16:25

Russell Hardy

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

18. Any Other Confidential Business

16:25 - 16:30

19. Date and Time of the Next Meeting

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

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

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

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Umar Zamman	(UZ)	NED GEH

In attendance:

GEH:

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

SWFT:

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

WAHT:

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

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

WVT:

Chizo Agwu	(CA)	Chief Medical Director WVT
Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director WVT
John Burnett	(JBU)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
Frank Myers	(FMY)	ANED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

Foundation Group:

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

MINUTE
23.074

APOLOGIES FOR ABSENCE

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

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

ACTION

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

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

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

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23.083

OUTPATIENT PRODUCTIVITY

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

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

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

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

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

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

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

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

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WYE VALLEY NHS TRUST (WVT)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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23.084

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

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

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

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

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

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved – that,

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

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

CPOs

CPOs

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

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

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

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

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

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

Resolved – that the position be noted.

23.087 QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

No questions were raised.

Resolved – that the position be noted.

23.088 ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

23.089 APOLOGIES FOR ABSENCE

23.090 DECLARATIONS OF INTEREST

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

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

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

23.094 CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT

23.095 ANY OTHER CONFIDENTIAL BUSINESS

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<u>MINUTE</u>		<u>ACTION</u>
23.096	<u>DATE AND TIME OF NEXT MEETING</u> The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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

Present:

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

In attendance:

SWFT:

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

GEH:

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

WAHT:

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

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

WVT:

Chizo Agwu	(CA)	Chief Medical Director WVT
Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director WVT
John Burnett	(JBU)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
Frank Myers	(FMy)	ANED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

Foundation Group:

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

MINUTE

23.074

APOLOGIES FOR ABSENCE

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

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

ACTION

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

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

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

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

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

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

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

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

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ACTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23.083

OUTPATIENT PRODUCTIVITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<u>MINUTE</u>		<u>ACTION</u>
	<p><u>Resolved</u> – that the Outpatient Productivity Update be received and noted.</p>	
23.084	<p><u>FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25</u></p> <p>The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.</p> <p>The Group Chairman invited questions and perspectives, but no further comments were raised.</p> <p><u>Resolved</u> – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.</p>	
23.085	<p><u>GENDER PAY GAP ANNUAL REPORT</u></p> <p>The Chief People Officer at WAHT introduced this report.</p> <p>Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.</p> <p>For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.</p> <p>The Chief People Officer for GEH presented the key headlines which included the following:</p> <ul style="list-style-type: none"> a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts. b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16 per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff. c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across 	

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

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

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

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

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

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

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

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

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

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

CPOs

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

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

CPOs

Resolved – that,

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

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

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

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

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

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

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

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

Resolved – that the position be noted.

23.087

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

No questions were raised.

Resolved – that the position be noted.

23.088

ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

23.089

APOLOGIES FOR ABSENCE

23.090

DECLARATIONS OF INTEREST

23.091

GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.092

SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.093

WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

23.094

CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT

23.095

ANY OTHER CONFIDENTIAL BUSINESS

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<u>MINUTE</u>		<u>ACTION</u>
23.096	<div><div><u>DATE AND TIME OF NEXT MEETING</u></div><div>The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.</div></div>	

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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

Present:

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

GEH:

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

SWFT:

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

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

WVT:

Chizo Agwu	(CA)	Chief Medical Director WVT
Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director WVT
John Burnett	(JBU)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Kieran Lappin	(KL)	ANED WVT
Frances Martin	(FM)	NED WVT
Frank Myers	(FMY)	ANED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

Foundation Group:

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

MINUTE

23.074

APOLOGIES FOR ABSENCE

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

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

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

ACTION

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WYE VALLEY NHS TRUST (WVT)**

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

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

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

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23.083

OUTPATIENT PRODUCTIVITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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23.084

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

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

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

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

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

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CPOs

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

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

CPOs

Resolved – that,

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

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

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

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

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WYE VALLEY NHS TRUST (WVT)**

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	<p>From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.</p> <p>With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.</p> <p>In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.</p> <p>Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.087	<p><u>QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS</u></p> <p>No questions were raised.</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.088	<u>ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE</u>	
23.089	<u>APOLOGIES FOR ABSENCE</u>	
23.090	<u>DECLARATIONS OF INTEREST</u>	
23.091	<u>GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u>	
23.092	<u>SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u>	
23.093	<u>WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u>	
23.094	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
23.095	<u>ANY OTHER CONFIDENTIAL BUSINESS</u>	

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<u>MINUTE</u>		<u>ACTION</u>
23.096	<u>DATE AND TIME OF NEXT MEETING</u> The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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

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

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Chizo Agwu	(CA)	Chief Medical Director WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

In attendance:

WVT:

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

GEH:

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

SWFT

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

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

WAHT:

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

Foundation Group:

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

MINUTE

23.074

APOLOGIES FOR ABSENCE

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

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

ACTION

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

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

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

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23.083

OUTPATIENT PRODUCTIVITY

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

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

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

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

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

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

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

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

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WYE VALLEY NHS TRUST (WVT)**

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

MINUTE

ACTION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<u>MINUTE</u>		<u>ACTION</u>
	<p><u>Resolved</u> – that the Outpatient Productivity Update be received and noted.</p>	
23.084	<p><u>FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25</u></p> <p>The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.</p> <p>The Group Chairman invited questions and perspectives, but no further comments were raised.</p> <p><u>Resolved</u> – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.</p>	
23.085	<p><u>GENDER PAY GAP ANNUAL REPORT</u></p> <p>The Chief People Officer at WAHT introduced this report.</p> <p>Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.</p> <p>For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.</p> <p>The Chief People Officer for GEH presented the key headlines which included the following:</p> <ul style="list-style-type: none"> a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts. b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff. c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across 	

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

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

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

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

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

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

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

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

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

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

CPOs

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

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

CPOs

Resolved – that,

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

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

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

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

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<u>MINUTE</u>		<u>ACTION</u>
	<p>From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.</p> <p>With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.</p> <p>In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.</p> <p>Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.087	<p><u>QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS</u></p> <p>No questions were raised.</p> <p><u>Resolved</u> – that the position be noted.</p>	
23.088	<u>ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE</u>	
23.089	<u>APOLOGIES FOR ABSENCE</u>	
23.090	<u>DECLARATIONS OF INTEREST</u>	
23.091	<u>GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u>	
23.092	<u>SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u>	
23.093	<u>WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023</u>	
23.094	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
23.095	<u>ANY OTHER CONFIDENTIAL BUSINESS</u>	

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<u>MINUTE</u>		<u>ACTION</u>
23.096	<u>DATE AND TIME OF NEXT MEETING</u> The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman)
Russell Hardy

Date: 7 February 2024

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

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

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023) 23.058 (02.08.2023) Foundation Group Performance Report	The Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.	J Ives / A Carson / C Free / S Collman	Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position. GEH Trust Board Update on 05.12.2023. Further consideration being given to involve Public Health England Cancer Board.
23.060 (02.08.2023) Deep Dive into Additional Performance Measures – Theatre Productivity	The Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.	H Heran / R Snead / A Parker / H Lancaster	Chief Operating Officers are in the process of recalculating theatre productivity to include an indication of the resource cost per unit.
23.084 Gender Pay Gap Annual Report	The Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic.	G Nic Philib / G Etule / T Rickets	
REPORTS SCHEDULED FOR FUTURE MEETINGS			

Report to	Foundation Group Boards	Agenda Item	6.1
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Damian Rogers, Head of Information, Wye Valley NHS Trust (WVT)		
Lead Executive Director:	Jane Ives, Managing Director of WVT, Adam Carson, Managing Director of South Warwickshire University NHS Foundation Trust (SWFT), Dr Catherine Free, Managing Director of George Eliot Hospital NHS Trust (GEH) Stephen Collman, Managing Director of Worcestershire Acute Hospitals NHS Trust (WAHT)		
1. Purpose of the Report	Assurance and oversight of Group Performance		
2. Recommendations	The Foundation Group Boards are invited to review this report as assurance.		
3. Executive Assurance	This report provides group, regional and national benchmarking on six key areas of performance. A narrative has been provided by each organisation for the key areas benchmarked.		









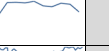


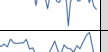
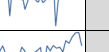
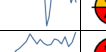


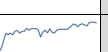
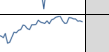
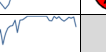




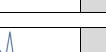
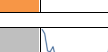


















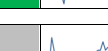











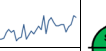





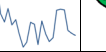

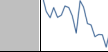






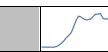









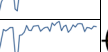

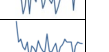




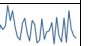

Foundation Group Performance Overview

Wye Valley NHS Trust(WVT)

South Warwickshire University NHS Foundation Trust(SWFT)

George Eliot Hospital NHS Trust(GEH)

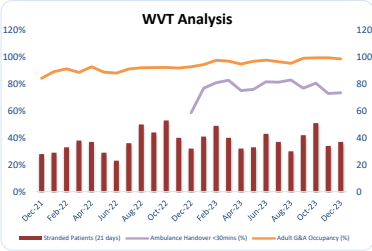
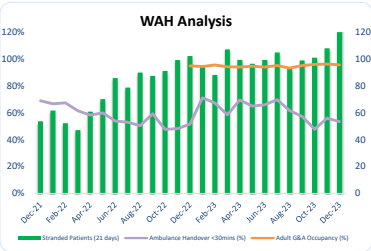
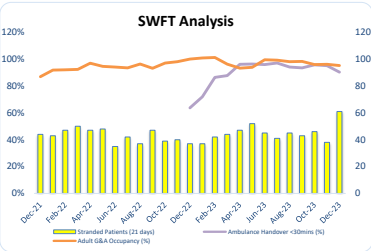
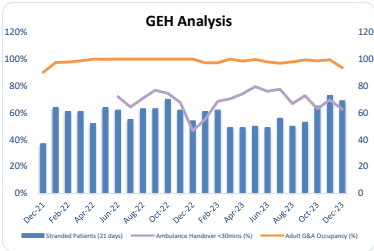
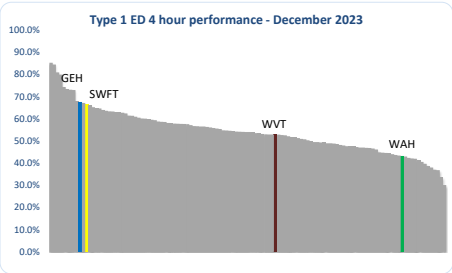
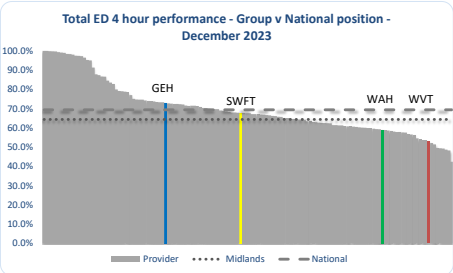
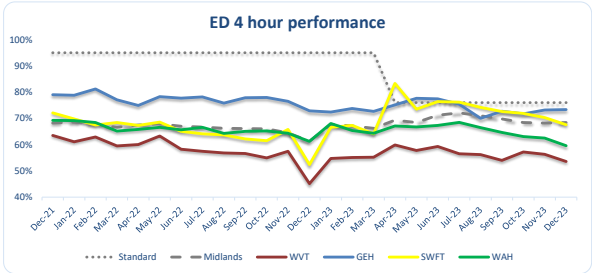
Worcestershire Acute Hospitals NHS Trust(WAH)

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

Foundation Group Key Metrics

Emergency Department (ED) 4 hour Performance

Trust	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD
GEH	79.0%	78.8%	81.2%	77.1%	74.9%	78.3%	77.7%	78.2%	75.8%	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	74.1%
SWFT	72.1%	69.8%	67.5%	68.4%	67.3%	68.6%	65.1%	64.1%	63.7%	62.2%	61.5%	65.8%	52.4%	66.6%	67.3%	64.1%	83.3%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	73.9%
WAH	69.3%	69.1%	68.4%	65.2%	65.8%	66.6%	65.6%	66.6%	64.3%	65.0%	65.2%	64.3%	61.2%	68.1%	65.4%	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	65.2%
WVT	63.5%	61.1%	62.9%	59.5%	60.1%	63.3%	58.2%	57.5%	56.8%	56.6%	55.0%	57.4%	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	56.7%



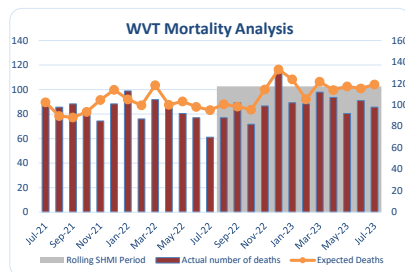
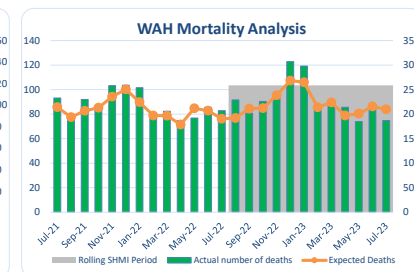
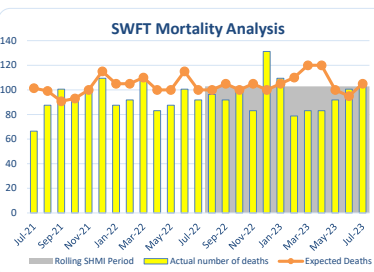
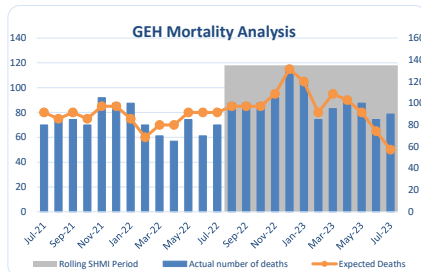
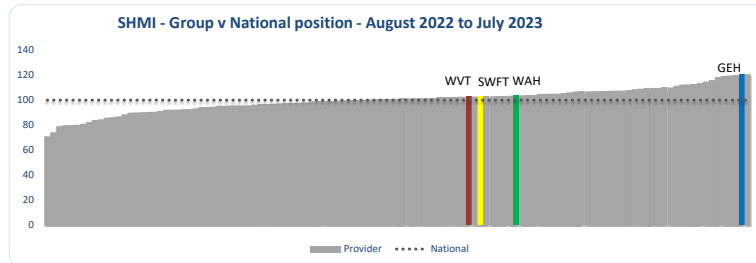
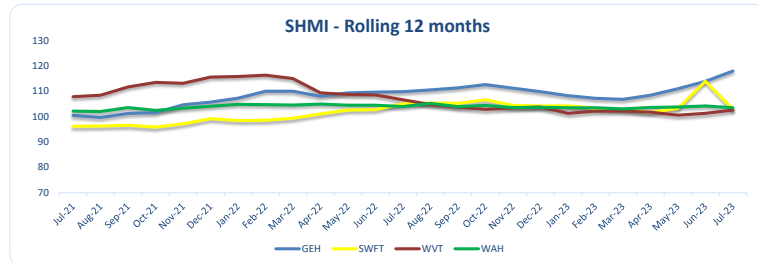
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Nationally our Type 1 performance remains around the middle of National and Regional Performance table.</p> <p>Ambulance Performance</p> <p>Our 1 hour Ambulance Handover position deteriorated over December 2023 with 89% [207] of patients being handed over 1 hour and 74% in under 30 minutes. This was driven by a high bed occupancy and full use of escalation beds across acute and community sites and full use of our Enabling Flow Standard Operational Procedure [SOP]. On average this was an additional 40 escalation / unconventional care beds were being used overnight, a 14% increase in our General and Acute beds, leaving very little flexibility to rapidly decongest Emergency Department to allow of Ambulance off loads. This position has continued into January. However, overall our percentage of 1 hour Ambulance delays were circa 150 less than December 2022.</p> <p>4-hour Performance</p> <p>Our Emergency Department (Emergency Department) attendances remained high over December at circa 6,000 which was similar as last December and mirrors the attendances volume seen in November. The number of patients waiting greater than 12 hours in our Emergency Department also remained high, at 17% of patients, but this was an improvement of last December at 25%. Additional focus has been on improving our triage and initial assessment processes which has seen a significant improvement in the percentage of patient triaged in 15 minutes and treatment started within the hour. We have also had sign off and agreement of revised Emergency Department Internal Professional Standards that have been agreed across clinical teams. Our Chief Medical Officer will complement these standards with newly agreed "Way We Work Together" agreements across all specialities in February.</p> <p>Our usually high performance for minors patients dropped to 80% in 4 hours in December, and is a cause of concern, that the Acute and Emergency Directorate are</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust has seen performance improve slightly for the second consecutive month. General & Acute bed occupancy remains high across all sites along with 21-day stranded patients, both of which impacted flow and ultimately performance.</p> <p>4-hour Performance</p> <p>GEH has seen Emergency Department (Emergency Department) attendances remain high. Despite High attendance and very high bed occupancy, 4hr performance has improved. GEH continue to perform well when compared nationally.</p> <p>Ambulance performance</p> <p>The total number of ambulances being conveyed has remained relatively static for the past 12 months. High attendance and limited flow from Emergency Department have led to a more challenged ambulance position. Emergency Department continue to have success with managing variations in demand to support timely ambulance turnaround.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>4 Hour Performance – Q3 Performance for South Warwickshire University NHS Foundation Trust (SWFT) dropped to 70%. December was extremely challenging. The industrial action had more impact than previously which affected performance in December 23. Demand continued to be high with October 23 having the highest attendances across both sites to just under 8,500. Nationally the Trust dropped out of the top 10 for Type 1 attendances.</p> <p>Conversion rates continues to hover around 28% rate. Out of area attendances remained fairly high in third quarter (Q3) with the majority being Birmingham and Coventry. Same day emergency care (SDEC) has continued to be used easing the pressures on the front door and activity seems to have reached its peak. Bed Occupancy has remained high contributing to difficulty in flow affecting Emergency Department .</p> <p>Ambulance performance - Ambulance turnaround times continue to be amongst the best in the region, although, performance has dropped lately, and South Warwickshire University NHS Foundation Trust (SWFT) continues with high levels of inappropriate intelligent conveyance from West Midlands Ambulance Service (WMAS). South Warwickshire University NHS Foundation Trust (SWFT) has continued to see an increase in 'Out of area' conveyancing, which have been accounting for around 20% of the monthly activity.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>4 hour performance - Statistical process charting indicates that performance remains significant cause for concern and unless significant change will not meet upper quartile benchmarking.</p> <p>During Quarter3 2023/24 the demand met for Emergency Care or same day emergency care was 44,100 (including Kidderminster Treatment Centre/Minor Injury Unit). 4,100 patients were seen in a same day emergency care setting, 2,300 of which had been streamed from the emergency departments. In November the same day emergency care (SDEC) offer was increased with the opening of Cardiology SDEC and Renal SDEC.</p> <p>In December we launched a pilot single point of access (SPOA) hub triaging calls from General practitioners (GPs). The triage will prevent some acute attendances and stream those attending hospital to the most appropriate area. Initially we have seen an increase in SDEC attendances, but as self presenter numbers are still high the Emergency Department front door remains pressured.</p> <p>In January West Midlands Ambulance Service (WMAS) will also use the SPOA for Category 3 and 4 calls. The impact of the SPOA will be shared in the next report.</p> <p>The admission conversion from Emergency Department at Worcestershire Royal Hospital(WRH) is above 30% for Quarter 3 (31.9%), and the Alexandra Hospital Redditch(ALX) is 23.3%.</p> <p>Long length of stay (Stranded Patient) numbers are high and the LLOS project will review the root cause and re-enforce where necessary the SOPs. This is a project within the Patient Flow Programme. It will commence in January.</p> <p>Ambulance performance - Statistical process charting indicates that performance is significant cause for concern and unless significant change will not meet the target.</p> <p>We had 3,500 ambulance conveyances within Quarter3 that had a handover longer than one hour. However, compared to Q3 2022/23 the average waiting time of the ambulance is less in 2023/24 for the same period. Reducing ambulance handover delays is one of the Trust priorities.</p>

Foundation Group Key Metrics

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

Trust	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
GEH	100.5	99.7	101.3	101.6	104.7	105.8	107.3	110.1	110.0	108.1	109.4	109.7	109.9	110.6	111.4	112.7	111.2	109.9	108.3	107.2	106.9	108.5	111.0	114.0	118.0
SWFT	96.2	96.3	96.6	95.9	97.2	99.3	98.5	98.6	99.4	101.1	102.6	102.8	105.1	105.4	105.3	106.7	104.5	104.3	104.3	103.3	102.9	101.7	103.2	114.0	102.9
WAH	102.2	102.1	103.6	102.5	103.4	104.1	104.9	104.8	104.6	105.0	104.5	104.5	104.0	105.3	103.9	104.4	103.6	103.7	103.5	103.6	103.1	103.6	103.8	104.2	103.5
WVT	107.9	108.5	111.8	113.6	113.2	115.6	115.9	116.4	115.1	109.4	108.8	108.6	106.7	104.8	103.8	102.9	103.5	103.8	101.3	102.2	102.2	101.8	100.6	101.3	102.6

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



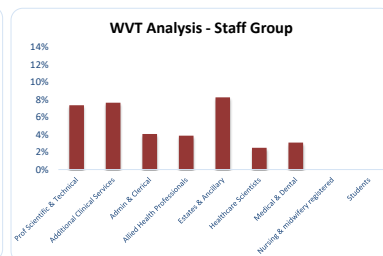
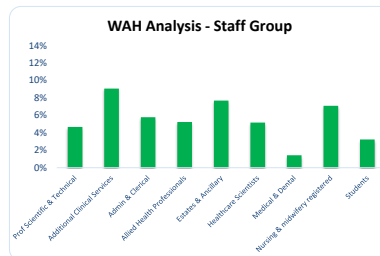
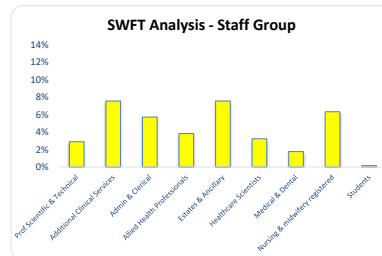
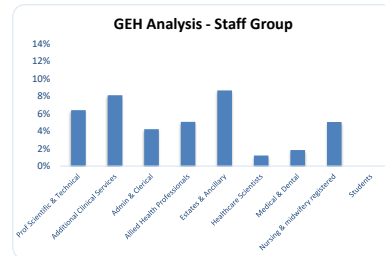
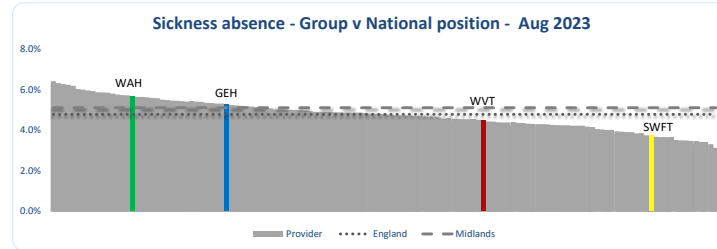
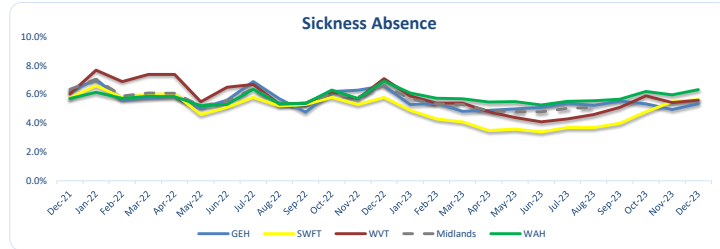
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Latest nationally reported Summary Hospital-level Mortality Indicator (SHMI) (NHS Digital) from August 2022 to July 2023 shows Wye Valley NHS Trust at 102.6, which is a rise of 1.4 since last reporting period. However, the Hospital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

Foundation Group Key Metrics

Sickness Absence All Staff Groups

Trust	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
GEH	6.2%	7.0%	5.6%	5.8%	5.9%	5.1%	5.6%	6.9%	5.7%	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%
SWFT	5.8%	6.6%	5.8%	6.0%	6.1%	4.6%	5.1%	5.8%	5.2%	5.3%	5.8%	5.3%	5.8%	4.9%	4.3%	4.1%	3.5%	3.6%	3.4%	3.7%	3.7%	4.0%	4.8%	5.5%	5.7%
WAH	5.7%	6.1%	5.7%	5.9%	5.9%	5.2%	5.3%	6.4%	5.4%	5.4%	6.3%	5.7%	6.9%	6.1%	5.7%	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%
WVT	6.0%	7.7%	6.9%	7.4%	7.4%	5.5%	6.5%	6.7%	5.3%	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%

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



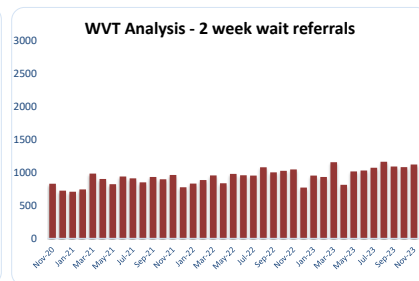
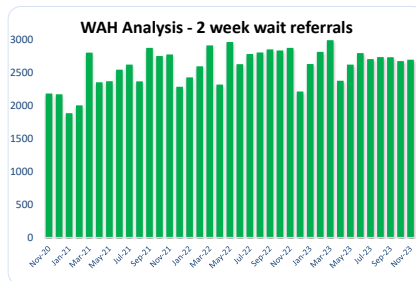
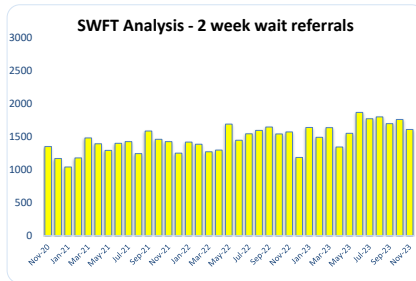
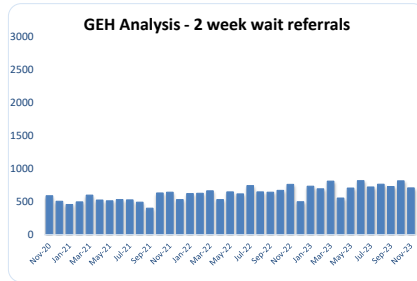
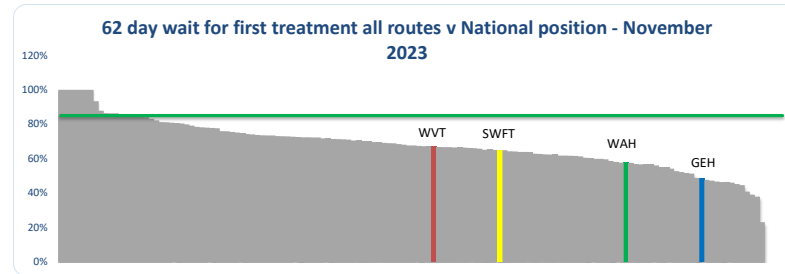
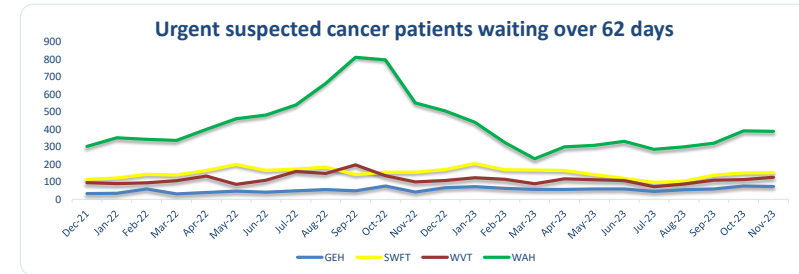
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Trusts across the NHS are seeing high sickness absence largely due to winter ailments leading to an increase in short term absence. Comprehensive divisional absence reports have been re-introduced at monthly Finance & Performance Executive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

Foundation Group Key Metrics



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

Trust	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
GEH	33	35	59	31	39	47	41	49	56	49	76	42	66	72	63	57	57	59	59	45	55	59	76	73
SWFT	115	122	143	139	165	199	166	173	184	142	155	155	170	204	169	167	165	141	120	97	103	138	151	152
WAH	303	352	343	337	400	461	482	540	663	812	797	551	506	441	325	232	300	309	332	286	300	321	391	389
WVT	95	90	94	107	133	86	109	159	148	197	135	100	108	123	115	89	117	112	108	72	87	109	113	126



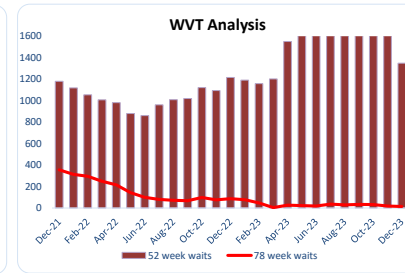
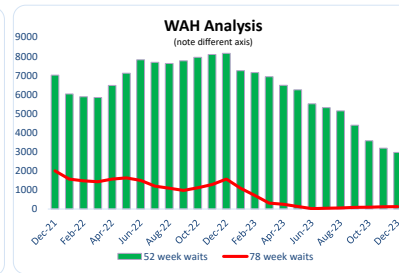
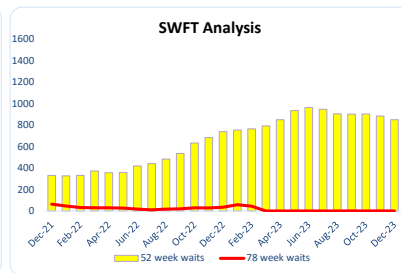
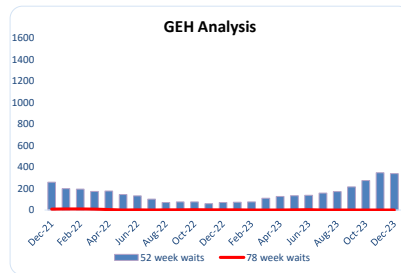
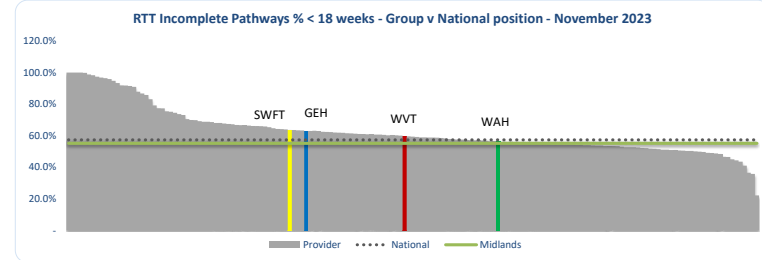
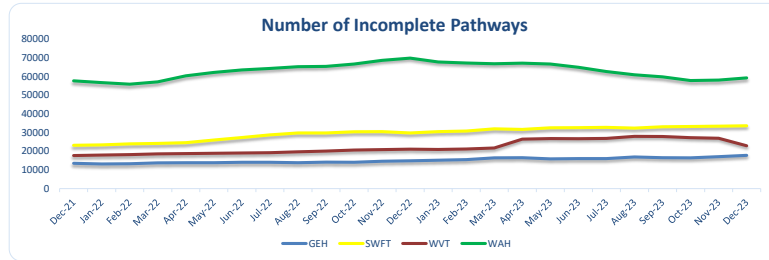
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>There are two main specialities driving almost two thirds of our delays in patients awaiting over 62 days for treatment. These are Dermatology and Urology and are the main areas of focus to get our 62 days breaches reduced to our Fair Share number.</p> <p>In Dermatology the increase in referrals was at 9% before mutual aid support was implemented for Malvern area patients in the Summer of 2023. This has now seen a 60% increase in referrals, an average of 15 additional per week. This caused a peak in referrals in August 2023 and October 2023 and the conversion to surgery which the Dermatology and Plastic teams struggled to get the capacity to support. Additional use of Business Intelligence to profile and ensure tracking oversight has been implemented across the skin service along with additional "spot clinics" for cancer and additional "Super Surgery weeks" to reduce the backlog and maintain capacity. The position should improve by the end of February 2024.</p> <p>Urology also had an increase in referrals over October 2023 and November 2023 of 30%, which has continued in December 2023 and January 2024 at 60%, above 2019/20 levels, along with some high absence within the clinical teams. Local anaesthetic transperineal prostate biopsy (LATP) demand has increased and additional sessions are being arranged as "Super Saturdays" to manage the demand. Some of our Pathology and Radiology reports for urology are outsourced and on-going work to improve and stabilise the position.</p>	<p>George Eliot Hospital NHS Trust GEH -</p> <p>The Trust has seen a continual increase in 2 week wait referrals; currently circa 720 referrals are received each month compared to 2022 where there was circa 650. The Trust has seen an increase in the number of patients over 62 days in October 2023 and November 2023 but it has reduced again in December 2023 to 55. The increase was due to Industrial action impacting clinical decision-making, radiological capacity and delays at UHCW for vacuum-assisted biopsies and excisions. However, UHCW have offered mutual aid to our breast patients which has reduced the backlog in December 2023. Urology has seen the highest number of 62-week breaches, once again owing to capacity and staff shortages, there is a focus on Urology both within the Trust but also as part of the Integrated Care Board (ICB) and Foundation Group. GEH ran a clinical Patient Tracking List(PTL) shared decision-making (aka MADE) event for the most pressured sites. As a result of this, Urology and Colorectal were able to considerably reduce their longest waiting patients by 46% (29/62 patients) which has meant that GEH has successfully started to see a reduction in this target for December 2023 and January 2024. There are plans to hold further MADE events for February.</p> <p>Note:- Cancer data runs one month in arrears.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>For Q3 62 day – again we only have submitted performance for October (58.2%) and November (64.9%). It remains challenging due to the knock on delays from earlier on in the pathways to maintain the 62 day performance.</p> <p>62 day Issues: Breast tumour site have delays mainly due to timeframes referrals are being sent from the Breast screening service and delays for diagnostics at University Hospitals Coventry & Warwickshire (VAB-Vacuum-Assisted Core Biopsy/VAE-Vacuum-Assisted Excision).</p> <p>SWFT continues to see a sustained increase in the number of 2 week wait referrals, with a second month seeing in excess of 1,800 in August 2023, and July 2023 and September 2023 being higher than 1,700. This continues to be a significant increase over pre-COVID levels. The total number of patients on the waiting list remains higher than in 2019 with most of the long waits continue to sit within urology and colorectal specialities.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Urgent and suspected referrals in Dermatology and Urology have seen a significant increase during Oct - Dec 2023. This increase is above normal seasonal variation. There are continued efforts and discussions to identify mutual aid, and further temporary insourcing has been agreed for both to support 2023/24 improvements to the end of the year, funded by Elective Recovery Fund (ERF).</p> <p>These specialities have the highest 62 day backlog (Colorectal is third highest).</p> <p>The ongoing sustainability of these services in particular, is now part of a support package from NHS England/Improvement (NHSEI) focusing on Demand and Capacity in Urology and lead provider service for Dermatology. This support is being provided as WAH have been placed back in to NHSEI Tier 1 support.</p>

Foundation Group Key Metrics

Referral to Treatment (RTT) List Size - English

Trust	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	% change v Dec-22
GEH	13508	13188	13296	13753	13870	13891	14107	14101	13826	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	20%
SWFT	23184	23376	23958	24207	24583	25987	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	13%
WAH	57660	56728	55890	57151	60345	62196	63485	64284	65264	65420	66703	68628	69832	67744	67208	66840	67122	66658	64904	62647	60945	59787	57856	58058	59242	-15%
WVT	17697	17969	18211	18606	18765	18897	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	22907	8%

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



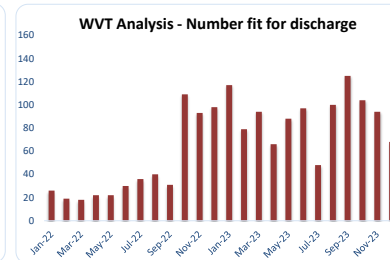
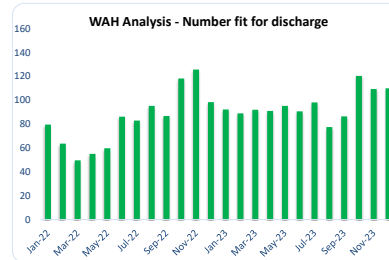
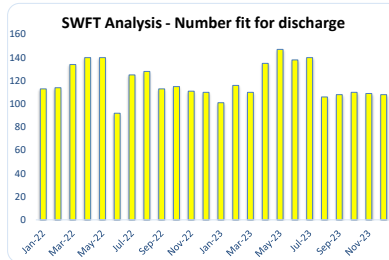
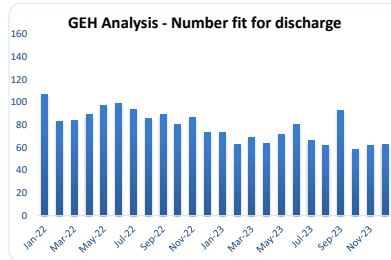
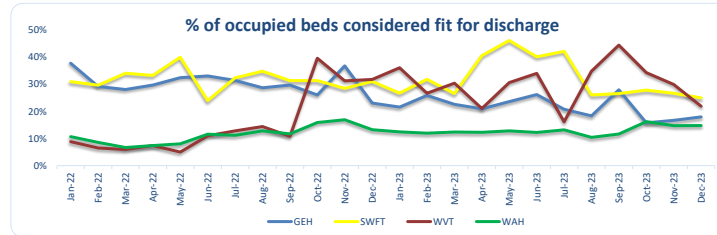
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Referrals remains 7% above 2019/20 and 9% above our predicted planning assumption for this year.</p> <p>The Trust has focused on all 65 week non-admitted patients being seen by the end of December 2023 and, bar a small number of patients,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

Foundation Group Key Metrics

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

% of occupied beds considered fit for discharge

Trust	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
GEH	37.8%	29.2%	28.1%	29.8%	32.4%	33.1%	31.4%	28.8%	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%
SWFT	31.0%	29.7%	34.1%	33.3%	40.0%	24.0%	32.4%	34.9%	31.4%	31.4%	28.5%	31.1%	26.8%	31.9%	26.6%	40.6%	46.2%	40.2%	42.2%	26.1%	26.6%	27.9%	26.7%	25.0%
WAH	10.7%	8.6%	6.7%	7.4%	8.0%	11.6%	11.2%	12.8%	11.7%	15.9%	16.9%	13.3%	12.4%	12.0%	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%
WVT	8.8%	6.5%	6.0%	7.4%	5.0%	11.0%	12.8%	14.4%	10.8%	39.6%	31.3%	31.8%	36.1%	26.7%	30.4%	21.1%	30.7%	34.0%	16.2%	34.8%	44.5%	34.3%	29.9%	21.9%

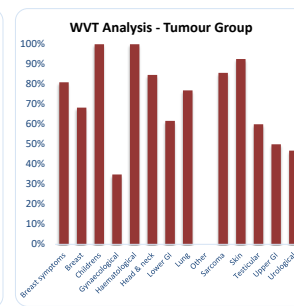
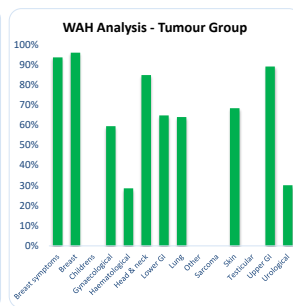
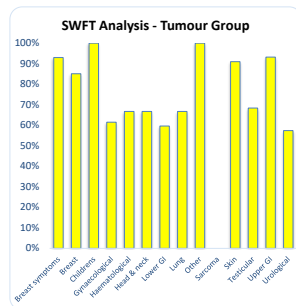
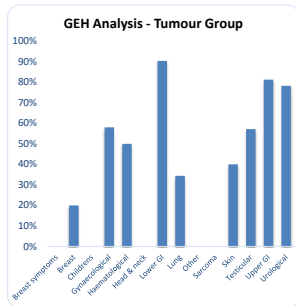
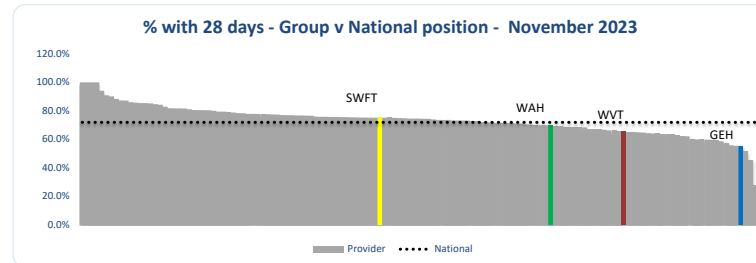
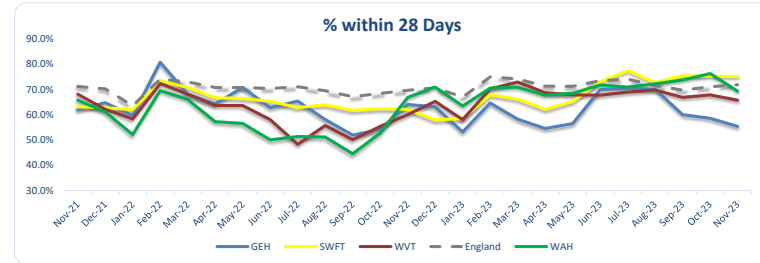


Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>We have seen a reduction in the Herefordshire number of patients awaiting domiciliary care in the community, in-hospital and over stayers in Pathway 1 and 2. Improvements have been seen due to increased collaborative working and effective commissioning framework. have also need increased utilisation of our Discharge to Access [D2A] bedded capacity support by Hoople.</p> <p>Better Care Funding is supporting Integrated discharge services undergo considerable transformation with partners engaged in a number of work streams intended to improve the efficiency, effectiveness and affordability of discharge services.</p> <p>Additional winter funds have been put in support Pathway 1 delays by trying to increase HomeFirst and increase the Pathway 1 Bridging team that supports WVT's Hospital@Home team.</p> <p>The D2A "Sprint", co-chaired by Herefordshire Council and WVT, start in December 2023 and are looking at rapid workstreams to ensure better discharge planning, aiming to ensure discharge to appropriate pathway first time, improved "prescription" of care needs and improve average occupancy levels and length of stay for lead providers supporting Pathway 1 and 2 discharges.</p> <p>However, we are still seeing high number of discharge delays averaging 51 delays per day over November and December which reflects our higher MFFD volume. We continue to meet with partners across Herefordshire and Powys on a daily basis to discuss delays and at Executive levels at least twice per week over the winter period.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Trust has seen a reduction from 2022 in the number of patients who are medically fit for discharge, however, the number is still significant and occupies 18% of our bed base.</p> <p>MADE's held monthly with representatives from Health and Social Care, Specialty Consultants, Ward Managers and Operational leads</p> <p>Focus on 21-day Length Of Stay(LOS) is ongoing with a weekly review including representation from Social and Health care with lessons learnt being feedback to the wards and teams.</p> <p>Ongoing daily calls with Health and Social care reviewing individual patients.</p> <p>Escalation to the system of patients with behavioural issues being declined by multiple care homes with no discharge destination agreed to increase LOS</p> <p>Currently the Trust is reviewing patients admitted from care homes and the discharge process as homes are requesting to reassess or refuse to have patients back.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Medically Fit For Discharge (MFFD) rates have seen a step change in numbers since August 2023, where the Trust was consistently performing just over 40%, we are now seeing a performance typically being under 30%, with the best performance often occurring around 25%. Increased to now being over 40% during the Summer period, and above the same period the previous year. The reduction is in large part to the review of processes around the collection and recording of MFFD data.</p> <p>There has been a recent move since Summer last year to more patients waiting for pathway 2 and this has remained the case over the last few months, with a corresponding decrease in pathway 1. Also since last year there has been a huge decrease in 'Waiting Medical Decision'. Focus continues to energise specific areas, developing relationships to support discharge and flow into the community eg: domiciliary care with out of area colleagues to gain traction with these patients, and the OPMU are also now involved in the review work around the collection and robustness of the MFFD data..</p> <p>Further, there will be increased focus on the Criteria To Reside data, as it is now being included within the new Faster Data Flows, with Discharge Ready Date now being seen as a key piece of information for NHS England.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>As seen in previous Winter months there has been an increase in patients who are medically fit and do not have a reason to reside. There continues to be a focus on these patients, particularly those with a long length of stay, as evidenced with this project being included in the Trust Patient Flow Programme, and ongoing discussions with our system providers regarding patients whom require a package of care.</p> <p>KPMG are supporting the Trust with a review of our discharge processes to identify what additional Trust related improvements we can make to support earlier discharge.</p> <p>For noting other improvements to support earlier discharge include:</p> <ul style="list-style-type: none"> - Increased weekend Pharmacy services to support weekend discharges. - Ward targets - which has supported improved before midday discharges. - Re-energised criteria led discharging.

Foundation Group Key Metrics

28 Day Faster Diagnosis Standard (FDS)

Trust	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
GEH	62.0%	64.8%	59.7%	80.8%	68.2%	64.3%	70.9%	62.8%	65.4%	58.2%	52.0%	54.2%	64.1%	63.2%	53.3%	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	55.4%
SWFT	63.1%	62.8%	62.0%	73.4%	70.8%	66.7%	66.5%	65.3%	62.9%	64.0%	61.8%	62.5%	62.1%	58.0%	58.5%	67.9%	66.2%	62.2%	65.3%	73.0%	77.4%	72.8%	75.4%	75.3%	75.1%
WAH	65.8%	61.2%	52.2%	69.6%	66.1%	57.3%	56.6%	50.1%	51.4%	51.2%	44.6%	52.8%	66.9%	71.0%	63.5%	70.6%	70.9%	67.8%	68.5%	71.8%	71.0%	72.3%	73.8%	76.3%	69.4%
WVT	68.2%	62.2%	58.4%	72.4%	68.2%	63.7%	63.7%	58.1%	48.3%	55.8%	50.2%	55.4%	60.1%	65.3%	58.1%	70.3%	73.0%	68.8%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%



RAG(Red-Amber-Green)rating versus England

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

Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Cancer referrals remain high with a 11% increased compared to last year (107 additional referrals) and a 28% increase compared to three years ago (2211 additional referrals)</p> <p>Skin and Head and Neck now deliver sustained high levels of good performance related to the Faster Diagnosis Standard(FDS). However Histopathology, Endoscopy and Radiology capacity remain a challenge in order to improve our FDS further. The Primary Care Faecal Immunochemical Testing (FIT) implementation was delayed awaiting an upgrade to Community EMIS but is now operational from the 15th January and, like elsewhere, we hope to see a direct impact on cancer pressure on the Endoscopy pathway. Gastroenterology have also implemented a cross cover arrangement to reduce delays in decision making and communication with patients awaiting results. We are aiming to launch text messaging to patients with benign results ahead of letters being sent in April following governance sign off. We will replicate this across all specialities.</p> <p>Radiology scan to reporting times have improved as they continue to use telemedicine clinic for cancer reporting, Computed tomographic (CT) colonography is now 12 days on average from scan to report time, previously this was over 30 days. We also have a new Cancer Navigator starting in pathology to work through improvements with the local team.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>GEH has seen a decline in the FDS 28-day standard towards the end of Q2 and for the first two months of Q3. This was due to the delay in diagnosis as MDTs were cancelled and post-MDT slots were rearranged owing to industrial action. The target was largely compromised by capacity at the first outpatient appointment and appointing patients after day 28 for Breast, Urology and Lung for these months, additional capacity is now secured for Lung and Urology. In addition to this, GEH had issues with our breast one-stop clinic with some patients needing to be recalled owing to mammogram machines and ultrasound machine equipment failure. This is now resolved and the backlog of patients has been accommodated at UHCW which has enabled our position to recover. GEH have since recovered this position for December unvalidated Trust position at 68% with the following specialties achieving over 70% - Breast, Colorectal, Gynaecology and Upper GI. The Trust has produced a recovery trajectory and a robust action plan to ensure that this target is met by March 2024.</p>
<p>South Warwickshire University NHS Foundation Trust</p> <p>For Q3 28 Day FDS – We only have submitted performance for October & November and for both of these months we slightly exceeded the target of 75% (75.3% for Oct & 75.11% for Nov). December 23's unvalidated performance is 75.2%.</p> <p>It is worth noting that Lower GI has seen a steady improvement from the beginning of the year and was at 60.2% for November 2023.</p> <p>There have been some real improvements in the 28 Faster Diagnosis performance recently. The last four months has seen the position remain at or above 75%. This is despite the Trust continuing to see a sustained increase in the number of two week wait referrals coming into the organisation, which has been impacting on the responsiveness in some areas.</p> <p>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.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Performance is still showing special cause sustained improvement above 75%. However, operational management have advised that there is a risk in the coming months that we will not be able to sustain the performance, specifically within Haematology, due to the volume of increased activity and limited capacity. Urology and Dermatology (Skin) as discussed within the Cancer slide, have capacity related issues, and are receiving support and interventions from NHSEI.</p> <p>Analysis shows that the areas for improvement to enable sustained performance is predominantly within the request to test delays; however this is difficult with the increase in demand for diagnostics, several of which are included in business cases and 'I have an idea' as part of annual planning.</p>

Foundation Group Key Metrics

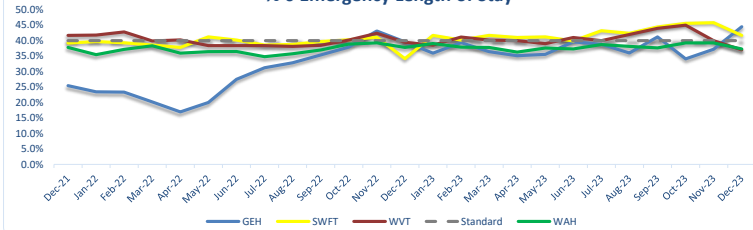
SDEC-Same Day Emergency Care (0 LOS Emergency admissions)

Trust	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
GEH	25.5%	23.5%	23.4%	20.2%	17.0%	20.0%	27.5%	31.3%	32.8%	35.4%	37.9%	43.1%	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	36.0%	41.2%	34.1%	37.2%	44.5%
SWFT	39.2%	39.7%	39.3%	38.6%	37.8%	41.2%	40.2%	38.6%	38.8%	39.7%	40.3%	41.1%	34.2%	41.7%	40.2%	41.7%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%	45.6%	45.8%	41.7%
WAH	37.8%	35.5%	37.2%	38.3%	35.9%	36.4%	36.5%	34.8%	35.8%	37.0%	38.9%	39.3%	37.8%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%
WVT	41.7%	41.8%	42.8%	39.9%	40.3%	38.4%	38.4%	38.4%	38.1%	38.5%	40.2%	42.4%	39.4%	38.5%	41.1%	40.2%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	40.0%	37.0%

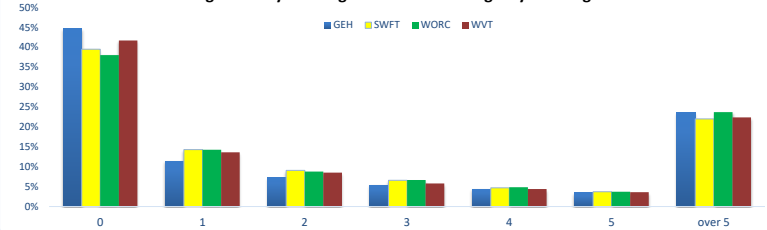
Group Analytics



% 0 Emergency Length of Stay



Length of Stay Banding breakdown - emergency discharges



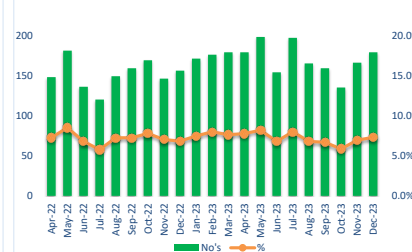
GEH Analysis - 0 LOS In Main G&A Wards



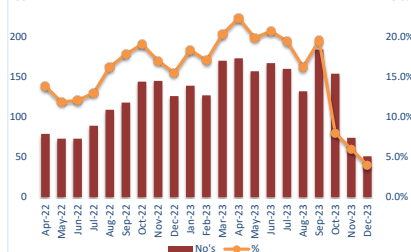
SWFT Analysis - 0 LOS In Main G&A Wards



WAH Analysis - 0 LOS In Main G&A Wards



WVT Analysis - 0 LOS In Main G&A Wards



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Our Surgical same day emergency care (SDEC) opened on the 19th December 2023, 24 hours before the Junior Doctors Industrial Action, which delivered an increased SDEC facility for our surgical patients on our acute floor. This is planned to be a "Phase One" model before we look to expand the model to include development of a Surgical Assessment short stay area within the footprint of the unit. The expansion of Surgical SDEC has allowed for an expanded Medical SDEC in January 2024 along with developing the pathway to include how our Medical Day Case Unit can support improved flow and increase capacity for referrals SDEC patients.

Since the opening of our Frailty SDEC we have seen a reduction in the number of 0 Day Length of stay patients occupying our General and Acute beds. However there still remains an opportunity within our ED to stream more patients to our SDEC pathways.

George Eliot Hospital NHS Trust (GEH)

Ongoing work to improve 0 Length of stay continues, frailty at the front door commenced in October 2023 but was paused during the last industrial action due to staffing, the reconfiguration of the site over the next 6 months will enable the trust to have a fully functioning Frailty unit including assessment area and increased capacity in Surgical Assessment Unit (SAU) to facilitate Early Pregnancy Assessment Unit (EPAU) and Gynaecology Assessment Unit (GAU) patients. Work is ongoing to increase the number of patients streamed to SDEC over the weekend by ensuring the opening times meet the demand from the emergency department.

South Warwickshire University NHS Foundation Trust

Worcestershire Acute NHS Trust (WAH)

0 LOS SDEC: Additional capacity relating to Cardiology SDEC and a trial single point of access hub (telephone hub for GP referrals where triage will direct the patients to the most appropriate setting both within and outside of the Acute) opened in Q3 23/24. Two additional winter funded wards also opened allowing more protection from overnight patients having to stay in SDEC facilities. Collectively these changes have resulted in an increase in the number of patients who have a zero LOS.

In Q4 23/24 and Q1 24/25 various SDEC virtual wards will be coming online, which will facilitate more capacity for throughput and a further increase in zero LOS patients.

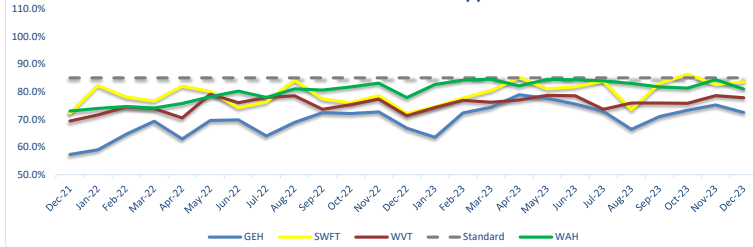
Foundation Group Key Metrics

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

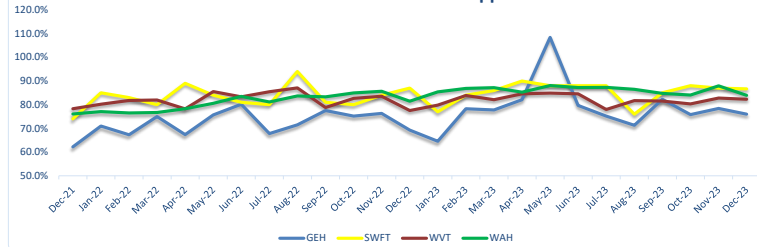
Trust	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
GEH	57.3%	59.0%	64.6%	69.3%	62.9%	69.6%	69.8%	64.0%	68.9%	72.4%	72.1%	72.7%	66.8%	63.5%	72.3%	74.4%	78.9%	77.6%	75.5%	72.9%	66.4%	71.0%	73.30%	75.2%	72.5%
SWFT	72.1%	82.2%	78.1%	76.6%	82.0%	80.1%	74.2%	76.3%	84.1%	77.4%	76.0%	78.6%	72.1%	74.5%	77.7%	80.4%	85.1%	81.0%	81.8%	83.8%	73.5%	83.0%	86.3%	82.6%	83.5%
WAH	73.0%	73.9%	74.7%	74.1%	75.8%	78.2%	80.2%	77.9%	81.0%	80.6%	81.7%	83.1%	77.9%	82.6%	84.2%	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	81.7%	81.3%	84.3%	81.0%
WVT	69.4%	71.6%	74.5%	73.9%	70.5%	79.1%	76.0%	77.9%	78.5%	73.6%	75.3%	77.3%	71.3%	74.3%	76.9%	76.2%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%

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

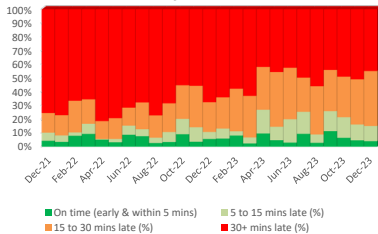
Theatre Utilisation - Capped



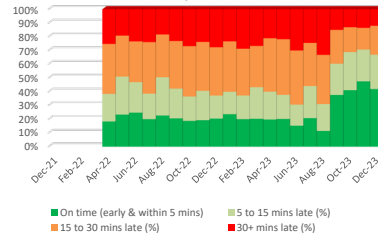
Theatre Utilisation - Uncapped



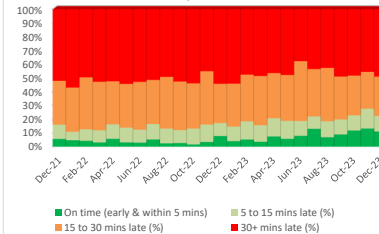
GEH Analysis - start times



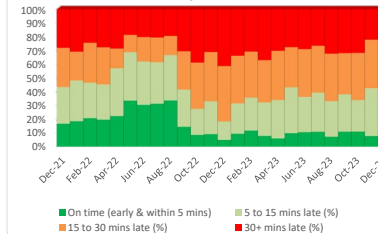
SWFT Analysis - start times



WAH Analysis - start times



WVT Analysis - start times



Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

A difficult December 2023 with pressures on Theatre utilisation due to Industrial Action and capacity issues within Critical Care, which caused an escalation of Critical Care patients into our Theatre Recovery, saw some reducing in Theatre Utilisation over the last two weeks of the month.

Despite these pressures our Theatre Utilisation for December has been better than the previous four years and our number of cases per list are now consistently just above pre-pandemic levels.

In November we had a perfect fortnight for Trauma and Orthopaedics and the key outcomes were

- o Improved engagement by ward teams and clinical teams, as well as support services, to 'get this right'
- o Increase in number of cases completed
- o Improved scheduling, 6-4-2 processes, was adhered to
- o Running with a back up list of patients available to come in at very short notice resulted in increased full lists where ordinarily the list would have run partially empty
- o Education sessions have been used with 73 patients attending such sessions on the run up to their surgery with the aim of setting expectations for discharge, and assisting patients with having the necessary support in place ahead of time to reduce length of stay and patients being discharged beyond their expected discharge date

A similar Perfect Week is now planned for Gynaecology for February 2024

South Warwickshire University NHS Foundation Trust (SWFT)

The Trust spent much of the Summer months working with the Model Hospital team to get our local reporting to match the national position, which was based on the same dataset, but which returned different percentages in each report. The difference was as a result of how lunch-breaks and non-working time is actually calculated within the Model Hospital model and the final result was that SWFT's performance improved on the Model Hospital system to a value of around 10%.

Capped Utilisation rate now sits on average around 84%, which is top quartile performance, and there is a transformation programme underway to look at reducing any variations seen at specialty level.

George Eliot Hospital NHS Trust (GEH)

Theatre Utilisation - Capped

Theatre utilisation dropped in December 2023 due to a reduction in Elective activity in response to winter pressures and Junior Doctor industrial action. Perfect lists for Trauma & Orthopaedics, General Surgery and Gynaecology services are scheduled for Quarter 1 2024.

Theatre Utilisation - Uncapped

Due to competing winter pressures, patients often remain in theatre recovery due to bed pressures. During Q3 AM - 93-98% occupation of Day Procedure Unit (DPU) was observed, which directly limits space for patients to return from theatres for discharge. In addition on average, 4 boarders on Mary Seacole (CTMU Ward) which removes our flexibility to recover into bays.

Theatre start times

Work continues on improving start times, through Perfect List planning and scheduling and identification of Golden patients. However, a reduction in lists starting on time in December can be aligned to the cancellation of Electives arthroplasty due to bed pressures and a switch to daycase lists or trauma which have a higher volume of patients to be consented or a higher acuity.

Worcestershire Acute NHS Trust (WAH)

There has been a dedicated transformational programme of work with Theatres in place for 23/24, initially focused on the following:

- Increasing theatre utilisation - this is monitored via a robust weekly 6-4-2 process.
- Understanding dropped lists - including amending the management system to enable the capture of this data, changes will be implemented in Q4 23/24 to enable much more visibility of this, including triangulation against repurposed lists and job plans.
- Reducing 'on the day cancellations' - there are several projects here including a review of pre op processes, including a reduction of appt times to increase throughput and calling patients to remind them of appointments.
- Clarity relating to lost time at midday - amendment to management systems to capture 'lunch' for all day sessions, which within Model Hospital was being included as lost time.
- Late starts and early finishes requires a deeper dive, there are several reasons being provided which are being investigated for validity, including job plan start times, patients not being ready, pre op failures, patients misunderstanding requirements of surgical preparations i.e. no food within defined time periods.

Focus on improvements is ongoing,

Also note that within Q3 23/24 we have opened two new theatres at the ALX.

In Development

Outpatients Slot Utilization

Slot Utilisation



South Warwickshire University NHS Foundation Trust (SWFT)

We also have a full predictive tool identifying patients who may DNA based on their history who have possible get an extra test reminder or call. We also have a tool of clinical guidelines that will help you to make a decision on whether to test or not. We also have a tool of clinical guidelines that will help you to make a decision on whether to test or not.

PSU - The PSU rate at SWFT has been steadily growing over the last year, peaking at 6.5% in October, however, we have seen a slight reduction in this since then. The specialists with the highest PSU rates are Gastroenterology (20%), Dermatology (15.1%) and Trauma & Orthopaedics (18%). PSU is being rolled out to more specialists over the next few months, so we are expecting the PSU rate to start to increase again within the next few months.