George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24

NHS George Eliot Hospital — NHS Trust

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

Activity Performance Only
- Over 5% above Target (Blue)
- 5% above to 2% below Target (Green)
- More than 2% below Target to 5% below Target (Orange)
- Over 5% below Target (Red)

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

Quality of care, access and outcomes		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date vs Standard	GEH Latest month vs benchmark	National or Regional	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 75%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%		340	589	58.1%	60.1%	72.0%	Sep 2023
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	98.0%	98.5%	98.5%	98.7%	96.9%	90.0%	91.8%	96.6%		56	58	98.2%	90.0%	89.7%	
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85%	40.9%	43.5%	47.3%	61.9%	74.0%	62.5%	53.1%	34.2%		13	38	56.5%	62.5%	59.3%	
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	56.1%	79.3%	78.1%	75.4%	72.8%	66.1%	69.2%	68.5%		444	648	74.2%	66.1%	74.0%	
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	18.9%	57.7%	47.4%	29.8%	34.4%	6.1%	25.0%	16.4%		10	61	45.7%	6.1%	70.8%	
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	5	6	6	6	6	9	12	15							
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	0.0%	100.0%	40.0%	66.7%	33.3%	20.0%	14.3%	33.3%		1	3	42.8%	20.0%	64.6%	Sep 2023
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	89.5%	86.5%	90.2%	93.1%	87.5%	79.4%	75.9%	85.2%		11.5	14	88.6%	79.4%	74.0%	
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	57	59	59	45	55	59	76	55							
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	91.4%	93.4%	93.6%	91.5%	91.2%	87.6%	85.9%	85.7%	87.0%	2,003	2,301	89.1%	91.4%	91.8%	Apr 2023
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	7,740	8,229	8,384	8,161	7,994	7,942	8,517	8,199	8,314			73,480			
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	13.6%	18.1%	19.7%	18.3%	12.6%	15.0%	12.2%	14.5%	13.7%	191	1,391	15.5%	16.3%	26.0%	Nov 2022
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	1.3%	1.2%	1.2%	2.1%	4.6%	2.7%	6.3%	2.9%	6.0%	83	1,391	3.2%	1.2%	8.0%	May 2023
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	921	991	934	984	975	905	1,014	1,010	1,043						
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	35.2%	35.6%	39.6%	38.8%	36.0%	41.2%	34.1%	37.2%	44.5%	773	1,736	36.9%	35.2%	35.0%	Apr 2023
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		6.5%	7.0%	9.1%	6.6%	9.7%	8.3%	10.1%	9.7%	9.1%	759	8,314	8.1%	6.5%	<6.0%	
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		81	80	90	90	96	93	93	86	83			88	81	<111	
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 95% (FY_2022-23) ≥76% (FY_2023-24)	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	6,015	8,199	74.1%	71.7%	71.6%	Sep 2023

Quality of care, access and outcomes	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/Fail	Trend Variation	DQ Mark
Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	21	18	17	18	21	18	22	21	22			20		22	25	Apr 2023			
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	1	0	0	0	10	8	31	43	98			191					?		
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	1.2%	1.7%	1.9%	1.9%	2.2%	1.7%	1.3%	1.1%	0.9%	69	7,797	1.6%		1.2%	8.0%	Apr 2023	P		
Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	67.7%	68.0%	66.7%	65.7%	62.8%	62.8%	63.0%	63.2%	59.8%	10,639	17,799	65.0%		62.8%	57.6%	Sep 2023	F	H	
Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,556	15,901	16,025	16,075	16,917	16,501	16,426	17,086	17,799								F	H	
Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	127	133	137	158	172	216	275	348	339								F	L	
Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	0	0	0	1			1					F	L	
Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	0	0	0	0			0					?	L	
GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	2019/20	91.5%	98.4%	109%	85.8%	98.5%	98.5%	93.1%	103.6%	93.1%	8,518	9,151						F	L	
Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	2019/20	92.2%	95.1%	109%	91.1%	98.7%	96.5%	105%	100%	94.7%	4,507	4,760						?		
Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	82.3%	84.9%	97.7%	86.7%	88.1%	96.1%	94.1%	87.5%	84.5%	4,507	5,331						?		
Total Outpatient Activity (% v 2019/20 baseline)	Chief Operating Officer	2019/20	86.5%	89.5%	99.3%	90.9%	92.7%	91.4%	104%	100%	93.5%	13,618	14,558						?		
Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	92.4%	95.7%	106%	97.0%	98.2%	95.7%	111%	104%	99.7%	13,618	13,660						?		
Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	113%	107%	151%	154%	99.4%	153%	202%	144%	173%	209	121						?		
Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	90.4%	85.1%	119%	119%	77.8%	113%	161%	110%	140%	209	149						F	L	
Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	2019/20	83.2%	96.1%	120%	103%	110%	106%	125%	113%	99%	1,403	1,417						?		
Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	66.5%	76.9%	96.1%	81.6%	86.8%	84.1%	100%	86.2%	88.8%	1,403	1,580						?		
BADS Daycase rates	Chief Operating Officer	≥90%	92.3%	94.4%	90.3%	91.2%	98.9%	97.5%	94.8%	92.0%	94.5%	86	91	93.9%		96.4%	82.0%	Mar 2023	P		
Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	11	22	29	17	30	33	20	31	31			25					?	L	
Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	116%	119%	125%	122%	130%	127%	136%	136%	131%	2,094	1,603	126%							
Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	81.3%	97.6%	111%	78.3%	95.2%	95.8%	89.0%	91.3%	93.7%	628	670	92.0%							

Section label (rows for Referral to Treatment through Diagnostic Activity): **Elective Care**

	Quality of care, access and outcomes	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	77.1%	73.8%	79.1%	80.4%	72.6%	80.4%	71.1%	73.2%	75.2%	968	1,287	75.7%							A R
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	87.4%	90.6%	93.8%	94.5%	92.1%	89.6%	91.3%	86.3%	85.3%	3,281	3,845	91.0%		89.6%	73.7%	Sep 2023	F		
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	89.6%	92.2%	95.0%	96.2%	92.8%	93.8%	97.7%	96.5%	97.7%	212	217	93.9%					?		
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	35.3%	15.4%	26.9%	12.9%	18.8%	9.5%	38.5%	14.3%	38.5%	10	26	22.6%					?	H	
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	24.2%	34.3%	55.6%	44.9%	44.2%	52.2%	65.0%	53.2%	65.0%	26	40	39.7%					F	H	
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	94.7%	70.0%	86.7%	88.0%	95.8%	77.3%	8.7%	93.3%	8.7%	2	23	84.9%					F		
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	173	170	180	204	163	185	185	181	173			1,614					?		
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:26	1:26	1:27	1:32	1:28	1:30	1:30	1:28	1:29			1:28					?		
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	5.9%	5.9%	6.3%	6.4%	5.6%	6.1%	6.0%	5.9%	6.7%	966	14,357	6.1%		5.9%	7.8%	Apr 2023	F	H	S T A R
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	75.4%	78.7%	79.3%	77.7%	79.3%	79.8%	78.8%	79.4%	77.5%	12,364	15,960	78.5%					F	H	
	Outpatient Activity - Follow Up attendances (% v 2019/20 baseline)	Chief Operating Officer	< 85%	84.1%	86.8%	96.8%	89.5%	89.8%	90.2%	#####	100%	93%	9,111	9,798	92.0%					?	H	S T A R
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	98.7%	102%	113%	105%	105%	108%	121%	117%	109%	9,111	8,328	108%					?		
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	18.0%	18.2%	17.2%	17.6%	16.8%	23.4%	18.7%	17.5%	22.1%	3,690	16,675	18.3%		18.0%	20.0%	Apr 2023	F	L	S T A R
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		12.3%	15.4%	12.4%	9.3%	11.7%	12.0%	8.1%	8.2%	8.1%	14	173	10.6%							S T A R
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	98.5%	99.7%	97.9%	96.9%	98.0%	99.4%	98.7%	99.5%	93.6%	350	374	98.6%		97.9%	81.3%	Jun 2023	P		
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0			0		0	16	Sep 2023	P		
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer			1.6%	2.6%	2.7%	1.9%	2.5%	2.4%	2.3%	2.5%	3.2%	38	1,188	2.5%						S T A R
	ALoS – D2A Pathway 2	Chief Operating Officer			15.1	17.5	29.5	20.0	26.1	23.4	25.2	25.1	29.5									
	ALoS – D2A Pathway 3	Chief Operating Officer			20.3	17.7	26.3	20.3	27.5	16.0	19.0	21.6	26.3									
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.6	5.4	5.0	4.9	5.5	5.1	5.8	5.7	5.5			5.4		5.6	4.5	Apr 2023	P		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	3.3	3.2	2.4	2.6	3.3	2.8	2.3	2.1	2.6			2.7		3.3	2.9		P		
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	63	350	20.6%		23.1%	23.1%	Dec 2022	?	H	
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	9.0%	9.5%	8.6%	9.0%	8.2%	7.8%	7.1%	8.5%	9.5%	382	4,042	8.5%		9.0%	7.1%	Apr 2023	F		

Quality of care, access and outcomes	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
HSMR - Rolling 12 months	Chief Medical Officer	<100	124	124	117	117	113	113	113	113	113			117		124	100	Mar 2023	F	H	
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	111	110	108	107	107	108	111	114	118			TBC		111	101	Apr 2023	?	H	
Never Events	Chief Medical Officer	0	0	1	0	0	0	0	0	0	0			1					?		
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	1	0	0	0	0			1					P	L	
MSSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	3	0	4	9			16					?		
Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	2022/23 (13)	0	1	1	2	1	6	3	2	4			20					?		
Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (18)	2	0	1	0	1	1	0	0	0			5							
Total no of Hospital Acquired Pressure Sores Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0			0					F		
Serious Incidents	Chief Medical Officer	Actual	2	6	2	1	1	1	0	0	2			15					?		
VTE Risk Assessments	Chief Medical Officer	≥95%	97.2%	96.9%	96.9%	96.2%	95.9%	96.1%	96.0%	96.4%	94.1%	3,860	4,100	96.2%		97.0%	95.5%	Jan 2023	F	L	
WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	≥80.0%	Feb 2023	?	L	
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	95.0%	98.7%	91.4%	96.3%	92.9%	96.0%	94.8%	96.4%	95.4%			95.3%							
Number of complaints	Chief Nursing Officer	2021/22 (352)	10	13	9	8	10	11	14	11	4			90					?		
Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	0	0	0	0	0	0				0					F		
Number of complaints referred to Ombudsman - Investigation stage BFWD	Chief Nursing Officer	0	0	0	2	0	0	0	0	0				2					?		
Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	0	0	0	0	0	2	0	0				2					F		
Complaints resolved within policy timeframe	Chief Nursing Officer	≥90%	90.0%	100%	100%	100%	80.0%	81.8%	93.0%	72.7%		8	11	90.9%					F	L	
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	81.4%	82.7%	78.2%	81.1%	79.2%	79.1%	76.6%	80.8%	79.7%	1,374	1723			79.1%	79.0%				
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	82.6%	84.2%	86.2%	88.0%	84.4%	84.6%	87.5%	84.4%	85.4%	292	342			84.6%	94.0%				
Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	93.4%	93.8%	94.3%	93.9%	94.2%	95.2%	92.6%	94.9%	93.2%	55	59			95.2%	92.0%	Sep 2023			
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	28.5%	27.7%	27.5%	26.8%	30.3%	30.3%	27.0%	27.9%	27.6%	1,723	6239			30.3%	10.4%				
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	29.2%	29.4%	27.8%	28.0%	27.2%	28.9%	22.7%	33.4%	31.5%	342	1086			28.9%	20.5%				
Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	34.5%	21.5%	31.5%	33.3%	25.2%	27.1%	22.0%	28.6%	26.7%	59	221								

**Note:- Related to FFT reporting, due to technical reasons with the third-party vendor, the organisation could not extract the data for February 2023 for Maternity Speciality.

Quality of care, access and outcomes	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional	Pass/ Fail	Trend Variation	DQ Mark

People — Looking After Our People

People	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Appraisals	Chief People Officer	≥ 85%	78.6%	78.3%	78.9%	77.7%	76.2%	79.3%	81.7%	78.6%	78.8%	1,506	1,910	78.4%		79.3%	80.9% (Sep 2023)	F		
Mandatory Training	Chief People Officer	≥ 85%	88.9%	92.0%	93.0%	94.0%	93.4%	96.6%	93.9%	93.7%	93.7%	24,823	26,486	92.0%		96.6%	89.6%	?		
Sickness Absence (%) - Monthly	Chief People Officer	< 5%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4,401	82,158	5.1%				F	L	
Overall Sickness (Rolling 12 Months)	Chief People Officer	< 5%	5.6%	5.6%	5.6%	5.5%	5.4%	5.5%	5.4%	5.3%	5.2%	48,224	921,509	5.5%		5.6%	4.5% (Jun 2023)	F	L	
Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	16.7%	16.5%	16.8%	17.1%	16.1%	16.1%	15.9%	15.5%	15.4%	366	2,379	16.8%				F	H	
Vacancy Rate	Chief People Officer	< 10%	10.7%	10.6%	10.2%	8.9%	9.1%	8.8%	7.1%	6.5%	6.0%	169	2,826	10.1%				P	L	

Finance and Use of Resources

Finance and Use of Resources	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 12 Month	GEH Latest month vs benchmark	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-1,531	-1,202	-650	-1,089	70	-288	1	2,077	481			-2,131						
I&E - Margin (%)	Chief Finance Officer	≥0%	-8.4%	-6.2%	-3.6%	-5.6%	0.3%	-1.5%	0.0%	8.8%	2.3%	481	21,102	-1.2%						
I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-719	-414	-42	-1,176	-26	2,377	417	-207	-503			-293						
I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-89.0%	-53.0%	-7.0%	-1352%	-27%	89%	100%	-9%	-51%	-503	984	16%						
CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-180	-258	-278	-1,120	-576	-1,649	1,403	214	-997			-3,440						
Agency - expenditure (£k)	Chief Finance Officer	N/A	926	1,101	822	1,022	1,016	773	711	840	736			7,947						
Agency - expenditure as % of total pay	Chief Finance Officer	N/A	6.8%	7.7%	5.9%	7.2%	7.4%	5.6%	5.1%	5.8%	5.1%	736	14,302	6.3%						
Agency - expenditure as % of cap	Chief Finance Officer	≤100%	159%	209%	172%	223%	227%	174%	189%	233%	203%	736	362	197%						
Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,698	4,367	4,153	4,384	4,309	4,296	4,174	4,499	4,460			4,360						
Capital - Variance to plan (£k)	Chief Finance Officer	≥0	83	347	625	-654	-811	-1,006	901	-494	-1,264			-2,273						
Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	48.1	46.2	46.6	49.9	48.6	47.7	48.4	47.7	37.1			37.1						
BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	92.1%	75.7%	95.2%	92.5%	75.1%	99.2%	96.6%	98.5%	98.7%	17,124	17,347	92.3%						
BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	97.6%	97.6%	96.4%	96.4%	98.7%	97.6%	99.1%	97.1%	95.8%	2,822	2,946	97.4%						

South Warwickshire University NHS Foundation Trust
Trust Key Performance Indicators (KPIs) - 2023/24

Relates to the latest months data

NHS South Warwickshire University NHS Foundation Trust

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

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

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

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

Latest Period

Quality of care, access and outcomes		Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	72.8%	75.4%	75.3%	75.1%		1281	1705	72.3%	•					
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	73.2%	55.3%	55.5%	73.8%		1157	1568	68.1%	•					
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	89.0%	94.8%	97.6%	90.6%		96	106	94.8%	•					
	Cancer 62 Day Standard	Chief Operating Officer	96%			58.2%	64.9%		365	563	62.0%	•					
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%			85.6%	91.1%		720	790	88.7%	•					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	11	13	15	12		12								
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	137.5%	123.6%	119.0%	126.1%	121.1%	74804	61747	127.0%	•					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.2%	99.4%	99.4%	99.6%	99.8%	1243	1253	99.5%	•					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	89.1%	87.5%	88.2%	89.4%	87.8%	1141	1280	88.1%	•					
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		93.8%	94.4%	95.1%	94.8%	90.2%	2351	2607	93.8%						
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	113.1%	114.5%	117.3%	115.9%	113.0%	7889	6981	112.5%	•					
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	39.3%	46.3%	49.4%	47.6%	38.9%	660	1695	44.2%	•					
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	94.1%	93.5%	95.7%	95.1%	90.3%	984	1090	95.0%	•					
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	0.2%	2.2%	0.4%	1.0%	0.0%	0	1695	0.5%	•					
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	131.4%	134.6%	132.0%	133.6%	152.8%	13244	13890	128.1%	•					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	42.4%	44.4%	45.6%	45.8%	41.7%	756	1813	42.9%						
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	0.4%	1.3%	0.5%	1.2%	2.5%	196	7922	0.9%						
	A&E - Time to treatment (median)	Chief Operating Officer	-	51	60	62	59	55	55		59						
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	74.2%	72.6%	71.9%	70.3%	67.6%	5358	7922	73.9%	•					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	95.4%	92.5%	94.3%	92.0%	91.5%	2800	3060	93.5%	•					
	A&E - Time to Initial Assessment	Chief Operating Officer	-	15	16	19	16	18	18		16						
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	0	17	0	4	8	8		29	•					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.1%	4.1%	4.5%	4.8%	4.5%	344	7660	4.0%						
	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	63.4%	63.2%	63.2%	63.8%	61.7%	20748	33623							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	16234	32385	33100	33287	33386	33623	33623								

29/01/2024

Quality of care, access and outcomes

		Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	905	902	904	884	850	850								
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	269	262	237	141	160	160								
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	1	0	1	0	0								
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	0								
	Referrals (GP/GDP only)	Chief Operating Officer	0	7623	7084	7788	7270	5407	5407								
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	106% 2019/20 Outturn	119.8%	125.5%	114.5%	113.6%	108.9%	7386	6785	112.8%	•					
	Outpatient Activity - Total	Chief Operating Officer	2019/20 Outturn	105.0%	102.9%	99.3%	103.8%	97.0%	29273	30193	103.9%						
	Elective Activity	Chief Operating Officer	106% 2019/20 Outturn	114.6%	111.8%	99.1%	109.9%	109.4%	3111	2844	107.2%	•					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	75%	78.7%	79.6%	83.5%	82.4%	83.3%	75237	90333	81.2%	•					
	Elective - Theatre utilisation	Chief Operating Officer	85%	84.4%	84.8%	86.9%	86.8%	86.6%	83881	96813	86.6%	•					
	Cancelled Operations on day of Surgery	Chief Operating Officer	0.8%	0.1%	0.1%	0.0%	0.0%	0.0%	0	96441	0.03%	•					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	120% 2019/20 Outturn	98.2%	113.6%	100.5%	105.2%	85.0%	480	565	96.4%	•					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	120% 2019/20 Outturn	160.3%	152.9%	135.4%	123.5%	142.7%	925	648	152.8%	•					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	120% 2019/20 Outturn	225.0%	236.6%	182.8%	208.7%	159.3%	1292	811	211.3%	•					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	62.0%	69.4%	70.7%	72.6%	70.1%	6460	9212							
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	77.7%	83.1%	69.9%	69.8%	73.6%	148	201	73.0%	•					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	22.4%	22.5%	23.1%	20.9%	24.2%	71	293	21.2%						
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	16	25	28	25	22	22		242						
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	87.4%	88.4%	91.6%	87.4%	90.9%	230	253	90.1%	•					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	14.8%	16.2%	19.1%	18.0%	19.6%	66	336	15.1%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	24.7%	24.6%	25.1%	24.0%	24.4%	58	238	25.8%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	87.7%	89.0%	88.7%	90.0%	89.7%	200	223	88.5%						
	Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	85.8%	111.2%	107.9%	122.0%	120.4%	289	240	107.2%	•					
	Midwife to birth ratio	Chief Nursing Officer	1:27	1:29	1:27	1:28	1:28	1:25	1:25		1:25	•					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q2)	Chief Nursing Officer	46%						751	1372	54.7%	•					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q2)	Chief Nursing Officer	46%						513	996	51.5%	•					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q2)	Chief Nursing Officer	46%						246	492	50.0%	•					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	91.8%	91.3%	93.2%	89.0%	88.7%	258	291	90.4%	•					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	3.35%	6.1%	6.1%	6.0%	6.0%	6.0%	877	14517	6.2%	•					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	95%	77.0%	76.7%	76.1%	77.1%	76.9%	12795	16638	78.4%	•					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	85% OP/106% OPP 2019/20 Outturn	107.1%	101.9%	101.5%	110.3%	103.5%	15197	14687	105.15%						
	Outpatients Activity - Virtual Total	Chief Operating Officer		21.4%	20.3%	18.8%	20.7%	22.4%	4139	18481	20.7%						
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	8%	3.8%	2.2%	4.5%	2.1%	4.4%	14	317	3.8%	•					
	Occupancy Acute Wards Only	Chief Operating Officer	92%	97.8%	98.1%	95.9%	96.1%	95.2%	10097	10606	97.2%	•					
	Bed occupancy - Community Wards	Chief Operating Officer	90%	101.5%	112.9%	113.7%	106.3%	116.4%	1407	1209	107.2%	•					
	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	0	0	0	0	0	0	0		0	•					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	2%	1.2%	1.4%	1.3%	1.5%	1.6%	45	2778	1.5%	•					

29/01/2024

Quality of care, access and outcomes	Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	33	39	38	31	27	36	979	33	●					
ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	6.4	6.9	6.4	7.6	6.2	6276	1017	6.9	●					
ALoS – Elective Inpatients	Chief Operating Officer	2.5	2.3	1.9	2.1	2.3	2.4	791	324	2.2	●					
Medically fit for discharge - Acute																
Medically fit for discharge - Community																
Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	9.1%	10.3%	11.2%	10.4%	9.4%	209	2216	10.38%	●					
HSMR - Rolling 12 months Jun 22 - May 23	Chief Medical Officer	100						114.5		114.5	●					
Mortality SHMI - Rolling 12 months Apr 22 - Mar 23	Chief Medical Officer	89-112						102.9		102.9	●					
Never Events	Chief Nursing Officer	-	1	0	0	0	0	0								
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0		0	●					
MSSA Bacteraemia	Chief Nursing Officer	0	0	1	0	1	1	1		8	●					
C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	0	3	2	2	4	4		14	●					
Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.02	1.21	0.84	0.77	0.83	50	13302	1.18	●					
Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	0	0	0	1	0	0		1	●					
Serious Incidents	Chief Nursing Officer	-	5	4	1	2	0	0								
VTE Risk Assessments	Chief Nursing Officer	95%	96.1%	90.6%	80.8%	81.9%	87.0%	1567	1802	89.6%	●					
WHO Checklist	Chief Nursing Officer	100%	98.5%	98.4%	98.7%	99.1%	99.2%	1578	1591	98.4%	●					
zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	80%	-	-	-	-	-			0.0%	●					
Stroke - thrombolysis																
zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	80%	-	-	-	-	-	0		0.0%	●					
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.4%	98.3%	98.4%	98.4%	TBC	TBC		98.3%	●					
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	97.7%	97.7%	98.2%	98.3%	TBC	TBC		97.8%	●					
No. of Complaints received	Chief Nursing Officer	0%	13	7	17	12	15	15	0	120	●					
No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	0	0	1	0	0	0	3	●					
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	25.0%	90.0%	77.8%	78.6%	77.8%			69.2%	●					
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	86.4%	82.9%	82.7%	82.4%	86.1%	1629	1893	84.4%	●					
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	96.8%	88.9%	92.1%	94.6%	93.4%	11904	12741	94.4%	●					
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	99.6%	99.5%	99.1%	98.0%	98	100	98.5%	●					
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	0.0%	100.0%	0.0%	100.0%	100.0%	2	2	100.0%	●					
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	0.0%	0.0%	0.1%	0.1%	0.1%	4	4303	2.3%	●					
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	11.1%	16.8%	17.2%	18.1%	13.5%	367	2717	16.3%	●					
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	0.8%	0.6%	0.6%	0.6%	0.6%	2	310	1.5%	●					
Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	0.0%	0.0%	0.0%	0.0%	0.0%	0	7033	0.0%	●					

People	Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Agency - expenditure as % of total pay	Chief Finance Officer	-	4%	4%	4%	4%	3%	3%								

Quality of care, access and outcomes	Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance and Use of Resources	Responsible Director	Standard	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	-1036	-1302	-377	680	644	644								
I&E - Margin (%)	Chief Finance Officer	-	-2%	-2%	-2%	-1%	-1%	-1%								
I&E variance from plan (£)	Chief Finance Officer	-	-1036	-1302	-377	680	644	644								
I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A	N/A	N/A								
CPIP - Variance from plan (£k)	Chief Finance Officer	-	485	-486	-149	1117	-297	-297								
Agency - expenditure (£k)	Chief Finance Officer	-	896	1005	836	873	743	743								
Agency - expenditure as % of cap	Chief Finance Officer	-	108%	122%	101%	106%	90%	90%								
Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4617	4672	4272	4325	4661	4661								
Capital - Variance to plan (£k)	Chief Finance Officer	-	-1319	55	-856	-902	-456	-456								
Cash - Balance at end of month (£m)	Chief Finance Officer	-	10212	9649	14452	6559	9785	9785								
BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	90%	91%	92%	92%	98%	98%								
BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	96%	96%	96%	96%	94%	94%								
Agency - expenditure as % of cap	Chief Finance Officer	-	108%	122%	101%	106%	90%	90%								

29/01/2024

NHS Worcestershire Acute Hospitals NHS Trust

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

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

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

Example

S - Sign Off and Validation
T - Timely & Complete
A - Audit & Accuracy
R - Robust Systems & Data Capture

Data Quality Assurance Questions

Is there a named responsible person apart from the person who produced the report who can sign off data as a true reflection of the activity? Has the data been checked for validity and consistency?

Is the data available and up to date at the time someone is attempting to use it to understand the data

Are all the elements of information needed present in the designated data source and no elements of needed information are missing?

Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?

Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Quality of care, access and outcomes		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date v Standard	Latest month v benchmark	National or Regional		SPCs need to be rebased following review of calendar year outcomes	DQ Mark This will be completed for Mar-24
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	67.8%	68.5%	71.8%	71.0%	72.2%	73.8%	76.3%	69.3%	-	1,713	2,471	71.3%		71.9%	Nov		
	2 Week Wait all cancers	Chief Operating Officer	93%	84.1%	92.2%	93.2%	85.0%	69.4%	82.2%	94.9%	95.6%	-	2,340	2,448	87.2%		75.2%	Nov		
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	86.0%	97.0%	89.2%	55.9%	86.5%	96.6%	98.8%	93.7%	-	48	60	86.7%		65.6%	Nov		
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	93.9%	88.5%	94.0%	94.9%	90.0%	87.9%	85.0%	90.3%	-	277	307	91.0%		90.6%	Nov		
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	94.5%	90.7%	93.4%	93.3%	89.1%	89.9%	87.2%	90.1%	-	436	490	90.8%		90.1%	Nov		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	55.9%	42.6%	55.1%	54.6%	52.0%	44.2%	52.6%	47.7%	-	180	300	50.8%		59.7%	Nov		
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	54.2%	45.8%	50.0%	41.0%	50.0%	50.8%	45.7%	60.6%	-	20	23	49.9%		64.7%	Nov		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	98.0%	97.7%	99.2%	100.0%	97.8%	98.6%	70.5%	76.9%	-	75	98	91.2%		78.1%	Nov		
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	63.9%	51.3%	63.0%	62.1%	61.1%	58.5%	55.3%	56.8%	-	205	360	59.0%		65.2%	Nov		
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	300	309	332	286	300	321	391	389	379								
??	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	84.4%	86.1%	84.0%	87.3%						2,505	2,757			92.0%	Oct to Sep		
Urgent and emergency care	A&E Activity (any type)	Chief Operating Officer	Plan	16,504	18,959	19,177	18,735	17,957	18,427	18,564	17,403	16,960	16,752	18,081	95.9%					
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	69.6%	64.9%	66.0%	69.8%	61.7%	57.3%	47.8%	56.0%	53.4%					73%	July		
	Ambulance handover over 60 minutes	Chief Operating Officer	0	696	784	779	732	863	1,046	1,272	1,064	1,166					12%			
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	95.9%	96.4%	97.3%	99.0%	99.6%	96.5%	98.8%	99.9%	100.3%	4,910	4,893	97.7%					
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	36%	38%	37%	39%	38%	38%	39%	39%	37%	901	2,223			36%	Oct to Sep		
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	6,846	16,943	65.2%		55.4%	Nov		
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		14.3%	13.3%	13.1%	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	900	5,933	15.1%		5%	Oct to Sep		
	A&E - Time to treatment	Chief Operating Officer		133	151	145	126	128	151	155	152	167					01:41	Oct to Sep		
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	15	16	17	15	16	17	19	16	16					00:22	Oct to Sep		
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	317	311	286	295	300	256	211	203	260			2439					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	6.9%	7.0%	7.3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	107	5,309	6.9%		8%	Oct to Sep		

Information Services

Category	Metric	Owner	Target										Vol 1	Vol 2	%	Status	Value	Period
Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	46.7%	49.0%	49.6%	48.6%	50.3%	50.5%	53.2%	56.3%	55.6%	32,911	59,242		(green)	58.3%	November
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		67,191	66,623	64,956	62,700	61,008	59,842	58,046	58,058	59,242					7.61 mil	
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	6,503	6,256	5,515	5,328	5,152	4,399	3,593	3,194	2,968					355,412	
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1,735	1,785	1,419	1,396	1,534	1,404	1,211	1,064	1,048					94,563	
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	250	138	22	43	61	88	100	119	125					11,168	
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	3	3	4	3	3	1	0					227	
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	2019/20	7606	8896	9603	8910	8878	8670	8873	8970	7206						
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	93%	109%	121%	104%	118%	113%	126%	124%	106%	14,931	14,021	113% (blue)			
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	99%	114%	109%	107%	101%	109%	113%	111%	97%	14,931	15,340	107% (blue)			
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	86%	102%	113%	94%	111%	103%	117%	113%	101%	46,849	46,239	104% (green)			
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	100%	116%	109%	107%	103%	108%	111%	113%	102%	46,849	45,987	108% (blue)			
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	102%	94%	103%	90%	106%	96%	95%	100%	101%	6,528	6,433	98% (green)			
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	108%	100%	95%	89%	95%	91%	94%	101%	99%	6,528	6,583	97% (orange)			
	BADS Daycase rates (3 months to month end)	Chief Operating Officer	Actual	83%	83%	84%	85%	85%	85%	-	-	-	3946	4668		(green)	80%	Sep
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	82%	84%	84%	84%	83%	82%	81%	84%	81%				(green)	75%	31st Dec
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%	85%	88%	87%	87%	87%	85%	84%	88%	84%				(green)	79%	31st Dec
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer		61	75	127	92	99	115	88	118	83				(yellow)		Jul to Sep
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	100%	109%	105%	107%	105%	102%	109%	109%	112%	6,626	5,896	106% (blue)			
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	90%	109%	97%	95%	100%	80%	89%	104%	91%	1,169	1,280	95% (red)			
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	85%	89%	85%	86%	88%	86%	89%	92%	103%	2,173	2,118	89% (red)			
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<15%	16.1%	16.8%	17.4%	18.3%	18.9%	22.5%	14.2%	15.8%	14.8%	1,718	11,586		(green)	23.3%	Nov
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	79%	81%	77%	80%	81%	86%	80%	80%	83%	308	373	80.8%			
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	TBC	4.2%	4.3%	5.0%	5.0%	5.4%	5.8%	5.6%	-	-						
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	TBC	52.8%	53.9%	54.7%	55.8%	56.8%	58.2%	59.2%	-	-						
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	TBC	82.6%	82.2%	82.3%	82.3%	82.3%	81.9%	81.9%	-	-						
	Maternity Activity (Deliveries)	Chief Nursing Officer		380	375	385	407	388	393	395	381	358						
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	5.7%	5.5%	5.2%	5.5%	5.3%	5.5%	5.6%	5.8%	5.6%	2,576	45,965		(green)	7.0%	Nov
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	90%	90%	88%	88%	89%	89%	88%	89%	88%						
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	83%	99%	109%	90%	108%	99%	112%	109%	99%	31,918	32,218	101%			
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	101%	117%	109%	106%	104%	107%	110%	114%	104%	31,918	30,647	108%			
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	20%	19%	18%	18%	18%	18%	18%	18%	18%	8,236	45,965	18%	(red)	18% (yellow)	Nov
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		10%	10%	10%	8%	9%	5%	8%	8%	7%	24	358	8.2%			

Safe, high quality care

Metric	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Latest month v benchmark	National or Regional	Month
Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	94%	95%	94%	95%	93%	95%	96%	96%	96%				RED	96%	Nov
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	38	59	41	57	51	52	70	65	63			496		3,789	Nov
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	7.6	7.4	7.6	7.1	7.7	7.3	7.4	7.9	7.5				GREEN	4.5	Oct to Sep
ALoS – General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.8	3.6	2.8	3.8	2.9	3.7	3.4	3.4	3.5				GREEN	3.1	Oct to Sep
Medically fit for discharge - Acute	Chief Operating Officer	5%	12%	13%	12%	13%	10%	12%	16%	15%	15%				GREEN	23.1%	Dec
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	6%	6%	6%	6%	6%	7%	7%	7%	9%				RED	7.3%	Sep to Aug
HSMR - Rolling 12 months	Chief Medical Officer	100	105.2	105.3	106.1	105.5	105.3	106.3	104.9	-	-				As expected	100	Nov to Oct
Mortality SHMI - Rolling 12 months	Chief Medical Officer	100	103.6	103.8	104.2	103.5	102.9	-	-	-	-				As expected	100	Sep to Aug
Never Events	Chief Nursing Officer	0	0	0	1	2	0	0	0	0	0			3			
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	1	1	0	0	0	0			2			
MSSA Bacteraemia	Chief Nursing Officer	11	1	6	3	3	3	2	0	3	5			26			
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	45	6	6	11	7	11	8	5	11	6			71			
Number of falls with moderate harm and above	Chief Nursing Officer		3	2	3	3	3	5	6	3	1			29			
Serious Incidents	Chief Nursing Officer	Actual	11	10	9	11	15	4	1	0	1			62			
VTE Risk Assessments	Chief Medical Officer	95%	93.0%	92.9%	93.4%	93.5%	93.5%	92.7%	92.4%	93.6%	91.0%						
WHO Checklist	Chief Medical Officer	100%	97.3%	99%	97.7%	98%	98%	96.1%	97%	97%	98%						
Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	60%	77%	94%	80%	82%	87%	76%	86%	85%	-	79	93	83%			
Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	56%	56%	90%	88%	44%	45%	63%	50%	-	3	6	61%			
Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	80%	80%	64%	70%	75%	74%	72%	76%	76%	-	45	59	73%			
Number of complaints	Chief Nursing Officer	2022/23 (747)	63	57	50	61	65	72	63	74	53			558			
Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	0	0	0	1	0	0	0	1	0	0			2			
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	76%	60%	63%	70%	76%	64%	44%	42%	62%	47	76				
Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	95%	88%	89%	89%	91%	90%	87%	87%	87%	84%			88.3%		79%	
Friends and Family Test Score: Recommended/Experience by Patients (Acute)	Chief Nursing Officer	95%	98%	97%	97%	97%	97%	96%	97%	98%	96%			97.1%		94%	
Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	95%	N/A	100%	100%	86%	84%	89%	94%	70%	94%			96.8%		91%	November
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	21%	21%	23%	22%	25%	22%	17%	21%	14%			21.4%			
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	35%	38%	41%	40%	39%	35%	30%	36%	25%			35.8%			
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	0%	0%	1%	2%	5%	2%	3%	6%	12%			1.8%			

People

People	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Latest month v benchmark	National or Regional	Month	Pass/Fail	Trend Variation	DQ Mark
Agency (agency spend as a % of total pay bill)	Chief People Officer	TBC	9.2%	9.5%	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	9.2%									
Appraisals - Non-medical	Chief People Officer	TBC	81.0%	81.0%	80.0%	80.0%	78.4%	81.0%	79.0%	79.0%	80.0%									
Appraisals - Medical	Chief People Officer	TBC	83.0%	93.0%	90.0%	91.0%	91.0%	91.0%	92.0%	94.0%	96.0%									
Mandatory Training	Chief People Officer	TBC	90%	90%	90%	90%	89%	88%	88%	88%	88%					90%	Nov			
Overall Sickness	Chief People Officer	TBC	5.4%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%					5%	July			
Staff Turnover Rate (Rolling 12 months)	Chief People Officer	TBC	12%	12%	12%	12%	12%	12%	11%	11%	11%									
Vacancy Rate	Chief People Officer	TBC	13%	13%	12%	12%	11%	10%	9%	8%	8%									

Latest Month

Latest Available Monthly Position

Finance and Use of Resources

Finance		Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Latest month v benchmark	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0																	
	I&E - Margin (%)	Chief Finance Officer	≥0%																	
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0																	
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%																	
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0																	
	Agency - expenditure (£k)	Chief Finance Officer	N/A																	
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A																	
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0																	
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan																	
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%																	
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%																	

NHS
Wye Valley
NHS Trust

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

Activity Performance Only
- Over 5% above Target (blue)
- 5% above to 2% below Target (green)
- More than 2% below Target to 5% below Target (orange)
- Over 5% below Target (red)

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

Example

S - Sign Off and Validation
T - Timely & Complete
A - Audit & Accuracy
R - Robust Systems & Data Capture

Data Quality Assurance Questions

Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?

Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?

Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?

Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Overall KPI Rating Key
- No Assurance
- Limited Assurance
- Reasonable Assurance
- Substantial Assurance

Quality of care, access and outcomes

	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date v Standard	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/Fail	Trend Variation	DQ Mark
Cancer 28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	68.8%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%		650	988	68.0%			71.9%	Nov	?		
2 Week Wait all cancers	Chief Operating Officer	93%	81.9%	84.5%	86.2%	83.5%	86.3%	78.7%	86.4%	80.4%		814	1013	83.6%			74.0%	September	?		
Urgent referrals for breast symptoms	Chief Operating Officer	93%	50.0%	14.8%	18.2%	47.8%	71.1%	53.8%	71.4%	53.3%		8	15	49.3%			70.8%		?		
Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	88.5%	74.5%	83.3%	86.7%	92.4%	87.4%	78.4%	80.0%		84	105	83.8%			89.7%		?		
Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	87.4%	74.5%	83.6%	87.0%	90.1%	87.4%	77.8%	79.3%		88	111	83.3%			89.5%	Nov	?		S T A R
Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		9	13	11	11	6	10	14	9				83					?		
Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	48.1%	50.4%	61.4%	69.1%	69.8%	64.3%	48.4%	64.0%		48	75	59.9%			59.3%	September	?		
Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	0.0%	100.0%				50.0%	100.0%			3	3	80.0%			64.6%	September	?		
Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	70.4%	57.1%	75.0%	81.5%	80.8%	70.8%	55.2%	81.0%		9	11	70.7%			74.0%		?		
Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	53.0%	56.0%	62.7%	70.8%	72.9%	65.5%	49.7%	78.8%				76.0%			78.1%	Oct			
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	117	112	108	72	87	109	113	126	117								?		
Primary care and community services Community Service Contacts - Total	Chief Operating Officer	v 2022/23	94%	105%	103%	106%	114%	102%	115%	105%	106%	26042	24459	105%					?		
Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	96.7%	100%	96%							61	134	97.7%					P		
Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	100.0%	100.0%	50.0%	Data being verified						30	35	83.3%			86%	Nov	?		
% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	90.2%	89.7%	90.8%	89.9%	90.1%	91.0%	90.8%	90.8%	91.0%	2460	2702	90.5%			92.1%	Nov to Oct	?		
Urgent and emergency care A&E Activity	Chief Operating Officer	Plan	99%	101%	98%	98%	102%	102%	105%	105%	103%	5991	5815	101%					?		
Ambulance handover within 30 minutes	Chief Operating Officer	98%	75.1%	76.2%	81.7%	81.4%	83.1%	76.9%	80.7%	73.0%	73.6%	1249	1537				73%	July	F		S T A R
Ambulance handover over 60 minutes	Chief Operating Officer	0%	9.0%	9.0%	4.6%	6.4%	3.7%	9.9%	6.6%	12.1%	13.2%	102	1537	7.6%			12%		?		
Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	118%	110%	108%	111%	113%	119%	119%	113%	114%	2515	2203	114%					?		
Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	40%	39%	41%	40%	42%	44%	45%	40%	37%	788	2117	41.1%			36%	Nov to Oct	?		S T A R
A&E - % of patients seen within 4 hours	Chief Operating Officer	76%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	3209	5991	56.7%			54.7%	Dec	?		
A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		9.7%	14.8%	13.8%	14.0%	17.3%	15.9%	14.3%	16.0%	17.3%	900	5991	17.5%			5%	Nov to Oct	F		
A&E - Time to treatment	Chief Operating Officer		01:47	01:51	01:46	02:10	02:09	02:15	01:52	01:34	01:53						01:38				
A&E max wait time 4hrs from arrival to departure	Chief Operating Officer		In development																		S T A R
Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:41	00:36	00:32	00:33	00:24	00:28	00:25	00:27	00:26						00:21	Nov to Oct	F		
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	107	225	259	178	213	181	213	253	230			1859					?		
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	8.6%	7.9%	7.8%	7.8%	8.5%	8.8%				107	5309	8.1%			8%	Nov to Oct	F		

Category	Measure	Owner	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	Num	Den	Perf	Latest	Period
Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	56.7%	59.3%	59.4%	57.2%	57.7%	57.7%	58.6%	59.6%	57.9%	13258	22907		58.3%	Oct
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	64.7%	65.1%	67.1%	68.0%	65.5%	64.9%	66.2%	67.4%	65.5%	2702	4124			
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		26503	26797	26710	26882	27963	27857	27260	26915	27031					
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1552	1718	1688	1804	1853	1959	1981	1782	1636				355412	November
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	417	413	439	447	526	568	609	433	478				94563	
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	27	23	18	36	30	34	33	18	16				11168	
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	1	1	2	1	1	4	4	3				227	
	GP Referrals	Chief Operating Officer	2019/20	95%	101%	120%	100%	117%	118%	110%	117%	93%	2512	2711	108%		
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	97%	103%	118%	106%	118%	113%	111%	113%	101%	4834	4802	109%		
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	101%	108%	86%	117%	122%	82%	112%	88%	121%	4834	3985	102%		
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	98%	105%	121%	102%	117%	110%	101%	110%	101%	15216	15134	107%		
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	109%	118%	91%	116%	138%	86%	113%	93%	132%	15216	11552	107%		
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	79%	97%	105%	89%	107%	100%	95%	101%	91%	2375	2611	96%		
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	84%	97%	80%	111%	128%	80%	104%	84%	111%	2375	2979	95%		
	BADS Daycase rates	Chief Operating Officer	Actual	77.2%	75.8%	75.3%	74.9%	82.7%	76.7%				0	0	77.1%	80%	Oct to Sep
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%			76.9%	77%	October
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%	84.6%	84.9%	84.6%	78.0%	81.7%	81.5%	80.3%	82.8%	82.3%			82.3%	83%	
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	9	22	24	30	36	30	15	29	31			226	18749	Jul to Sep
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	138%	120%	140%	145%	144%	143%	130%	130%	119%	2808	2351	134%		
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	50%	126%	79%	77%	93%	83%	86%	131%	158%	643	407	90%		
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	166%	158%	171%	162%	204%	185%	158%	181%	148%	1350	912	170%		
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	27.6%	28.9%	29.8%	28.4%	27.7%	27.6%	22.5%	17.2%	13.2%	639	4825		23.3%	Nov
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	96.7%	94.6%	94.0%	93.1%	93.6%	95.4%	96.2%	92.9%	92.2%	102	110	94.3%		
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	14.0%	19.3%	21.3%	20.9%	17.1%	23.9%	23.3%	22.9%	23.8%	24	101	23.8%		
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	58.8%	58.2%	57.0%	55.5%	60.0%	61.7%	63.6%	66.0%	64.9%	131	202	64.9%		
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	87.3%	87.5%	89.6%	91.5%	91.8%	93.4%	92.5%	92.6%	92.5%	111	120	92.5%		
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2022/23	111%	109%	98%	91%	107%	98%	93%	97%	95%	136	143	100%		
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:25	1:34	1:29	1:31	1:35	1:35	1:24							
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development									0	0			
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	5.8%	6.2%	6.1%	5.9%	6.1%	6.5%	6.8%	6.5%	6.8%	1581	21675	6.3%	7.4%	Nov to Oct
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	80.6%	82.7%	86.7%	85.5%	84.1%	85.1%	81.9%	86.3%	82.7%	12495	15104	84.0%		
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	99%	106%	123%	100%	117%	108%	97%	109%	100%	10382	10332	106%		
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	113%	123%	93%	115%	147%	88%	114%	95%	137%	10382	7567	110%		
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	25%	23.4%	23.4%	23.4%	21.2%	22.0%	21.7%	20.7%	19.8%	3010	15216	22.2%	18%	Nov to Oct
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		12.0%	13.7%	9.2%	9.5%	10.3%	12.2%	5.7%	6.9%	8.1%	11	136			

Safe, high quality care

Metric	Owner	Target												Current			YTD	Period
Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	95%	97%	98%	97%	96%	99%	100%	100%	99%	302	306	98%		94%	Dec
Bed occupancy - Community Wards	Chief Operating Officer	<92%	94%	95%	96%	94%	97%	96%	97%	100%	99%	76	77	97%			
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	173	181	110	75	109	52	81	49	28			858		3789	Nov
Patient ward moves emergency admissions (acute)	Chief Operating Officer		9%	8%	7%	7%	11%	7%	9%	9%	8%	114	1285	8%			
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	4.2	4.1	4.1	4.1	4.2	3.7	3.9	4.1	3.8	8185	2146	4		4.5	Nov to Oct
ALoS – General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.6	3.0	2.5	2.4	3.0	2.2	2.1	1.4	1.8	514	284	2.2		3.1	Nov to Oct
Medically fit for discharge - Acute	Chief Operating Officer	5%	19.5%	22.5%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	9140	2373			23.1%	Dec
Medically fit for discharge - Community	Chief Operating Officer	10%	60.4%	58.7%	58.9%	57.9%	45.4%	54.3%	43.6%	39.4%	43.6%	2404	1048				
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	10.1%	11.0%	9.4%	10.8%	10.2%	10.9%	11.3%			512	4539	10.6%		7.4%	Oct to Nov
HSMR - Rolling 12 months	Chief Medical Officer	<100	109.9	111.1	113.6	115.4	116.8					800	685			99	Nov to Oct
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	101.8	100.6	101.3	102.6						1220	1190			100	
Never Events	Chief Nursing Officer	0	0	1	0	0	0	0	0	0	0			1			
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0			0			
MSSA Bacteraemia	Chief Nursing Officer		1	1	1	2	0	1	4	4	3			17			
Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	44	5	6	6	1	0	2	3	3	4			30			
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	4	4	4	2	5	1	0	6	3			29			
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0	2	1	3	2	2	1						11			
Serious Incidents	Chief Nursing Officer	Actual	6	8	6	7	6	5						38			
VTE Risk Assessments	Chief Medical Officer	95%	89.6%	90.8%	90.9%	90.5%	90.9%	89.1%	88.5%	89.5%	86.6%	3771	4354	89.6%			
WHO Checklist	Chief Medical Officer	100%			99.8%			99.4%									
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	68.8%	88.6%	87.0%	68.8%	43.8%	44.7%	62.9%	64.3%	48.1%	13	27	65.4%			
Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	57.1%	40.0%	0.0%	100.0%	60.0%	33.3%	100.0%	100.0%	0.0%	0	1	59.4%			
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	86.7%	80.4%	88.9%	77.1%	79.1%	70.0%	85.2%	93.3%	85.0%	17	20	82.1%			
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	In development									0	0				
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	In development									0	0				
Number of complaints	Chief Nursing Officer	2022/23 (253)	23	23	51	41	22	31	38	34	25			288			
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	1	0	0			1			
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	60.0%	50.0%	31.4%	50.0%	41.9%	36.8%	31.4%	52.2%	17.6%	6	34	45.0%			

Friends and Family Test	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Trend	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%	0.2%	0.1%	0.1%							4	5023	0.1%							
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	76.3%	76.0%	79.6%	72.9%	73.0%	68.2%	71.8%	73.1%	72.9%						79%	October			
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	90.0%	89.1%	87.4%	86.2%	81.0%	86.8%	85.0%	87.9%	82.0%	144	175	86.2%			94%				
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%	81.8%	100.0%	100.0%							4	4	93.9%			95%				
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	0.0%	100.0%	100.0%	100.0%	94.0%	96.3%	92.9%	89.7%	87.2%			84.5%			91%				
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	21.0%	21.0%	20.5%	17.0%	20.0%	19.0%	20.0%	19.0%	19.0%										
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	19.0%	20.4%	19.0%	17.0%	15.0%	16.0%	15.0%	15.0%	15.0%	175	1201	16.8%							
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	0.0%	0.0%	1.5%	46.0%	46.0%	26.0%	22.0%	32.8%	31.0%	39	126	22.8%							

People	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	8.1%	8.4%	8.4%	6.8%	7.5%	8.4%	7.0%	7.1%	6.1%			8%							
Appraisals	Chief People Officer	85%	77.5%	78.6%	79.0%	78.5%	77.1%	75.7%	74.1%	70.9%	72.7%	2266	3117	76%			76%	2021/22			
Mandatory Training	Chief People Officer	85%	89.7%	89.3%	89.9%	89.4%	89.0%	89.2%	89.1%	89.1%	89.0%	33813	37993	89%			88%				
Overall Sickness	Chief People Officer	3.5%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6110	109476	5%			5%	Aug			
Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	12.6%	12.0%	11.5%	11.0%	10.9%	10.9%	10.6%	10.6%	10.3%	350	3390	10%							
Vacancy Rate	Chief People Officer	5%	7.9%	8.0%	6.3%	5.1%	5.4%	4.6%	4.2%	4.0%		146	3664	6%							

Finance and Use of Resources	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£2,571	-£2,571	-£2,769	-£2,184	-£3,182	-£3,173	-£1,198	£425	-£1,506			-£18,729							
I&E - Margin (%)	Chief Finance Officer	≥0%	-8.9%	-8.9%	-10.8%	-8.4%	-12.0%	-11.9%	-4.2%	1.4%	-5.7%	-£1,506	£26,327	-5.7%							
I&E - Variance from plan (£k)	Chief Finance Officer	≥0	£157	£43	-£146	£25	-£1,089	-£1,229	£221	£1,720	-£208			-£506							
I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	0.5%	0.1%	-0.6%	0.1%	-4.1%	-5.5%	0.8%	5.5%	-0.8%	-£221	£28,296	-0.2%							
CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£614	-£635	-£340	-£816	-£1,069	-£878	-£1,056	-£862	-£841			-£7,111							
Agency - expenditure (£k)	Chief Finance Officer	N/A	£1,505	£1,505	£1,323	£1,119	£1,435	£1,410	£1,338	£1,382	£925			£11,941							
Agency - expenditure as % of total pay	Chief Finance Officer	N/A	8.8%	8.8%	7.9%	6.5%	7.9%	8.0%	7.5%	7.3%	5.3%	£925	£17,501	8%							
Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£57	-£57	-£114	-£287	-£227	-£111	-£409	-£366	£136			-£1,492							
Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£19	£19	£25	£21	£14	£11	£15	£19	£24			£24							
BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	95.6%	89.5%	96.4%	87.7%	100.0%	99.1%	99.7%	84.7%	56.2%	£10,123	£18,007	88.8%							
BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	97.9%	97.7%	97.3%	97.8%	98.8%	95.9%	98.4%	84.0%	43.1%	£3,609	£372	86.4%							

Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	7 February 2024		

Title of Report	Group Analytics Update
Status of report: (Consideration, position statement, information, discussion)	Position statement
Author:	Haq Khan, Chief Finance Officer GEH
Lead Executive Director:	Adam Carson, Managing Director SWFT, Haq Khan, Chief Finance Officer GEH
1. Purpose of the Report	This report provides an update on the progress that has been made with the work on improving analytics across the Group.
2. Recommendations	To note the progress to date and the issues impacting pace of progress.
3. Executive Assurance	We have robust governance in place through the Group Analytics Board and the Analytics Delivery Group.

Over the last 6 months we have continued to make progress but we are not where we planned to be due to capacity challenges across the Group and a number of competing priorities.   Resourcing is likely to become a bigger challenge with the impending EPR implementation across some of the Group partners.

Now that we are two years into the implementation of the strategy and with WAHT joining the Group we have taken the opportunity to take stock and commence development of our plan for the next three years. We are doing this with significant engagement and input from informatics colleagues as well as key stakeholders. |

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

Report to Foundation Group Boards – 7 February 2024
**Group Analytics Update**

Introduction

This report provides an update on the progress that has been made with the work on improving analytics across the Group. This work started prior to Worcestershire Acute Hospitals NHS Trust (WAHT) joining the Group so references to the Group in this report exclude WAHT unless expressly stated.

Background

The Group is aiming to:

> *'bring together capacity and capability across the group for informatics to contribute to Place and System informatics and Intelligence Cells.'*

To support delivery of the objective an external review was commissioned that recommended the establishment of the Group Analytics Board (GAB) to lead and oversee the development and delivery of a Group Analytics Strategy and workplan. The GAB, established since January 2022, has overseen the development and agreement of the analytics strategic vision and objectives as set out below.
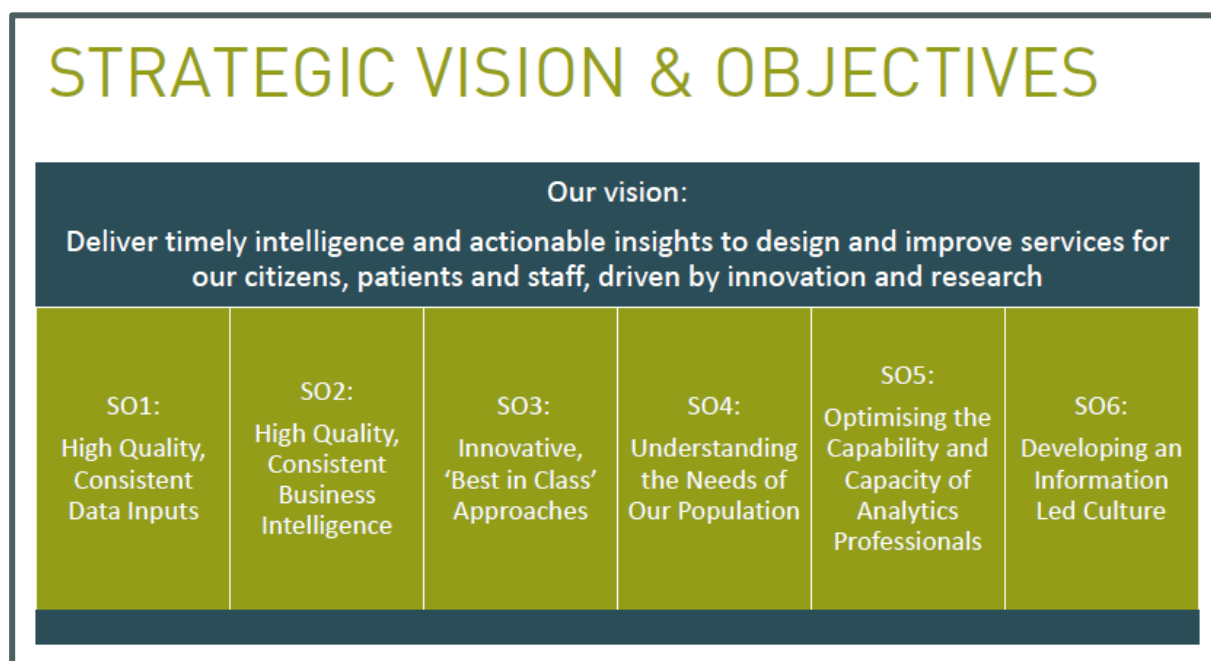
The strategic objectives relate to a five-year strategy. The focus over the first two years has been on immediate priorities such as the standardised Integrated Performance Report (IPR), getting the basics right through the implementation of Power BI to support automation, user self-service and more advanced analytics as well as developing the capacity and capability

within the teams. This means that some of the more advanced strategic objectives such as "S03 - Innovative 'Best-in-Class' Approaches" which include the introduction of Artificial Intelligence and Robotic Process Automation are not currently being worked on and will form part of longer-term development plans.

Forward Plan

Now that we are two years into the implementation of the strategy and with WAHT joining the Group we have taken the opportunity to take stock and commence development of our plan for the next three years. We are doing this with significant engagement and input from informatics colleagues as well as key stakeholders.

The three workshops to date with informatics colleagues have explored current and future challenges, priorities and what good look likes. A key output of the discussion to date is the desire to develop an information led culture. We have spent some time exploring what this means and have developed the following working definition to enable us to frame a programme of work.

> **Decisions at all levels, from individual patient care to strategic planning, are made** using **comprehensive data analysis** based on **available accurate trusted data** combined with **corporate, operational and clinical intelligence** by **data literate** individuals with an **understanding of analytical techniques, with overall Trust Board support for the approach.**

We will explore this further in the next workshop on 6 February 2024 that will focus on the stakeholder perspective. This workshop will include representation from Managing Directors, Chief Operating Officers, Chief/Deputy Finance Officers, Chief Clinical Information Officers, Chief Nursing Informatics Officers/Chief Digital Nurses, GAB members alongside senior informatics colleagues. The aim is to understand what key stakeholders would like from the informatics functions and agree a shared set of priorities that we can focus on across the Group over the next few years.

Supporting and resourcing the analytics improvement work across the Group will become an even bigger challenge with the impending Electronic Patient Record (EPR) implementations at George Eliot and South Warwickshire and the continuing phased implementation at WAHT.

However, the scale of the Group opens up opportunities for us to explore the development and retention of specialist skills which will be essential to delivering our ambition to create an information led culture built on best-in-class tools and techniques.

Progress to Date on Existing Projects

Competing priorities and resource constraints have resulted in slower progress than we had planned. Some highlights are listed below:

1. Analytics capacity and capability (In Progress) (SO5)
   - We are encouraging membership of professional networks in particular the Association of Professional Healthcare Analysts (APHA).

- NHSE and APHA launched the National Competency Framework for Data Professionals in Health and Care (NCF) in October 2023. We will be using this to support the development of our informatics functions.
- The recently established Group Informatics Forum provides an informal network for sharing good practice and learning from each other. It has served as a particularly useful forum for bringing WAHT on board and learning from some of their good practice, e.g. the WREN portal that makes finding reports easier and their bespoke dynamic demand and capacity model.

2. Implementation of an analytics and business intelligence tool (In Progress) (SO2)
   - Microsoft Power BI has been implemented across the Group alongside the Azure cloud environment with support from SCC. WAHT have been using Power BI for several years.
   - We are exploring whether it would be beneficial for WAHT to join the support contract we have with SCC.
   - Developing useful dashboards is more challenging than expected, despite training being provided. As part of the support contract SCC have been providing some additional support to informatics colleagues to supplement the Microsoft provided training.
   - WAHT have several Power BI reports deployed alongside some of the other reporting tools in use. There are a small number of Power BI reports deployed across the other 3 organisations.
   - All 4 organisations are developing Power BI reporting roadmaps. These will highlight opportunities for collaboration and joint working.
   - We continue to work on developing Centres of Excellence across the Group with support from SCC.

3. Standardised IPR format across the Group (Complete) (SO2)
   - The standardised Group format for the IPR is now well established and has been adopted by WAHT.

4. Foundation Group Boards Performance Report (Complete) (SO2)
   - A reporting format was developed for the first Foundation Group Board that took place on 10th August 2022 and has been refined since with additional metrics added as we complete deep dives.
   - The project is complete with further refinements and support for deep dives being managed as business as usual.

5. Review of FPE Packs (In Progress) (SO2)
   - Some standardisation has been agreed and implemented including agenda, performance summary and the exception/improvement report format.
   - Work is continuing in exploring the opportunities to standardise the look and feel of the data packs.

6. Data Quality Kitemarks (In Progress) (SO1)
   - A data quality kitemark methodology has been agreed.
   - Good progress is being made in applying the data quality kitemarks to the IPR metrics. We are slightly behind plan due to operational pressures and now expect to complete the application of kitemarks to the IPR metrics in June 2024 (original deadline was March 2024).

- WAHT use a different kitemark methodology to the rest of the Group.
- A Group data quality strategy is being developed. We are aiming to present this to GAB in April 2024.

7. Group Analyst
   - The postholder commenced in October. This role will relieve some pressure from the four informatics functions in supporting the Foundation Group Board analytics as well as developing a data sharing solution across the Group.
   - The post will also support with consistency of metrics to enable easy Group comparisons.

Conclusion

Much of the work to date has been focussed on infrastructure, standards, and standardisation. These are important foundations for the next phase which will focus on developing an informatics led culture (SO6) where analytics is everybody's business and analytics play a central role in supporting operational, tactical, and strategic decisions. Developing the analytics capacity and capability beyond the informatics/analytics functions is a key element of this (SO5). We are in the process of developing a plan to implement the next stage of our strategy through a series of workshops with informatics colleagues and key stakeholders from across the Group.

Moving forwards the key constraint will continue to be resourcing. This will become more acute with the impending EPR implementation at a number of organisations across the group.

Adam Carson
Managing Director (SWFT)
Chair of the Group Analytics Board

Haq Khan
Chief Finance Officer (GEH)
Senior Responsible Officer for the Group
Analytics Programme

Report to	Foundation Group Boards	Agenda Item	6.3
Date of Meeting	7 February 2024		
Title of Report	Mutual Aid for Elective Care Patients Deep Dive		
Status of report: (Consideration, position statement, information, discussion)	This report is for information and discussion.		
Author:	Harkamal Heran, Chief Operating Officer of SWFT Andrew Parker, Chief Operating Officer of WVT Robin Snead, Chief Operating Officer of GEH Helen Lancaster, Chief Operating Officer at WAHT		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT Andrew Parker, Chief Operating Officer of WVT Robin Snead, Chief Operating Officer of GEH Helen Lancaster, Chief Operating Officer of WAHT		
1. Purpose of the Report	To provide the Foundation Group Board with a current update on the work the Trusts are doing on expanding Mutual Aid across the Foundation Group. The report sets out a summary of how the Trusts have supported each other to minimise long waiter breaches. Mutual Aid has been and will continue to be both a short- and longer-term solution to ensuring waiting lists are equalized as practically possible across the Trust. The report highlights both the challenges and opportunities presented by Mutual Aid and how the Trusts are working together to reduce the number of long waiters in many specialities.		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings.		

Mutual Aid
Benefits of Working in a
Foundation Group

George Eliot Hospital
NHS Trust

Worcestershire
Acute Hospitals
NHS Trust

South Warwickshire
University
NHS Foundation Trust

Wye Valley
NHS Trust
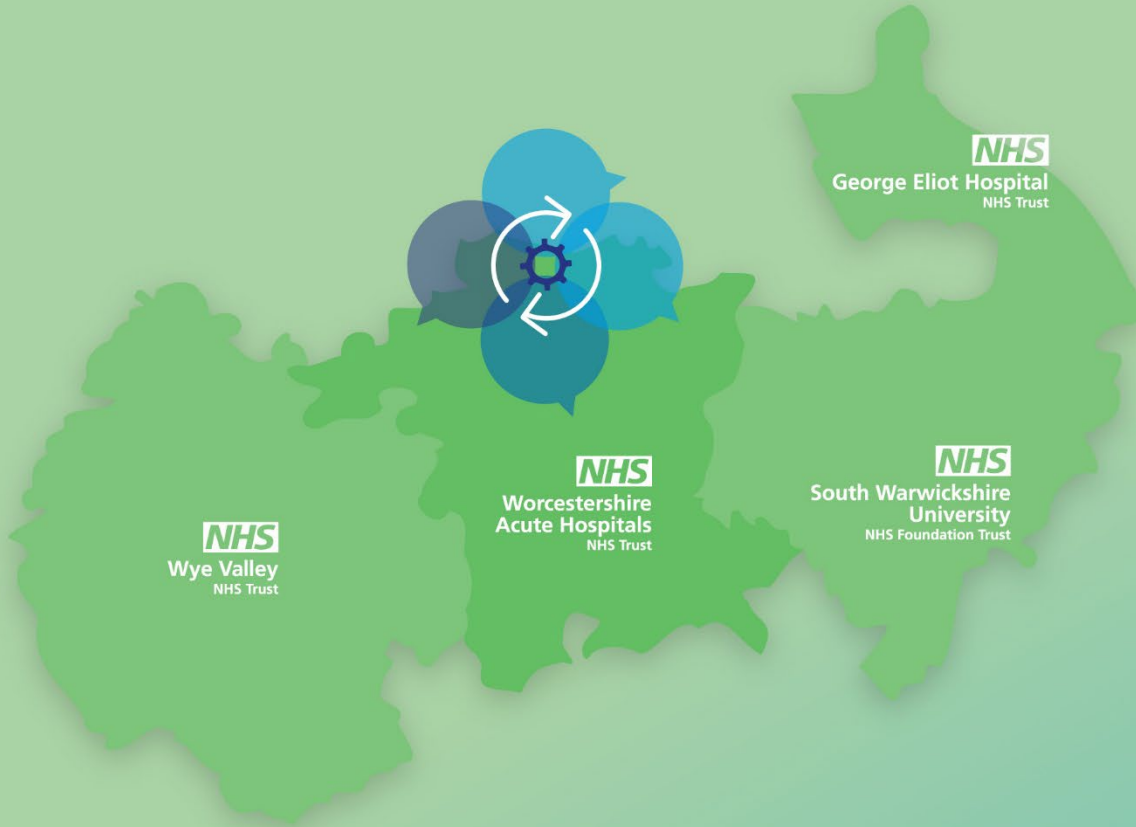
Foundation Group Board – February 2024

Introduction

With high waiting lists, collaborative working, as a Foundation Group, has huge benefits to our patients; it offers opportunities for learning and creates ideas for new initiatives. Mutual Aid, whilst it has its challenges, has a lot of benefits too.

As a Group Operational team, meetings have been held to explore other services where we can support each other; what is clear is the desire to support each other with mutual aid.

When mutual aid is successful….

Longer term arrangements are, and can be, formalised amongst the Group Trusts creating a sustainable solution. Examples of where this has happened is in Dermatology and Orthodontics.

Thus, enabling our longer-waiting patients to be seen much sooner and as a Group we offer a solution to complex patients requiring specialist care can access a range of services.

Activity

As an Operational Foundation Group Team, fortnightly meetings have been introduced to explore services where we can support each other. What seems apparent, is clear is the desire to support each other with mutual aid.

Support Arrangements in place and in negotiation within the Group	Support already delivered			
	In negotiation			
	SWFT	GEH	WAHT	WVT
T&O	(green)	(green)	(yellow)	
Ophthalmology			(yellow)	
Urology		(yellow)	(yellow)	(green)
General Surgery			(yellow)	(yellow)
Breast Surgery	(green)			
Dermatology				(green)
ENT	(yellow)	(green)	(yellow)	
Gynaecology		(green)		
Colorectal Surgery				
Vascular Surgery	(yellow)		(green)	
Plastic Surgery				
Orthodontics; Max Fax and Oral Surgery			(green)	
Pathology	(green)			

NHS Wye Valley NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS South Warwickshire University NHS Foundation Trust

Successes

Processes:
- Moving patients to alternative sites has been established quickly and learnings of efficiencies used as a format to replicate for other mutual aid requests, for any speciality
- Effective mobilisation of has supported reduced waiting times for patients
- Excellent support offered between Trust colleagues
- Opportunities for joint appointments
- Virtual education classes

Patients:
- Excellent patient feedback received about services
- Ability to discharge patients earlier or a clock-stop following first appointments
- Working collaboratively to give the best service for patients
- Waiting list targets

NHS Wye Valley NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS South Warwickshire University NHS Foundation Trust
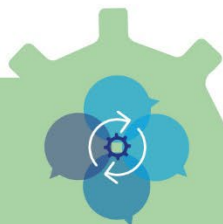
Successes: A Patient's Story

Patient story:

ITV News: **"Patient 'amazed' as surgery wait drops from three years to two weeks"**

A hip operation patient has told of how she went from waiting three years for her surgery to two weeks:

[Patient 'amazed' as surgery wait drops from three years to two weeks | ITV News Central](#)

A patient who lives on the Welsh border managed to secure her hip replacement in a matter of weeks - thanks to a hospital trust partnership.

It comes as the trust now has no patients spending more than two years on its waiting lists, for operations such as hip and knee operations.

"When I got there, there was no waiting and I had my pre op, I was told the op would be two weeks later. I said 'you're joking'"

SWFT's partner trusts, Wye Valley and George Eliot, can send over patients therefore ending their three-year wait for a hip replacement.

Challenges

Patients:
- Providing consistent pre and post op care if patients transfer mid-pathway.
- Initial ability to despatch staff to patients, however, as the services became busier this was not possible and resulted in asking patient to attend elsewhere or virtually.
- Patients who are resident in Wales, with a different commissioning base has caused some issues claiming the income from the Welsh NHS system
- Patient's not wanting to travel for their treatment, especially for major surgery, with people saying it is too far and they didn't want to be away from family/relatives, and then the return trip home, and repeat follow-up visits for post op care.

Processes:
- Agreeing a standardised clinical criteria for listing for surgery – this would avoid a change in surgical plans and wasted capacity
- Clearance of 65 and 78 week waits, more pressure on limited capacity
- Contacting patients and administrative challenges
- Managing patient expectations if mutual aid offer is unsuccessful or the patient is assessed as unable to travel

Workforce:
- Mutual Aid, administratively, can be very time consuming, as booking teams are small and difficult to resource

NHS Wye Valley NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS South Warwickshire University NHS Foundation Trust
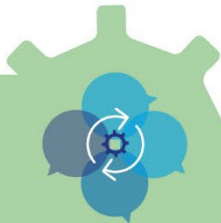
What's next?

- Waiting list harmonisation at a Group level
- Waiting lists continue to rise
- Patients are more deconditioned
- Evolving services
- Continued operational Group bi-weekly meetings for improving performance opportunities
- Explore opportunities for post-op care to be carried out closer to patient's home

  - *Urology network across Group; GEH have insourcing on board for Urology and may have capacity to support WAHT non cancer patients once their own long waiters treated after January*
  - *GEH to offer ankle procedures to WAHT*
  - *GEH looking at how can offer support the first appointment for ENT with SWFT with patients in north Coventry post codes from April onwards that are approaching higher waits for first appointments.*
  - *SWFT to continue to support Wye Valley with orthopaedics*
  - *SWFT to continue to work with GEH to establish and strengthen links with ENT*
  - *WAHT to look at support SWFT's 200 orthodontic and oral surgery patients in 65=week risk cohort through Eden contract*
  - *WAHT to support GEH with some reverse arthroplasties*
  - *Current 78-week risk with WAHT ENT, with potential for SWFT to offer insourcing weekend support for less complex procedures only. Conversely WAHT may be able to support SWFT with paeds ENT (again less complex and day case only)*
  - *WVT to offer less complex general surgery to WAHT*

Report to	Foundation Group Boards	Agenda Item	6.4
Date of Meeting	7 February 2024		

Title of Report	Safer Staffing Overview
Status of report: (Consideration, position statement, information, discussion)	For information
Author:	Jeanette Halborg, Deputy Chief Nursing Officer GEH, Emma Smith, Associate Chief Nursing Officer WVT, Ellie Ward, Deputy Chief Nursing Officer SWFT, Sue Smith, Deputy Chief Nursing Officer WAHT.
Lead Executive Director:	Natalie Green, Chief Nursing Officer GEH, Lucy Flanagan, Chief Nursing Officer WVT, Fiona Burton, Chief Nursing Officer SWFT, Sarah Shingler, Chief Nursing Officer WAHT.
1. Purpose of the Report	To provide the Foundation Group Board with a Group overview of inpatient nurse staffing.
2. Recommendations	The Foundation Group Board is asked to receive and note this report.
3. Executive Assurance	This report provides assurance that safe staffing was reported from all 4 Trusts for Quarter 3 with consistent fill rates being reported on the 'safer staffing return'. Also to note, there has been no correlation between staffing incidents and reported patient harm. All 4 Trusts have opened additional capacity/ surge beds and have continued to utilise boarding spaces in Quarter 3 resulting in unplanned spend on temporary staffing. Additional capacity and high acuity in Emergency Departments is also driving a temporary workforce demand. Vacancy rates for Registered Nurses are reducing across the Foundation Group with some variation in Healthcare Assistant vacancy rates. Work is ongoing across the Foundation Group to ensure controls are in place for use of bank and agency, specifically high cost agencies.
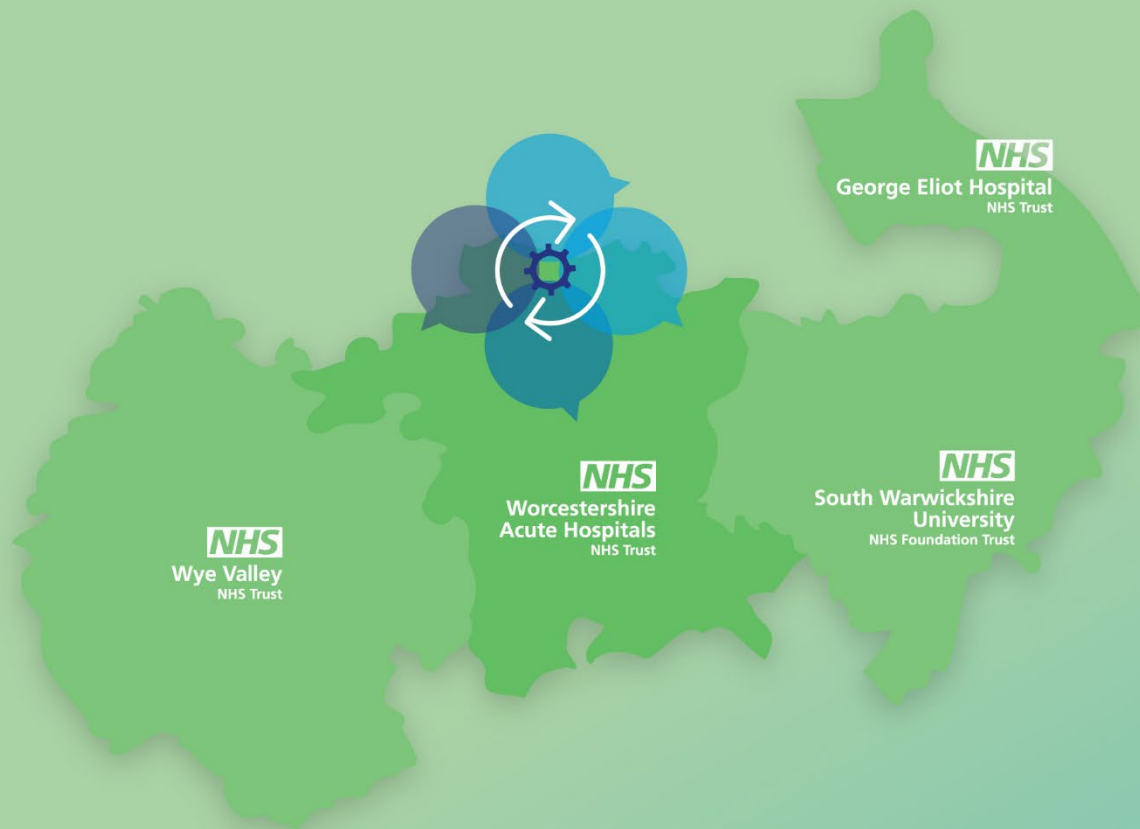
National Context – Safer Nurse Staffing

Expectation 1	Expectation 2	Expectation 3
Right Staff	**Right Skills**	**Right Place and Time**
1.1 evidence-based workforce planning	2.1 mandatory training development and education	3.1 productive working and eliminating waste
1.2 professional judgement	2.2 working as a multi-professional team	3.2 efficient deployment and flexibility
1.3 compare staffing with peers	2.3 recruitment and retention	3.3 efficient employment and minimising agency

Implement Care Hours per Patient Day

Develop local quality dashboard for safe sustainable staffing

Measure and Improve
- Patient outcomes, people productivity and financial sustainability -
- Report investigate and act on incidents (including red flags) -
- Patient, carer and staff feedback -

George Eliot Hospital NHS Trust

South Warwickshire NHS Foundation Trust

NHS Wye Valley NHS Trust
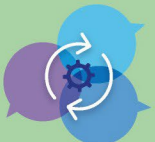
Safer Nurse Staffing Dashboard

Staffing dashboard	SWFT			WVT			GEH			WAHT		
	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23
Number of beds	384	384	384	386	386	386	360	360	360	805	805	853
Vacancy rates RN (%)	12.67%	12.03%	11.78%	2.4%	1.3%	0.4%	14.9%	14.53%	12.93%	5.1%	4.59%	4.54%
Vacancy rates HCA (%)	7.96%	7.12%	6.87%	2.7%	3.1%	3.8%	2.4%	0.7%	3.87%	11.67%	10.89%	10.39%
Safer staffing return (Unify) overall	102%	104%	103%	110%	111%	112%	114.4%	115%	110.2%	99.5%	100.5%	98.5%
CHPPD overall	8.3	8.6	8.5	8.1	8.1	8.2	6.6	6.7	6.9	9.1	8.9	8.6
Incidents / red flags	52	29	20	21	11	23	21	4	6	32	31	37
Overall NHSP/bank & Agency requests & fill RN (%)	93%	94%	92%	92.6%	93.2%	91.4%	89%	90%	89%	89%	91%	85%
Overall NHSP/bank & Agency requests & fill HCA (%)	88%	91%	89%	95%	89.4%	88.2%	84%	85%	89%	86%	89%	86%
Agency / bank spend RN (%)	20%	21%	19%	14.4%	13.3%	14.4%	23%	23%	22%	17.05%	16%	15%
Agency / bank spend HCA (%)	18%	19%	23%	21.6%	20.8%	25%	22%	21%	23%	26%	24%	23.2%
Sickness RN (%)	6%	6.5%	7%	6.7%	6%	6.5%	6.8%	6.9%	7.4%	6.67%	6.2%	6.88%
Sickness HCA (%)	Combined	Combined	Combined	8.4%	7.7%	7.6%	Combined	Combined	Combined	8.7%	8.7%	9.06%
Quality indicators:												
Falls with harm in month (per 1000 bed days SWFT)	0.84	0.77	0.83	1	4	3	0	0	0	0	0	0
Hospital acquired pressure ulcers	0	0.2	0.13	71	58	55	60	48	42	25	22	29
Friends and family recommended %	94%	94.6%	95.3%	91%	92%	92%	88%	84%	85%	96.83%	97.5%	95.77%

Exceptions and Escalations – Fiona Burton CNO SWFT

- The 384 core beds exclude Maternity, our CERU head injury unit and Feldon as part of the stroke pathway with UHCW. In October, November and December 2023 SWFT opened an average of 20 escalation (extra capacity) beds a day. This requirement to 'one up' or increase beds over their usual number on Wards was to maintain safety by facilitating patient movement out of ED and has resulted in unplanned spend on temporary staffing.
- The majority of higher cost agency at SWFT is driven by paediatric nursing in the acute and community teams, whereby there are limited agencies who can provide this specialist cover. There remains an ongoing need to provide mental health nurses to vulnerable patients including CYP with mental health disorders whilst they are awaiting an inpatient mental health bed or Tier 4 bed. The cost for RMNs for the 6 months June to December 23 was £283k.
- Quality improvement projects and reintroduced Matron controls have significantly reduced requests for 1:1 care.
- The figures for bank/ agency spend are combined but it should be noted that in December 23 there was no agency spend for HCAs and approximately half the RN shifts were covered by bank staff.
- Turnover for both registered and unregistered nursing has reduced since April 23 by 4-5 %.
- Registered nurse vacancies continue to decline from a peak of 18% in November 2022 and for HCAs is down from 16% in April 2023. This is against a background of increasing WTEs due to approved business cases to improve staffing in areas like ED and new services opening such as Medical day Case Unit.
- There was no correlation between staffing incidents and patient harms. Falls with harm and pressure ulcers with care omissions remain low and are reported per 1000 bed days.
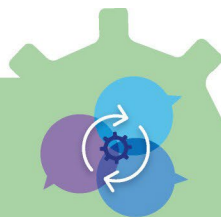
Exceptions and Escalations – Lucy Flanagan CNO WVT
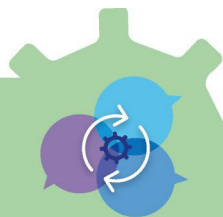
- The equivalent of 31 additional and escalation beds have been open during this period driving a temporary workforce demand of 40wte in December.
- Throughout this period we have had an average of 17 boarders per day with up to 35 at times of extreme pressures – when required additional staff will be booked to maintain patient safety
- A large proportion of Emergency Department staffing is unfunded and equates to 24wte
- In year service developments with no funding stream equate to 20wte
- Recent Trust Management Board paper to increase funded establishment and recruit substantively where appropriate to do so has been agreed
- Time out allowance lowest in the group - 18% for health care support workers and 21% for Registered Nurses. Minimum recommended level is 22% and would equate to an additional 10.45wte Registered Nurses and 33 wte HCA's.
- Care hours per patient day drops to 6.9 average based on funded establishment
- Bank provision is in house and we have relatively few bank workers
- Despite a strong vacancy position for registered nurses the factors above are driving a high level of agency demand
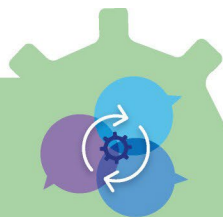
Exceptions and Escalations – Natalie Green CNO GEH

- Total funded beds = 360 for Oct, Nov, Dec 2023. Actual beds open funded & unfunded = 373 in Oct, 373 in Nov, 387 in Dec 2023
- Average numbers of Boarding patients per day = 8 Oct, 10 Nov, 5 Dec 2023
- Overall total = **381** in Oct, **383** in Nov, **392** in Dec 2023   (Excludes Maternity and Neonates)
- All additional unfunded capacity across the Trust has, in the main, been staffed through NHSP bank or agency.
- All staffing gaps for the next 24 hours are risk assessed daily through the safe staffing meeting and will be escalated appropriately.
- All red flag incidents and patient harms are reviewed by the senior team – there has been no correlation between staffing levels and reported harm.
- There has been no off-framework agency use in the Trust since July 2023. Agency is not used for HCSW shifts.
- We continue to reduce expenditure of NHSP and Agency costs and the visibility of shifts to agencies. Hourly rates have been reduced over the last 6 months moving towards the agreed national agency cap.
- Agency is predominately used in the Intensive Care Unit, Emergency Department, Childrens Assessment Unit and Theatres.
- 8 cohorts of 10 IEN have arrived at GEH cohort 9 arrived January 2024 and 1 more cohort is due in February 2024. Totalling 110wte IEN.
- Domestic RN recruitment on average has totalled between 3 – 7 a month.

Exceptions and Escalations – Natalie Green CNO GEH…cont

- Percentage of Maternity leave for Oct 4.4%, Nov 3.8% Dec 3.4%. This remains a cost pressure as there is no provision in establishments for cover. Sickness is above the 4% accounted for in the 21% establishment uplift and study leave is closely monitored however the 3% uplift does not cover all requirements especially with a junior workforce.
- The current nursing workforce across the Trust is relatively junior. This is due to a combination of IEN throughout the year, newly qualified nurses domestically recruited and HCSW working in the NHS for the first time.
- Retention data demonstrates that leavers in Oct = RNx10, 5x HCSW, in Nov = RNx6, 5x HCSW and in Dec = RNx8, 9x HCSW. Retention is the focus for 2024 with flexible working being a big move across the Foundation Group.

Exceptions and Escalations – Sarah Shingler CNO WAHT

- Number of G&A beds
  - October/November 2023: 805 (includes ICCU, Paediatrics & Neonates). Plus 28 boarding spaces and 8 ED corridor care spaces
  - December 2023: 853 to include 2 winter wards (48 beds). Plus 20 surge beds, 28 boarding spaces, 18 ED corridor care spaces
- Bank and agency - Winter wards, surge beds, boarding spaces and ED corridor care are reliant on temporary staff. In addition, temporary staff are also required for GRAT nurses and waiting room nurses in ED.
- Safer Staffing Return (Unify) data consistently above 95% required fill rate
- Care Hours Per Patient Day (CHPPD)
  - The figures are within the national range of 6.33 to 15.48
- Nurse to bed ratios
  - Some variance from NICE guidance of 1:8 for adult inpatient wards (range from 1:4.25 to 1:9.5)
  - Lower range (1:4.25 – 1:5.5) due to specialty eg chemo inpatients, oncology, stroke, head and neck
  - Higher range (1:8.5 – 1:9.5) due to smaller ward templates, surgical specialty on night shifts
  - All ward templates and staffing models will be reviewed following 2nd acuity and dependency study in March 2024
- Incidents / red flags – consistent reporting demonstrated with no associated patient harm
- Quality indicators – no concerns to escalate, although to note is the increase in HAPUs and the reduction in F&F recommended score

NHS
George Eliot Hospital
NHS Trust

NHS
South Warwickshire
NHS Foundation Trust

NHS
Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	
Date of Meeting	7 February 2024		
Title of Report	Equality Update - NHS Equality Delivery Scheme (EDS 2022)		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Sara MacLeod, Operational Director of People & Workforce, GEH Elva Jordan-Boyd, Deputy Chief People Officer, SWFT Rich Luckman, Assistant Director, People & Culture, WAHT Daniela Locke, Deputy Chief People Officer, WVT		
Lead Executive Director:	GEH & SWFT – Gertie Nic Philib, Chief People Officer WAHT – Tina Ricketts, Chief People Officer WVT – Geoffrey Etule, Chief People Officer		
1. Purpose of the Report	Trusts are required to publish their EDS 2022 reports on their website. These reports present the Trusts' findings and actions against the three domains identified in EDS 2022.		
2. Recommendations	Foundation Group Boards are asked to receive and note these reports.		
3. Executive Assurance	Foundation Group Boards can be assured that all four Trusts publish their EDS 2022 reports annually in accordance with requirements. All four Trusts are committed to ensuring an equitable and inclusive workforce and will continue to work through actions to address any gaps identified.		

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

Report to Foundation Group Board – 7 February 2024

Equality Update NHS Equality Delivery Scheme (EDS 2022)

Executive Opinion and Assurance

Trusts are required to publish their EDS 2022 reports on their website on an annual basis. Foundation Group Boards can be assured that all four Trusts are complying with this requirement.

Executive Summary

This report outlines the ratings against the three Domains within EDS 2022 for each of the four Trusts within the Foundation Group.

The report gives an overview of the requirements of EDS 2022 and provides assurance that all four Trusts are achieving the standards expected.

Recommendation

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

Gertie Nic Philib   Tina Ricketts   Geoffrey Etule
Chief People Officer, GEH/SWFT   Chief People Officer, WAHT   Chief People Officer, WVT

1. Background

The Equality Delivery System (EDS) was first launched for the NHS In November 2011 as a system to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

It was refreshed in November 2013 (EDS2) with a wider review undertaken in 2022, taking account of the new system architecture. The review also took into account the impact of Covid-19 on different population groups and was co-produced in collaboration between NHS England, NHS Improvement and the NHS Equality and Diversity Council (EDC).

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS 2022 is aligned to NHS England's Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all. EDS 2022 implementation by NHS provider organisations is mandatory in the NHS Standard Contract.

2. Scope of EDS 2022

The EDS comprises 11 outcomes spread across 3 Domains, which are:

1) Commissioned or provided services
2) Workforce health and well-being
3) Inclusive leadership

It is an improvement tool for NHS organisations, in collaboration with patients, public, staff, staff networks and trade unions, to review and develop their services, workforce and leadership. The outcomes are each evaluated, scored and rated using available evidence and insight. The ratings then provide assurance or point to the need for improvement.

Each outcome is scored and rated as follows:

Undeveloped activity – organisations score 0 for each outcome	Those who score **under 8**, adding all outcome scores in all Domains, are rated **Undeveloped**
Developing activity – organisations score 1 for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all Domains, are rated **Developing**
Achieving activity – organisations score 2 for each outcome	Those who score **between 22 and 30,** adding all outcome scores in all Domains, are rated **Achieving**
Excelling activity – organisations score 3 for each outcome	Those who score **31 and above**, adding all outcome scores in all Domains, are rated **Excelling**

Scores are then added together to provide an overall score, or an EDS Organisation Rating.

2.1   Domain 1: Commissioned or provided services - Executive Lead: Chief Nursing Officer

NHS organisations are required to identify three services that they commission and/or provide for patients for assessment in Domain 1. For each service, the following 4 outcomes should be tested with reference to local evidence and insight in discussion with service users, patients, the public, community groups and VCSE organisations:

> 1A: Service users have required levels of access to the service
> 1B: Individual service user's health needs are met
> 1C: When service users use the service, they are free from harm
> 1D: Service users report positive experiences of the service

As Domain 1 measures 3 services, the scores are averaged for each outcome to determine the overall rating.

2.2   Domain 2: Workforce health and wellbeing – Executive Lead: Chief People Officer

The health of our NHS workforce is critical and NHS organisations are now encouraged to monitor the health of their workforce, support self-care and build health literacy among their staff. Domain 2 is measured through engagement with staff, staff networks, chaplaincy and trade unions to gain evidence and insight against the following outcomes:

> 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions
> 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
> 2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source
> 2D: Staff recommend the organisation as a place to work and receive treatment

2.3   Domain 3: Inclusive leadership – Executive Lead: Chief People Officer

Within NHS organisations, it is the senior leadership that sets the culture and tone and determines how inclusive the organisation is. Domain 3 comprises 3 outcomes that are a test of commitment and inclusive leadership.

> 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
> 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
> 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

3.   Findings

The full reports for each Trust will be shared on their respective websites. However, the table below identifies the ratings for each organisation.

	GEH	SWFT	WAHT	WVT
Domain 1: Commissioned or provided services				
1A	2.5	3	3	1
1B	2.5	2.5	2	1
1C	2.5	2.5	2	1
1D	2	3	2	1
Domain 1 overall rating	**9.5**	**11**	**9**	**4**
Domain 2: Workforce health & wellbeing				
2A	2	2	2	2
2B	2	2	2	2
2C	2	2	2	2
2D	2	3	2	1
Domain 2 overall rating	**8**	**9**	**8**	**7**
Domain 3: Inclusive Leadership				
3A	2	2	2	2
3B	2	2	1	2
3C	2	2	2	1
Domain 3 overall rating	**6**	**6**	**5**	**5**
Total	**23.5**	**26**	**22**	**16**

As can be seen, GEH, SWFT and WAHT are all **Achieving** EDS 2022 with some areas **Excelling**. One area at WAHT is **Developing**. WVT are **Developing** Domain 1 but are **Achieving** in the other two Domains. There are no areas at any of the Trusts in the Foundation Group that are **Undeveloped**.

4.   Next Steps

For each Domain, each organisation now needs to complete an action plan to support the move from achieving to excelling and each Trust has different aspects where they can share learning. Rather than implement additional action plans, it is intended that actions already identified in response to the EDI Improvement Plan, Workforce Race Equality System and Workforce Disability Equality System will combine to create a single Equality, Diversity and Inclusion action plan for each Trust.

Once developed, these action plans will be shared across the Foundation Group in order for us to work collaboratively on delivery of improvements.

Report to	Foundation Group Boards	Agenda Item	7.1
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Boards Schedule of Business		
Status of report: (Consideration, position statement, information, discussion)	For approval and discussion		
Author:	Chelsea Ireland, Foundation Group EA		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	For approval of the 2024/25 Schedule of Business for the Foundation Group Boards meeting.		
2. Recommendations	The Foundation Group Boards is asked to discuss and approve the Foundation Group Boards schedule of business for 2024/25. Key things to note are: - Foundation Group Boards Workshop agenda item's to be identified. - The updates on Tertiary Relationships, Job Planning, Fragile Services and Group Digital Transformation are to be confirmed as to when they will be presented to the Foundation Group Boards. - The paper submission deadlines have been included at the bottom of the schedule of business for ease and future diary planning.		
3. Executive Assurance	N/A		

Foundation Group Boards Schedule of Business for 2024/25

Report	May-23	Aug-23	Nov-23	Feb-24	Presenter
Standing Items for Each Meeting	✓	✓	✓	✓	
Apologies for Absence	✓	✓	✓	✓	
Declarations of Interest	✓	✓	✓	✓	
Minutes of the Meeting held on (relevant date to be inserted)	✓	✓	✓	✓	
Matters Arising and Actions Update Report	✓	✓	✓	✓	
Questions from Members of the Public and SWFT Governors	✓	✓	✓	✓	
Quarterly Reports for Noting and Information					
Foundation Group Strategy Committee Minutes	✓	✓	✓	✓	Group Chairman
Foundation Group Strategy Committee Report	✓	✓	✓	✓	Group Chairman
Quarterly Reports for Assurance					
Foundation Group Performance Report (leave longer for this on the agenda)	✓	✓	✓	✓	Managing Directors - Damian Rogers, Kevin Shine and Hema Raju prodcuce the performance data
Overview of Big Moves and Key Discussions from FGB Workshop	✓	✓	✓	✓	Group Chairman / Group Chief Executive
Safe Staffing Overview (to include Nurse Per Bed Ratio)	✓	✓	✓	✓	Chief Nursing Officers
Key Items for Discussion/Deep Dives Current forward plan: - May 2024 - Urgent and Emergency Care (including VW, LoS, demand management and D2A pathways) - August 2024 - Elective Productivity Revisit (including theatre utilisation, HVLC lists, OPD, PFU etc) - November 2024 - HR Productivity (including agency, turnover, recruitment times, vacancies, skillmix etc)	✓	✓	✓	✓	Relevant Executives
Productivity and Clinical Effectiveness (PACE) Progress Monitoring	✓	✓	✓	✓	Chief Operating Officers
Quarterly Reports for Approval					
Bi-Annual Reports for Noting and Information					
Bi-Annual Reports for Assurance					
Group Analytics Update		✓		✓	Managing Director WVT and Chief Finance Officer GEH
Foundation Group Objectives Progress Monitoring		✓		✓	Managing Directors
Group Digital Transformation Update (to be confirmed with Vikki Lewis)	✓		✓		Chief Digital Officer WAHT
Fragile Services Update (to be confirmed with David Mowbray)					
Tertiary Relationships Update (to be confirmed with David Mowbray)					
Group Job Planning (to be confirmed with David Mowbray)					
Bi-Annual Reports for Approval					
Annual Reports for Noting and Information					
Annual Reports for Assurance					
Gender Pay Gap			✓		Chief People Officers
Equality Update Report	✓			✓	Chief People Officers
Annual Reports for Approval					
Calendar of Meetings			✓		Group Chairman
Schedule of Business				✓	Group Chairman
Fit and Proper Persons				✓	Trust Secretary / Company Secretary
Board Committee's Terms of Reference				✓	Trust Secretary / Company Secretary
Foundation Group Objectives				✓	Chief Strategy Officers

Dates for Submission					
Deadline for papers	23-Apr	30-Jul	29-Oct	28-Jan	
Meeting dates	01-May	07-Aug	06-Nov	05-Feb	

Key:

Public
Confidential

Foundation Group Boards Workshop Schedule for 2024/25

Meeting Date	Subject/Items	Presenter	Submission Date for Presentations/Papers
01 May 2024	1. Guest Speaker 2. Update on Big Move - 'Be a Very Flexible Employer' 3. Update on Big Move - 'Create Resilience in the Domiciliary Care Marketplace' - Integration Front Runner and Work in Herefordshire through the BCF MOU	1. 2. Chief People Officers 3. Sophie Gilkes and Jennie Bannon (Warks) and Jon Barnes (WVT)	24 April 2024
07 August 2024	1. Guest Speaker 2. Update on Big Move - 'Embed Prevention in Every Service' 3.	1. 2. Managing Directors with Duncan Vernon 3.	31 July 2024
06 November 2024	1. Guest Speaker 2. Update on Big Move - 'Lead the NHS on Carbon Reduction' 3. Update on Big Move - 'Home First - Supported by Technology and Collaboration'	1. 2. Chief Strategy Officers with Sustainability Leads 3. Chief Operating Officers with Support from Andy Laverick and Vikki Lewis	30 October 2024
05 February 2024	1. Guest Speaker 2. 3.	1. 2. 3.	29 January 2024

NHS

South Warwickshire
University
NHS Foundation Trust

NHS

Worcestershire
Acute Hospitals
NHS Trust

NHS

George Eliot Hospital
NHS Trust

NHS

Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	8.1
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Strategy Committee Annual Report 2022/23		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Sarah Collett, Trust Secretary for SWFT and GEH, on behalf of Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	The report provides an overview of the Committee's business during 2022/23. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly. The report was scheduled for the Committee meeting in August 2023, but the meeting was cancelled and then due to sickness absence, the report was not available for the Committee meeting in October 2023. Future reporting will be brought back in line with the Committee's Schedule of Business.		

Report to	Foundation Group Strategy Committee	Agenda Item	7.3
Date of Meeting	16 January 2024		
Title of Report	Foundation Group Strategy Committee Annual Report 2022/23		
Status of report: (Consideration, position statement, information, discussion)	For discussion		
Author:	Sarah Collett, Trust Secretary for SWFT and GEH, on behalf of Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.		
2. Recommendations	The Foundation Group Strategy Committee is asked to consider its Annual Report for 2022/23, prior to submission to the Foundation Group Boards in February 2024.		
3. Executive Director Assurance	The report provides an overview of the Committee's business during 2022/23. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly. The report was scheduled for the Committee meeting in August 2023, but the meeting was cancelled and then due to sickness absence, the report was not available for the Committee meeting in October 2023. Future reporting will be brought back in line with the Committee's Schedule of Business.		

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

Report to Foundation Group Strategy Committee – 16 January 2024

Foundation Group Strategy Committee Annual Report 2022/23

1.   Introduction

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

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

During 2022/23, the Committee consisted of the Group Chairman, Group Chief Executive, a Non-Executive Director (NED) from each Trust, Managing Director from each Trust, Chief Medical Officer from each Trust, Chief Strategy Officer from each Trust, the Group Strategic Financial Advisor and Board level representatives of associate members. Other officers from each Trust may be invited to attend for appropriate agenda items.

The Committee has met on four occasions during 2022/23 and meetings continue to be held on a quarterly basis. In August 2022 the Foundation Group Boards Workshop and Foundation Group Boards meeting replaced the previous twice yearly development sessions. These meetings bring together the full members within the Foundation Group to share best practice and performance data. A schedule of attendance at meetings during 2022/23 is attached (Appendix A).

The NED from each Trust reports in writing to their respective Board on key issues considered by the Committee following every meeting. In addition to this, the approved Minutes of the meetings are also submitted to the confidential section of the individual Board of each Trust.

As part of the annual review of the Terms of Reference, amendments were approved by each Board in April 2023.

2.   Principal Areas of Review

The Terms of Reference set out Strategic Financial and Operational Planning as the key duty for the Committee which includes the following responsibilities:

- developing strategy and investment plans, including finance, IT, estates, and commercial development;

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

3.   FGSC – Review of Effectiveness

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

The Committee has undertaken a formal review of its effectiveness during 2022/23 and a separate report has been submitted to the Committee on the responses received, which was subsequently submitted to the Boards of each Trust. It can be confirmed that the Committee met on four occasions during April 2022 to March 2023 and achieved an attendance rate of 80%. It should be noted that 80% is considered to be a good rate of attendance, however this is a slight reduction compared to last year's 81.5% attendance rate.

The Committee achieved its aim by delivering the duties set out in its Terms of Reference and referred to in section two of this report.

4.   Areas of Particular Note

During the year the Committee has had the opportunity to review the proposals to expand the Foundation Group through the full membership of WAHT in advance of Board approval and to consider strategic financial and operational planning opportunities as part of collaborative working across the Foundation Group. Examples of these are detailed below but it should be noted that the list is not exhaustive:

- Productivity improvement opportunities;
- Digital working, including Scan4Safety which is a programme focused on improving patient safety;
- Quality, Service Improvement and Redesign;
- Clinical teaching and training;
- Levelling Up;
- Group Procurement;
- Ward Accreditation;

- Research, and
- Medical and Dental Leadership Strategy.

Looking forward into 2024/25, the Committee continues to focus on development opportunities for strategic financial and operational planning. Also identifying and sharing best practice at pace across the Foundation Group and externally.

5.   Conclusion

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

6.   Recommendation

The Foundation Group Strategy Committee is asked to consider its Annual Report for 2022/23, prior to submission to the Foundation Group Boards in February 2024.

Sarah Collett
<u>Trust Secretary for SWFT and GEH</u>
(on behalf of Chelsea Ireland, Foundation Group Executive Assistant)

Foundation Group Strategy Committee
Attendance 2022/23

	31 May 2022	30 August 2022	29 November 2022	28 February 2023
Members				
Russell Hardy (Chair)	✓	✓	✓	✓
Charles Ashton (Chief Medical Officer at SWFT)	✓	✓	✓	X
Glen Burley (Group Chief Executive)	✓	✓	✓	✓
Andrew Cottom (NED at WVT)			✓	✓
Anne Coyle (Managing Director at SWFT)	X	✓	✓	✓
Alan Dawson (Chief Strategy Officer at WVT)	X	✓	✓	✓
Anita Day (Chair at WAHT)	✓ (attended in capacity as Deputy Chair)	✓	✓	✓
David Eltringham (Managing Director at GEH)	✓	✓	✓	
Catherine Free (Chief Medical Officer at GEH until end of February 2023 and Managing Director at GEH from March 2023)	✓	✓	✓	✓
Sophie Gilkes (Chief Strategy Officer at SWFT)	✓	✓	✓	X
Matthew Hopkins (Chief Executive at WAHT)	X	X	✓	X
Julie Houlder (NED representative at GEH)	✓	X	✓	✓
Richard Humphries (NED at WVT)	✓	✓		
Jane Ives (Managing Director at WVT)	X	✓	✓	✓
David Moon (Group Strategic Financial Advisor)	X	✓	✓	✓
David Mowbray (Chief Medical Officer at WVT)	X	✓	✓	✓
Jo Newton (Chief Strategy Officer at WAHT)	X	✓	✓	✓
Sir David Nicholson (Chairman at WAHT)	X			
Jenni Northcote (Chief Strategy Officer at GEH)	X	✓	X	✓
Simon Page (NED at SWFT)	✓	✓	✓	✓
Naj Rashid (Chief Medical Officer at GEH)				✓
Committee Attendance Rate	53%	89%	94%	83%

Report to	Foundation Group Boards	Agenda Item	8.2
Date of Meeting	7 February 2024		
Title of Report	Foundation Group Strategy Committee Report from the Meeting on the 16th January 2024		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group EA		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on the 16 January 2024.		
3. Executive Assurance			

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

Report to Foundation Group Boards – 7 February 2024

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

1. **Group Job Planning**
   The Committee received an update from the Group Medical Advisor on job planning. Individual job plans look at a variety of things including objectives to be achieved by the consultant, work the consultant does (including their private practice), necessary recourses, flexibility for external commitments and cost. The Group Medical Advisor explained that each Trust in the Group had individual Job Planning policies in place however Group Job planning based on clinical capacity and demand wasn't happening and expressed the importance of this starting to enable demand vs capacity mismatches getting identified earlier and gaps bridged.

   The Group Medical Advisor summarised that, based on his research, he didn't feel that switching to a standardised policy across the Group would cause any productivity gain, however, what would be beneficial would be working to resolve the differences in the implementation of the policies and focusing on demand and capacity, and monitoring outputs. It was agreed that training on Job Planning would also be provided to General Managers and Clinical Directors, with the Chief Medical Officer's and Group Medical Advisor creating a webinar style session. The Chief Medical Officer's would also look to set up a Group-wide mediation and review process.

2. **Group Digital Data and Technology Scope Proposal**
   The Group Chief Executive introduced the Group Digital Data and Technology Scope Proposal by explaining that since WAHT joined the Foundation Group, the Group had gained the knowledge in Digital Data and Technology at an executive level role. This provided an opportunity to fix some of the problems being experienced elsewhere in the Group, particularly around managing the outsourced arrangements. The Group Chief Executive continued that he had had therefore asked Vikki Lewis, Chief Digital Transformation Officer of WAHT to pull a proposal together where she would move into a more Group level role overseeing Digital Transformation.

   The Chief Digital Transformation Officer of WAHT presented the proposal to the Committee which included benefits and an insight into future workplans. She explained that she had been speaking to the Group Strategic Financial Advisor and there was a recognition that when each Trust moved into different delivery models with different partners, there was a slight loss of the expert client voice that sat inside each organisation; the proposal would resolve that issue. The Chief Digital Transformation Officer of WAHT added that as part of the proposal, strengthening the programme of work done by the Group Strategic Digital Advisor would be included as well as developing further the work of the Group Analytics Board and informatics across the Group. The

Committee discussed informatics in general and the importance of including place partners to avoid duplication of work and utilising resources.

The Committee were in support of the proposal, however highlighted the need to be careful with the conversions work. The Committee will receive digital updates from the Chief Digital Transformation Officer of WAHT twice a year.

3. **2024/25 Workplan Discussion**
   The Committee discussed its forward plan for business to be discussed at future meetings. It was agreed that the following items would be added to the Committee's schedule of business:
   - Group Data and Technology Executive Role and Digital Updates
   - Group Objectives
   - Tertiary Relationships
   - Fragile Services across the Group
   - Productivity

   The Group Chairman recommended adding a financial benefit element to each of the work plans to know where to put resources.

4. **Quarterly Progress Update of Foundation Group Objectives for 2023/24 and Foundation Group Draft Objectives for 2024/25**
   The Group Chief Executive provided an update on the position of the Foundation Group Objectives. Each Trust's Board were looking at the 2024/25 objectives, and WAHT had their 10 Point Plan and Financial Recovery Plans going to WAHT Board for approval also. The Group Chief Executive explained that when all of that had completed through Trust Boards, he would be able to identify shared objectives and choose the 2024/25 Group Objectives.

   Each of the Chief Strategy Officer's from GEH, SWFT and WVT provided an overview position update. The Group Chief Executive explained that as part of WAHT's 10 Point Plan they would be testing the Group's 'Big Moves' and refreshing their own strategy.

5. **Foundation Group Strategy Schedule of Business 2024/25**
   The Committee reviewed and approved the 2024/25 schedule of business subject to the amendments discussed in the meeting of the 16th January 2024 be added.

6. **Foundation Group Strategy Committee Terms of Reference**
   The Committee reviewed and approved the recommended changes to the Terms of Reference.

7. **Foundation Group Strategy Committee Annual Report 2022/23**
   The Committee reviewed and approved the 2022/23 Foundation Group Strategy Committee annual report.

8. **Operational Flow – WAHT**

The Group Associate Medical Director provided a presentation to the Committee on operational flow in WAHT with a detailed presentation on the Care Coordination Centre which aims at providing an alternative access to care than the Emergency Department. The Group Associate Medical Director summarised with an overview of potential opportunities that working together provided including creating a care navigation hub, speciality advice and navigation for all professionals from one site, commission services like consultant connect as a Foundation Group and use the current project team to expand all four sites.

A discussion took place with a lot of thanks from the Committee to the Group Associate Medical Director. It was felt that West Midlands Ambulance Service (WMAS) were an important part of the process and was important to keep them involved.

Recommendation

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

Chelsea Ireland
Foundation Group EA