

Foundation Group Boards

Thu 02 May 2024, 13:30 - 16:45

Agenda

1. Apologies for Absence

Chizo Agwu (Chief Medical Officer WVT, Tom Morgan-Jones deputising), Paul Capener (Associate Non-Executive Director GEH), Julie Houlder (Vice Chair GEH), Simone Jordan (Non-Executive Director GEH), David Moon (Group Strategic Financial Advisor), Dame Julie Moore (Non-Executive Director WAHT), Andy Parker (Chief Operating Officer WVT, Sarah Assinder deputising) and Jo Rouse (Non-Executive Director WVT).

2. Declarations of Interest

13:30 - 13:35 Russell Hardy

3. Minutes of the Meeting held on 7 February 2024

13:35 - 13:40 Russell Hardy

 Agenda Item 3 - Minutes of the Meeting held on 7 February 2024.pdf (16 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 Russell Hardy

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

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:15 Managing Directors

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

6.2. Deep Dive into Urgent and Emergency Care (including Virtual Wards, Length of Stay, Demand Management and Discharge to Assess)

14:15 - 14:30 Chief Operating Officers

 Agenda Item 6.2 - Deep Dive into UEC.pdf (13 pages)

6.3. Safe Staffing Overview (to include Nurse per Bed Ratio)


14:30 - 14:40 Chief Nursing Officers

 Agenda Item 6.3 - Safe Staffing Overview.pdf (9 pages)

6.4. Implementation of the Sexual Safety Charter

14:40 - 14:50

Chief People Officers

 Agenda Item 6.4 - Implementation of the Sexual Safety Charter.pdf (5 pages)

7. Item's for Approval

7.1. Annual Review of Board Committee Terms of Reference

14:50 - 15:00


Sarah Collett / Erica Hermon

 Agenda Item 7.1 - Annual Review of Board Committee Terms of Reference.pdf (23 pages)

7.2. Group Digital Transformation Update

15:00 - 15:10

Vikki Lewis

 Agenda Item 7.2 - Group Digital Transformation Update.pdf (3 pages)

8. Items for Information

8.1. Foundation Group Strategy Committee Report from the Meeting on 16 April 2024

15:10 - 15:15

Russell Hardy

 Agenda Item 8.1 - FGSC Report from the 16th January 2024.pdf (4 pages)

8.2. Fit and Proper Persons Test Annual Declarations

15:15 - 15:25

Sarah Collett / Erica Hermon

 Agenda Item 8.2 - Fit and Proper Persons Test Annual Declarations.pdf (3 pages)

9. Any Other Business

15:25 - 15:30

10. Questions from Members of the Public and SWFT Governors

15:30 - 15:35

Russell Hardy / Erica Hermon

Adjournment to Discuss Matters of a Confidential Nature

11. Apologies for Absence

Chizo Agwu (Chief Medical Officer WVT, Tom Morgan-Jones deputising), Paul Capener (Associate Non-Executive Director GEH), Oliver Cofler (Associate Non-Executive Director SWFT), Julie Houlder (Vice Chair GEH), Simone Jordan (Non-Executive Director GEH), David Moon (Group Strategic Financial Advisor), Dame Julie Moore (Non-Executive Director WAHT), Andy Parker (Chief Operating Officer WVT, Sarah Assinder deputising) and Jo Rouse (Non-Executive Director WVT).

12. Declarations of Interest

15:45 - 15:50

Russell Hardy

13. Confidential Minutes of the Meeting held on 7 February 2024

15:50 - 15:55 *Russell Hardy*

 Agenda Item 13 - Confidential Minutes of the Meeting held on 7 February 2024.pdf (7 pages)

14. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

Please note the action update report has been added for completeness, however there are no outstanding actions.

 Agenda Item 14 - FGB Confidential Actions Update Report - 2 May 2024.pdf (1 pages)

15. Foundation Group Litigation Benchmarking

16:00 - 16:15 *Glen Burley*

 Agenda Item 15 - Foundation Group Litigation Benchmarking.pdf (64 pages)

16. Items for Information

16.1. Foundation Group Strategy Committee Minutes from the Meeting held on 16 January 2024

16:15 - 16:20 *Russell Hardy*

 Agenda Item 16.1 - FGSC Minutes from 16 January 2024.pdf (11 pages)

17. Any Other Confidential Business

16:20 - 16:25 *Russell Hardy*

18. Items for Approval

18.1. Electronic Patient Records (EPR) Update (GEH/SWFT Only)

16:25 - 16:45 *Dan Millman / Alan Bannister / Jo Bangoura*

 Agenda Item 18.1 - EPR Update - SWFTGEH Only.pdf (8 pages)

19. Date and Time of the Next Meeting

The next Foundation Group Boards Meeting will be held on Wednesday 7 August 2024 at 13.30 via Microsoft Teams.

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

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

Present:

Russell Hardy	(RH)	Group Chairman
Chizo Agwu	(CA)	Chief Medical Officer WVT
Charles Ashton	(CAs)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Richard Colley	(RC)	NED SWFT
Neil Cook	(NC)	Chief Finance Officer WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Paramjit Gill	(PG)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WHAT (present from minute 24.013)
Julie Houlder	(JH)	NED and Vice Chair GEH
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Chief Digital Information Officer WAHT
Kim Li	(KL)	Chief Finance Officer SWFT
Anil Majithia	(AM)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Dame Julie Moore	(JM)	NED WHAT
Simon Murphy	(SM)	NED and Deputy Chair WAHT
Simon Page	(SP)	NED and Vice Chair SWFT (present from minute 24.009)
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Naj Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Nicola Twigg	(NT)	NED WVT
Sue Whelan Tracy	(SWT)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
------------	------	---

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

Julian Berlet	(JBe)	Deputy Chief Medical Officer WAHT (present from minute 24.012)
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Richard Haynes	(Rha)	Director of Communications WAHT
Mark Hetherington	(MH)	ANED GEH
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for the Chief Finance Officer)
Rosie Kneafsey	(RK)	ANED GEH
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KL)	Communications Officer WAHT
Michelle Lynch	(ML)	ANED WAHT
Jo Newton	(JN)	Director of Strategy and Planning WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH/SWFT
Richard Oosterom	(RO)	ANED WAHT
Peter Orton	(PO)	Communications Officer WAHT
Jackie Richards	(JR)	ANED GEH
Tina Ricketts	(TR)	Director of People and Culture WAHT
Jo Rouse	(JRo)	ANED WVT
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
Leigh Tranter	(LT)	Communications Manager SWFT
Jules Walton	(JW)	Deputy Chief Medical Officer WAHT

There were six SWFT Governors, and two guest observers in attendance. There were no members of the pubic in attendance.

MINUTE

24.001

APOLOGIES FOR ABSENCE

Apologies for absence were received from: Sarah Collett, Trust Secretary GEH/SWFT; Simone Jordan, NED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Katie Osmond, Chief Finance Officer WVT; Bharti Patel, ANED SWFT; and, David Spraggett, NED SWFT.

Resolved – that the position be noted.

24.002

DECLARATIONS OF INTEREST

The Chief Finance Officer for GEH declared that he had been made the appointed NED for Innovate Healthcare Services Ltd.

ACTION

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

<u>MINUTE</u>		<u>ACTION</u>
	Dame Julie Moore (NED WAHT) declared that she had been appointed as Chair of Health Data Research UK.	
	<u>Resolved</u> – that the position be noted.	
24.003	<u>GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the GEH public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.004	<u>SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the SWFT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.005	<u>WAHT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the WAHT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.006	<u>WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the WVT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.007	<u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
24.007.01	<u>Chairman's Remarks</u>	

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

<u>MINUTE</u>		<u>ACTION</u>
	<p>The Group Chairman started the meeting by informing the Foundation Group Boards of the sad passing of Winston Crasto, Consultant and Clinical Director of Medicine for GEH. He explained how Winston was a loved colleague and would be greatly missed by all who worked with him. The Group Chairman passed on his sincere condolences to Winston's family.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.007.02	<p><u>Foundation Group Performance Report (minutes 23.058 and 23.080.01 refers)</u></p> <p>The Managing Director for WVT confirmed that the cancer diagnosis following ED attendance data had been received. This would be included in the next Foundation Group Performance Report at the May 2024 meeting.</p> <p><u>Resolved</u> – that the cancer diagnosis from ED attendance be included in the May 2024 performance report.</p>	MDs
24.007.03	<p><u>Deep Dive into Additional Performance Measures – Theatre Productivity (minute 23.060 refers)</u></p> <p>The Chief Operating Officer for WVT confirmed that work was ongoing to record theatre utilisation data by cost per minute rather than by a percentage. He confirmed that this should be available in time for the May 2024 meeting.</p> <p><u>Resolved</u> – that the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.</p>	COOs
24.007.04	<p><u>Gender Pay Gap Annual Report (minute 23.084 refers)</u></p> <p>The Chief Operating Officer for SWFT/GEH confirmed that a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristics had been shared with the individual organisations.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.008	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p> <p>The Group Chairman provided an overview of the Foundation Group Boards Workshop and Cyber Security Training that had taken place in the morning prior to Foundation Group Boards. He explained that there had been a session on productivity from Lord Patrick Carter of Coles, and an important progress update on South Midlands Pathology which would improve pathology services for patients.</p> <p>The Group Chairman took the time to urge the public and members of the Foundation Group Boards to protect themselves online by updating their</p>	

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

passwords, using a password manager where possible and not using the same or easily guessed passwords.

Resolved – that the position be noted.

24.009

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director for WVT presented the WVT update on performance to the Boards. She explained that the Emergency Department (ED) continued to be an area of concern, however performance was average compared nationally. With that said there had been an unannounced Care Quality Commission (CQC) visit in December that raised serious concerns about safety and reinforced that a congested ED was not a safe ED. The Managing Director for WVT explained that WVT's ED had been the subject of continuous redesign since Covid-19 but that the CQC had identified that the pathway didn't work effectively and consistently when faced with a congested department. She assured the Boards that WVT had responded to the initial safety concerns, partly by increasing the staffing level, but also by implementing operational digital dashboards. The Managing Director for WVT continued that the main cause of the congestion through ED was due to what was going on outside ED. She explained that a summit with the senior clinical teams and managers in the Trust had taken place to investigate why the department had become so busy since Covid-19, going from a 20 bed deficit to nearer a 60 bed deficit on a daily basis. The Managing Director informed the Boards that there were three main drivers: a growth in demand; a growth in length of stay; and, the medically fit for discharge (MFFD) cohort changing. She added that the prioritisation moving forward to address these issues would be industrialising Virtual Wards and implementing simplifying access into the community services, maximising Same Day Emergency Care (SDEC) and working with colleagues around Discharge to Assess (D2A) pathways. Added to this was the need to look at the broader demand and capacity analysis against the acute bed capacity.

The Managing Director for WVT also highlighted that WVT's faster diagnosis standard had improved further since the figure in the Boards report and was now at 73 per cent in December and WVT had maintained that for January 2024. She went on to explain that this was nearing national average and would also start to improve the 62 day referral to treatment target for cancers. The Managing Director concluded by expressing that she was proud that despite the congestion in the hospital and ED, the Trust had managed to maintain their mortality statistics and were best in the Foundation Group in this area. She did provide the Boards with a warning that WVT's mortality indicators would be affected over the next 6-12 months once the SDEC coding was changed in April 2024.

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

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

Mr Oosterom (ANED WAHT) queried about what it would take to scale up Virtual Wards. The Managing Director for WVT explained that it was about implementing it across all of the Trust's specialties but also aligning it more effectively to the community urgent response team and the right clinical advice at the right point of a patient's pathway. The Group Chief Executive added that following conversations with one of the National Urgent and Emergency Care Leads, there was recent analysis in the Health Service Journal (HSJ) that virtual wards were not that cost effective, however this was due to the scaling issue. One of the suggestions was to use Virtual Wards as a way of getting all patients home first more rapidly, and all specialties or wards have a cohort of patients that they are caring for in the community. He explained that this would help facilitate the earlier discharge and in turn improve outcomes. The Group Chief Executive felt that Virtual Wards was a big opportunity and something that the Foundation Group should be using to avoid admission as much as possible.

The Managing Director for SWFT presented the SWFT update on performance to the Boards. He highlighted that ED had been a challenge for SWFT following a difficult winter, which had resulted in a drop in ED performance especially ambulance hand over time and 4hr performance. However, SWFT remained well within national average for ED performance and the drop had been due to a number of factors. The Managing Director for SWFT went on to explain that these factors included an increase in attendances to ED, around 20 per cent of ambulance activity being from out of area, occupancy had remained high in the hospital which had also impacted flow through ED. He highlighted that despite these challenges the Trust remained in a better place compared to previous winters which demonstrated the learning that had taken place. The Managing Director for SWFT took the time to thank community teams for their support in diverting patients away from ED and supporting with some of the urgent care needed within the community. He explained that this was reflected through the intention to award the Trust with the new Lead Provider for Community Integrator Services in Warwickshire.

The Managing Director for SWFT highlighted the work that had taken place to sustain the 28 Day Faster Diagnosis Standard in Cancer Services, which had been sustained despite a large increase in two week wait (2ww) referrals. He explained that work was ongoing in the system regarding the Referral to Treatment (RTT) standards and remained a focus area. The Managing Director for SWFT thanked the work of the Trust's Theatre's, Endoscopy and ENT teams for sustained and increased theatre utilisation.

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

Mrs Whelan Tracy (NED SWFT) informed the Managing Director for SWFT that she was continuing to be made aware of information suggesting that there were safety concerns from patients in a South Warwickshire area still waiting their first Oncology appointment. She queried whether there was any assurance around this matter that could be given and whether it had been raised with the CQC. The Managing Director for SWFT explained that this did remain an area

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

of concern and focus for SWFT, however the concerns were not being seen through complaints but that didn't mean it was not being picked up or focused on. He assured the Boards that the Trust always have and continue to maintain dialog with the CQC over cancer and cancer issues. The Chief Nursing Officer for SWFT added that she met with the CQC on a monthly basis informally and shared the Trust's concerns about oncology during these meetings. She added that there was a monthly System Quality Review Meeting which was a formal meeting where she had also repeatedly raised her concerns over Oncology for the Trust and the system, and the CQC were supporting the Trust with those conversations.

The Managing Director for GEH presented the GEH update on performance to the Boards. She started by informing the Boards that GEH's ED performance remained challenged, and performance was expected to drop following a particularly challenging few weeks. The Managing Director for GEH expressed her apologies to GEH patients for the pressures faced and thanked the teams at GEH for ensuring safe care in such challenging circumstances. The Managing Director for GEH went on to discuss the mortality indicators for GEH and the Standard Hospital Mortality Indicators (SHMI) between August and July 2023 which were higher than expected, however this had returned back into normal range. She explained that previously staff sickness levels had been a challenge and whilst this was still an area of focus, absence was starting to reduce across the Trust. The Managing Director for GEH informed the Boards that Cancer performance was the Trust's biggest challenge despite the ED challenges, and the faster diagnosis standard had been affected significantly in December 2023. She explained that this was due to the fragility in the Urology workforce but also the high number of 2ww referrals into Breast Cancer. The Managing Director for GEH took the time to thank both SWFT and University Hospitals Coventry and Warwickshire (UHCW) who had supported GEH with this work. She assured the Boards that these had now improved and that the Trust was aiming to get to 75 per cent by March 2024 which was the national standard.

The Managing Director for GEH added that Elective work continued to improve and despite the challenges Elective work had maintained throughout January and into February 2024. She noted that RTT had slipped however work was underway to determine what could be done in house and what they needed to link in with partners on.

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

Mr Zamman (NED GEH) queried whether mortality rates were being monitored by deprivation considering that the Foundation Group were focusing on health inequalities and prevention. The Managing Director for GEH assured Mr Zamman that mortality was measured in two different ways, and they do take into account deprivation as part of that measure.

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

The Managing Director for WAHT presented the WAHT performance update to the Boards. He started with ED and explained that the Trust were working with community partners to develop their single point of access which was part one of the Trust's strategy to grow SDEC areas. The Managing Director for WAHT explained that ambulance handover delays continued to be a problem, especially at weekends and a large focus continued to be on improving this. The Managing Director for WAHT highlighted that flow continued to be an issue for WAHT and was the main issue driving metrics down, however the underlying reason of the issues relating to flow stemmed from the Frailty Model and General Medicine. A significant amount of work was taking place to restructure these areas in the short and medium term. The Managing Director for WAHT added that Cancer performance remained a key area to improve for WAHT with concerns specifically around Urology and Dermatology. He continued that WAHT had commissioned an external review into Urology to look at a pathway design and the report following this review had just been received back. WVT had been supporting WAHT with Dermatology and the Managing Director for WAHT expressed his thanks to those teams and highlighted the benefit of the Foundation Group, especially around improving fragile services. He concluded by informing the Boards that Elective work continued to be challenged however the Trust was looking into mutual aid options and internal capacity.

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

The Group Chief Executive highlighted that one of the challenges at the moment is ensuring we are delivering on the 76 per cent performance during March and there is a lot of effort from all Trust in the group on that. But this report has a lot of informative information to highlight variation across the trust. Variation is quite stark in the theatres utilisation across the group so he encouraged the COOs to make connections with the teams that are leading on this to ensure each trust was getting value out of that capacity as it will not only help financially but improve performance.

The Group Chairman took the time to apologies to WAHT employees for the current staff car parking set up. He offered assurance that discussions and work were taking place behind the scenes to try and resolve staff parking issues as priority and that in the meantime WAHT staff would not be being charged for car parking. The Group Chairman also thanked all of the Foundation Group's front line teams for their continued efforts to provide safe, effective care.

Resolved – that

- A) The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice, and**
- B) the Foundation Group Performance report be received and noted.**

COOs

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

**MINUTE
24.010**

ACTION

GROUP ANALYTICS UPDATE

The Chief Finance Officer for GEH informed the Boards that progress continued to be made with Group Analytics Programme, however this had slowed down due to the pressures faced across the Foundation Group. He highlighted that the Group Analytics Board had been developing the capacity and capability of the informatics function, and the key element had been developing the Group Informatics Forum which enabled Informatics colleagues to share best practice between themselves. The Chief Finance Officer for GEH explained that Power BI had also been implemented as part of the Foundation Group's reporting tools to give access to the latest reporting technology. Each Trust were at different stages of developing reporting dashboards through Power BI, however developing them had been more challenging than envisioned and work was taking place to try and streamline the process. The Chief Finance Officer for GEH informed the Boards that work continued regarding making sharing data across the Foundation Group easier, which in turn would help the Informatics teams with their workload. The Chief Finance Officer for GEH highlighted was the adding of kite marks to the metrics, the deadline to complete this work had been pushed back slightly from March 2024 to June 2024. Finally he took the time to thank colleagues for attending the Informatics Workshops and thanked WAHT Informatics colleagues for joining the Group Analytics Board and Informatics team so seamlessly, and expressed what a welcomed member of the Group they were.

Moving forward the Group Analytics Board would start to focus on developing an information led culture across the Foundation Group, which would start with developing teams and using informatics to drive decision making.

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

Mr Oosterom (ANED WAHT) thanked the Chief Finance Officer for GEH for a comprehensive overview and expressed how important the Informatics work was to ensure operational excellence. He explained that there seemed to be an issue with lack of resources to support each Trust's change programmes across the Foundation Group and was there a way to draw on everyone's skills across the Group to solve this. The Chief Finance Officer for GEH expressed that there had been discussions regarding how to utilise collective expertise across the Foundation Group in terms of analytics. The Group Chief Executive offered additional assurance that the Chief Digital Transformation Officer for WAHT would be supporting that work moving forward following a discussion at Foundation Group Strategy Committee which was detailed in the Foundation Group Strategy Committee report in the meeting papers.

Mr Murphy (NED WAHT) queried whether AI and Robot automation not being a priority in regard to upcoming work would have an impact. The Chief Finance Officer for GEH explained that AI hadn't been a priority for the last couple of years, however moving forward it does need to be picked up again and is something we are looking into regarding how that links in with the digital

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

agenda. The Chief Digital Transformation Officer for WAHT explained that AI was broader than analytics and would be being picked up through the innovation work that was on the upcoming digital agenda.

Resolved – that the position be noted.

24.011

MUTUAL AID FOR ELECTIVE PATIENTS DEEP DIVE

The Chief Operating Officer for SWFT explained that, post Covid-19, waiting lists had increased substantially and recovering this had been a challenge. As a way of resolving the recovery challenge there had been a national push to look into mutual aid across systems and regions to bring down backlogs. Working as a Foundation Group had been beneficial and had been easier to facilitate and progress patients. The Chief Operating Officer for SWFT explained that a monthly Foundation Group Operational Group had been set up to discuss any operational issues, but it also meant that each Trust could understand each other's priorities and upcoming work. She continued, that further to this there was a fortnightly mutual aid meeting where specialties that needed support would be discussed and appropriate processes but in place. However, in addition to this, the meetings had also enabled the operational teams across the Foundation Group get to know each other and build working relationships. This had resulted in solutions being put in place in a timelier manner, and therefore supported the reduction of waiting times for patients which had been key.

The Chief Operating Officer for WAHT shared a patient success story from ITV News with the Boards. The success story shared how a patients surgery waiting time had reduced from 3 years to 2 weeks, and the Chief Operating Officer for WAHT explained that it highlighted why using resources across the Foundation Group better was the right way forward for patients. She went on to explain that putting the process in place to enable mutual aid across the Foundation Group wasn't easy and there were challenges that still needed to be resolved, these included being able to provide consistent pre-operative care for patients transferred mid-pathway, asking patients to travel or attend virtual appointments due to being unable to dispatch staff to patient areas following the increase in services demand, claiming income from the Welsh NHS system for patients who reside in Wales, and a lot of patients were not wanting to travel for treatment especially for major surgery due to the distance home, being away from friends and family and the post-op follow up visits. The Chief Operating Officer for WAHT informed the Boards that processes were also proving challenging, such as agreeing a standardised clinical criteria for listing for surgery, clearance of the 65ww and 78ww, contacting patients and administrative challenges, and managing patient expectations if the mutual aid offer was unsuccessful or the patient was unable to travel.

The Chief Operating Officer for WAHT highlighted that harmonisation of waiting lists at a Group level was the focus moving forward. She explained that waiting lists continued to rise and harmonising these across the Foundation Group would enable these to be managed more effectively and get patients seen

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

quicker. The Chief Operating Officer for WAHT added that the Foundation Group Operational meetings would continue to take place for improving performance opportunities, and to explore whether post-operative care could be carried out closer to the patient's home if their treatment/operation took place out of area.

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

The Group Chairman thanked all the Chief Operating Officers, Chief Medical Officers and Chief Nursing Officer's from across the Foundation Group for the time and effort being put into make this work for patients.

The Group Chief Executive expressed that it was interesting to see the reciprocation between the organisation to address the back logs. However, he highlighted that eventually the goal should be that each organisation was optimising their capacity and meeting local catchment area volumes, so patients weren't being asked to travel.

Mrs Martin (NED WVT) emphasised the importance of working with community colleagues to support patient transport needs which could help with uptake when mutual aid was out of area for the patient.

Resolved – that the Mutual Aid for Elective patients deep dive be received and noted.

24.012

SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)

The Chief Nursing Officer for WAHT presented the safe staffing overview to the Boards. She explained that over recent months the Chief Nursing Officers from across the Foundation Group had been working together to standardise the Key Performance Indicators (KPIs) around safe staffing and standardise how these were reported.

The Chief Nursing Officer for SWFT explained that Nurse staffing at SWFT had been a challenge for the last three months, with on average 20 extra beds requiring staffing. On top of this she explained that SWFT were seeing higher acuity patients requiring additional staff. There had also been more mental health patients needed to be cared for in an acute setting would require additional staff due to the lack of tier 3 mental health provisions, SWFT were in contact with the Coventry and Warwickshire system colleagues to resolve these pathway issues. The Chief Nursing Officer for SWFT continued that the Trust had seen a higher than usual vacancy rate in paediatric nursing, and work was taking place to find a solution. Despite this SWFT agency spend had reduced and this was due to the focus around recruitment and retention that had taken place and challenging the use of agency Nurses which came at premium cost. The Chief Nursing Officer for SWFT assured the Boards that

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

there had been no correlation in the harm related to unsafe staffing which was reassuring to the Trust but also the public.

The Chief Nursing Officer for WVT provided an overview for WVT, explaining that staffing levels were safe however this was not being achieved at the best value for money or quality of care due to having to rely heavily on agency and temporary workforce. She added that this was due to budgets not aligning with the establishments, despite vacancy's being low. Due to this there was a need for 20 whole time equivalents (wte) on top of current staffing levels to ensure patient safety was met. This was a continuous issue and had been for around two years due to the bed occupancy remaining high. Therefore a paper had been submitted to the Trust's Management Board to align budgets with the establishment needs and recruit substantive nurses, and in turn improve value for money and quality of care.

The Chief Nursing Officer for GEH explained that GEH along with the other Trust's in the Foundation Group, had extra patients being bedded above planned figures. This was averaging around 32 extra a day, and required 28wte Nurses and 14 Health Care Support Workers (HSWs) to ensure patient safety was met. Despite these challenges she was pleased to report that the Trust's agency spends had reduced and they hadn't had to use off framework agencies since July 2023. The Chief Nursing Officer for GEH explained that the Trust's specialist area's used the most agency staff, however this was still higher than ideal and moving forward there would be a focus on staff retention. She informed the Boards that staffing levels were considered daily and as part of all incidents reported, and she was pleased to report that despite staffing challenges and bed occupancy, harm levels had not been affected. Finally, the Chief Nursing Officer for GEH explained that the dashboard in the report showed GEH's care hours per patient as the lowest in the group and offered assurance that she was working with her teams to improve those levels.

The Chief Nursing Officer for WAHT echoed the other Chief Nursing Officer's challenges with bed occupancy and staffing challenges. However, she was pleased to report that there had been a reduction month on month in regard to agency spend and she had been linking in with WVT on how to improve WAHT's vacancy rates. The Chief Nursing Officer for WAHT highlighted that WAHT had not had any falls with harm and was proud of the Trust's harm indicators in general at the moment. Moving forward over the next four to eight weeks there would be a focus on nurse to bed ratios and how to improve that figure, as well as looking at the opportunities with Registered Nurse Associates (RNAs) and skill mix reviews.

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

The Group Chief Executive thanked the Chief Nursing Officers for an interesting report and explained how fascinating he had found the comparison across the Foundation Group on Nurse Staffing. He explained that going forward it would be good to see Bank Staff and Agency Staff separated in terms of temporary

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

workforce. This was due to Bank Staff being essential to managing rotas in a good way, whereas Agency were wanting to be avoided. The Group Chief Executive expressed that the Safer Staffing toolkit was also something to be mindful of, as this didn't consider the experience of staff but just the number of staff. He also noted that it was interesting to see areas that had a low vacancy rate but were still requiring additional staff, which would indicate that the staffing budget for that area was too low.

The Managing Director for GEH queried with the Chief Nursing Officer for GEH whether the incident figure was correct in the dashboard. She queried this due to the Trust having the highest vacancy rate and lowest care hours per patient. The Chief Nursing Officer for GEH agreed that the figures seem incredibly low for November and December 2023. She felt this was due to several factors, one being improving the vacancy rate around that time, but also it was likely that there had been under reporting of incidents on Datix.

Resolved – that the safe staffing overview including nurse per bed ratio be received and noted.

24.013

EQAULITY UPDATE – NHS EQUALITY DELIVERY SCHEME (EDS 2022)

The Group Chairman took the time at the start of the EDS update to say thank you to the Director of People and Culture at WAHT as this would be her last Foundation Group Boards before leaving WAHT. He thanked the Director of People and Culture at WAHT for the phenomenal efforts that she had put in for several years at WAHT and wished her well in her future endeavours.

The Chief People Officer for GEH/SWFT presented the EDS update to the Boards. She explained the EDS is well known in the NHS since 2011. It was updated most recently in 2022 and was essentially an improvement framework to improve services for patients but also staff to create and open and inclusive culture, meeting obligations under The Equality Act 2010 and the Public Sector Equality Duty. She explained that there were 11 outcomes across three domains that were required to be reviewed and published from March 2024. The three domains were Commissioned or Provisioned Services, Workforce Health and Wellbeing and Inclusive Leadership. The Chief People Officer for GEH/SWFT informed the Foundation Group Boards that it was set out in the basis of the guidance that key stakeholder groups should be included, with a wide frame variety of people inputting including the public, patients, staff, trade unions, HR professionals and staff networks. She assured the Boards that the work had been undertaken in each Trust and was pleased to report that there were no areas across the Foundation Group with underdeveloped activity against the EDS. The Chief People Officer for GEH/SWFT added that there was plenty of opportunity from the review to share and learn across the Foundation Group to improve equality system.

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

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

Mrs Whelan Tracy sought assurance that the three services reviewed in the EDS report captured citizens from identity groups which were harder to reach. The Chief People Officer for GEH/SWFT confirmed that she would look into this further, however assured the Boards that the review would continue to expand each year capturing both community and acute services as part of the review.

The Managing Director for WVT queried whether the thresholds and criteria were being applied in the same way across the Group, and it was agreed that this would be picked up outside of the meeting.

The Managing Director for WAHT recommended that a peer network be set up as part of the EDS review as it would be very easy to have a biased view against your own service and organisation.

Resolved – that

- A) the Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group, and**
- B) the Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased, and**
- C) the Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach, and**
- D) the Equality update be received and noted.**

CPOs

CPOs

CPOs

24.014

FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS 2024/25 FOR APPROVAL

The Foundation Group Boards approved the 2024/25 Foundation Group Boards Schedule of Business and noted that it would continue to mature as the meeting developed.

Resolved – that Foundation Group Boards Schedule of Business for 2024/25 be approved and ratified.

24.015

FOUNDATION GROUP STRATEGY COMMITTEE ANNUAL REPORT 2022/23

The Foundation Group Boards received and noted the Foundation Group Strategy Committee Annual Report for 2022/23.

Resolved – that the Foundation Group Strategy Committee Annual Report for 2022/23 be received and noted.

24.016

FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 16 JANUARY 2024

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

MINUTE

ACTION

The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting on the 16 January 2024. The Group Chairman highlighted in particular the Group Job Planning discussion and how to move forward with job plans focused on demand and capacity. The Group Chairman also drew attention to the Group Digital Scope Proposal that would see the Chief Digital Transformation Officer for WAHT take on a Group leadership position in digital transformation moving forward.

Resolved – that the Foundation Group Strategy Committee report from the meeting held on the 16 January 2024 be received and noted.

24.017

ANY OTHER BUSINESS

There was no further business discussed.

Resolved – that the position be noted.

24.018

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

24.018.01

Question from a SWFT Public Governor (West Stratford and Borders)

The following question was submitted by the Public Governor in advance of the meeting:

'Is it considered appropriate for there to be more Executives appointed jointly to different Trusts to develop more Group actions, or is the appointment of executives to single Trusts the best way to deliver improvements in each of the Group Trusts?'

The Group Chief Executive explained that the Foundation Group model worked across the four Trusts because accountability sat with the individual Chief Officer's of each Trust. He continued that whilst there were Group level roles, these were advisory, and accountability still sat with the individual Chief Officer's the same way it does when an individual Chief Officer leads on something on behalf of the Foundation Group.

Resolved – that the position be noted.

24.019

ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

24.020

APOLOGIES FOR ABSENCE

24.021

DECLARATIONS OF INTEREST

24.022

GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023

24.023

SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

<u>MINUTE</u>		<u>ACTION</u>
24.024	<u>WAHT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
24.025	<u>WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON THE 1 NOVEMBER 2023</u>	
24.026	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
24.027	<u>STAFF SURVEY</u>	
24.028	<u>FOUNDATION GROUP OBJECTIVES</u>	
24.029	<u>FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 18 OCTOBER 2023</u>	
24.030	<u>ANY OTHER BUSINESS</u>	
24.031	<u>DATE AND TIME OF NEXT MEETING</u> The next Foundation Group Boards meeting would be held on 1 May 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman)
Russell Hardy

Date: 1 May 2024

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

**PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING -
2 MAY 2024**

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
24.013 (07.02.2024) Equality Update – NHS Equality Delivery Scheme (EDS 2022)	<p>The Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group</p> <p>The Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased.</p>	G Nic Philip / G Etule / A Koeltgen	<p>Completed</p> <p>Completed and peer network to review EDS reports from 2024 onwards</p>
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023), 23.058 (02.08.2023) and 24.007.02 (07.02.2024) Foundation Group Performance Report	The Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.	J Ives / A Carson / C Free / S Collman	Update from Foundation Group Boards on the 7 February 2024 – that the data had been received and would be included in the May 2024 meeting report.
23.060 (02.08.2023) and 24.007.03 (07.02.2024) Deep Dive into Additional Performance Measures – Theatre Productivity	The Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.	H Heran / R Snead / A Parker / H Lancaster	Chief Operating Officers are in the process of recalculating theatre productivity to include an indication of the resource cost per unit.
24.009 (07.02.2024) Foundation Group Performance Report	The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice.	H Heran / R Snead / A Parker / H Lancaster	

24.013 (07.02.2024) Equality Update – NHS Equality Delivery Scheme (EDS 2022)	The Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach.	G Nic Philip / G Etule / A Koeltgen	Work in progress with EDI lead officers
REPORTS SCHEDULED FOR FUTURE MEETINGS			

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





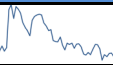

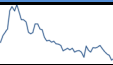
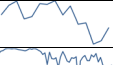
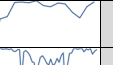
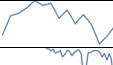
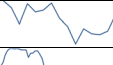
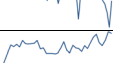
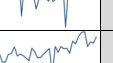


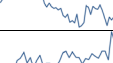

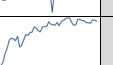












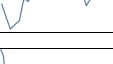







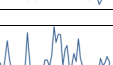




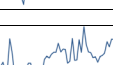







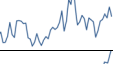





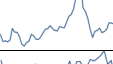
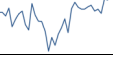



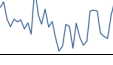




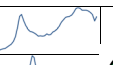

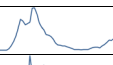

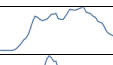
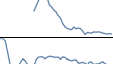

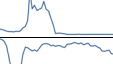





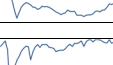
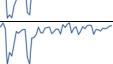

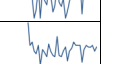
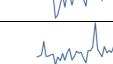
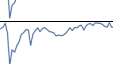


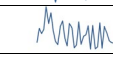
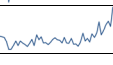
Foundation Group Performance Overview

Wye Valley NHS Trust(WVT)

South Warwickshire University NHS Foundation Trust(SWFT)

George Eliot Hospital NHS Trust(GEH)

Worcestershire Acute Hospitals NHS Trust(WAH)

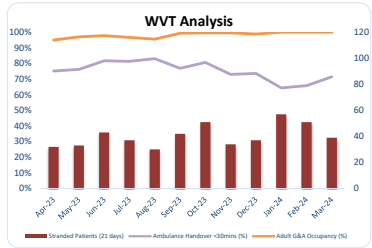
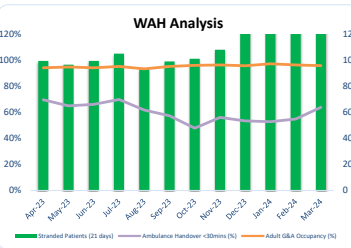
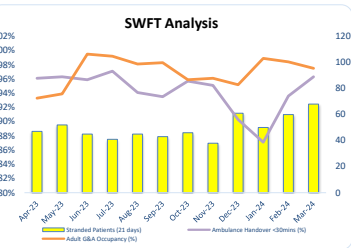
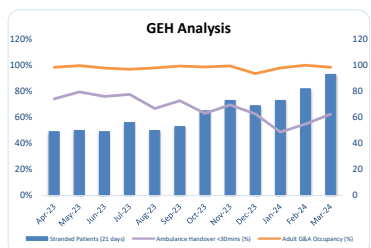
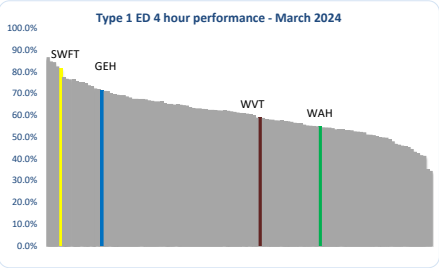
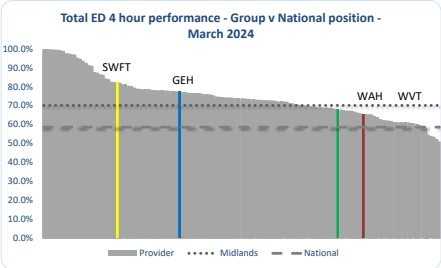
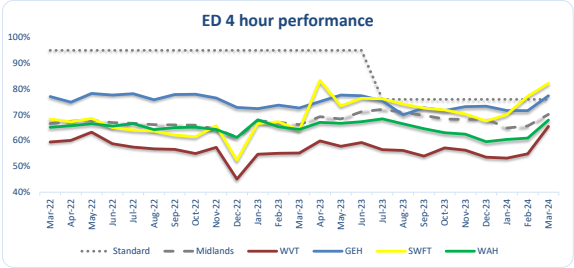
	Indicator	Standard	Latest Data		Benchmark	Latest Data	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark	Current Month	Year to Date	Trend - Dec 2019 to date	DQ Mark
Urgent and emergency care	ED 4 hour standard	76%	Mar-24	National	74.2%	Mar-24	65.5%	56.3%			82.2%	74.6%			77.4%	74.1%			68.0%	64.6%		
	Ambulance Handovers < 30 mins (%)	98%		Midlands	70.1%	Mar-24	71.5%	75.3%			96.3%	94.3%			62.4%	67.3%			63.8%	59.8%		
	Ambulance Handovers < 60 mins (%)	100%				Mar-24	87.8%	88.4%			99.3%	99.1%			87.0%	93.2%			77.2%	74.4%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%				Mar-24	45.4%	42.6%			44.2%	42.9%			45.5%	38.4%			41.9%	39.0%		
	General and Acute (G&A) Occupancy(Adult)	< 90%	Mar-24	National	94.9%	Mar-24	100.0%	98.3%			97.5%	97.0%			98.5%	98.2%			95.8%	95.3%		
MFFD	% of occupied beds considered fit for discharge					Mar-24	19%				19%				20%				12%			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<100	Nov 2022 to Oct 2023	National	100.0	Nov 2022 to Oct 2023	Within expected range	101.6			Within expected range	104.9			Higher than expected	110.0			Within expected range	103.9		
Work force	Staff Sickness	<5%	Nov-23	National	5.3%	Mar-24	4.0%				5.2%			N/A	4.8%				5.8%			
Cancer	Cancer 62 day waits	0				Feb-24	121				115				37				366			
	28 day referral to diagnosis confirmation to patients	75%	Feb-24	National	78%	Feb-24	78.6%				75.6%				76.9%				69.5%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0					948				756				247				2536			
	RTT 78 week waiters (English Only)	0				Mar-24	7				0				0				27			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Feb-24	National	56.7%		55.3%				60.4%				60.1%				54.3%			
Theatres	Theatre Utilisation (Capped)	85%	Feb-24	National	78%		79.8%	77.3%			84.8%	82.4%			75.5%	74.0%			81.7%	82.8%		
	Theatre Utilisation (Uncapped)	85%	Feb-24	National	82%	Mar-24	84.7%	82.7%			87.0%	85.5%			80.5%	81.7%			84.5%	85.6%		
	% Starting on time (early or within 5 minutes)						11.1%	9.4%			47.9%	32.5%			6.5%	5.2%			17.8%	12.0%		

Foundation Group Key Metrics

Emergency Department (ED) 4 hour Performance

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
GEH	77.1%	74.9%	78.3%	77.7%	78.2%	75.8%	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.1%
SWFT	68.4%	67.3%	68.6%	65.1%	64.1%	63.7%	62.2%	61.5%	65.8%	52.4%	66.6%	67.3%	64.1%	83.3%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	70.1%	77.2%	82.2%	74.6%
WAH	65.2%	65.8%	66.6%	65.6%	66.6%	64.3%	65.0%	65.2%	64.3%	61.2%	68.1%	65.4%	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.6%
WVT	59.5%	60.1%	63.3%	58.8%	57.5%	56.8%	56.6%	55.0%	57.4%	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%	56.3%

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



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>4hour(hr) Emergency Access Standard [EAS] - A significant improvement in the Trusts 4hr EAS in March. The Trust used March as a "Test of Change" month to utilise additional short term funds to trial and evaluate new ways of working that will support our Valuing Patient Time Urgent and Emergency Care Programme for 2024/2025.</p> <p>Our work streams included:</p> <ul style="list-style-type: none">- Senior Nurse patient Navigation at the our Emergency Department(ED) Reception to the correct patient pathways.- Additional focus on minor illness and minor injuries. Including the use of a General Practitioner to support patient treatment and flow.- Increase capacity within our Medical, Surgical and Gynaecology Same Day Emergency Care(SDEC) units.- Increased "hot clinic" capacity within our Ear, Nose and Throat clinics.- Increasing Outpatient Parenteral Antimicrobial Therapy [OPAT] utilisation.- Acute Floor rapid transfer team to support patient moves across ED / SDEC/ Diagnostics and inpatient wards. <p>Our results in March 2024 not only saw a significant improvement in our All Types and Type 1 4hr EAS but:</p> <ul style="list-style-type: none">- Minors Performance, 92% for March 2024, our best since March last year.- Paediatrics performance, 97% for March 2024, our best performance for more than two year.- Average Time to Triage of 23 minutes and Time to be Seen and treatment started 60 per cent within an hour, both our best performance for more than two years.- A reduction in the time patients waited in ED for over 12 hours reduced to its lowest level for more than two years – 12% spending greater than 12hrs in ED (January 24 was 18%).- 460 patients streamed to our General practitioner (GP) within ED - of which 97% were seen, treated and discharged within 4 hours.	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>4-Hour Performance</p> <p>GEH has seen Emergency Department (ED) attendances rise significantly. Despite High attendances and high bed occupancy, 4 hour performance has improved. GEH achieved an Emergency Access Standard [EAS] of 76%.</p> <p>Ambulance Performance</p> <p>The total number of ambulances being conveyed has remained relatively static for the past 12 months. High attendances and limited flow from ED have led to a more challenged ambulance position. ED continue to have success with managing variations in demand to support timely ambulance turnaround.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>4 Hour Performance – Quarter 4(Q4) Performance for South Warwickshire University NHS Foundation Trust (SWFT) increased to over 76.6% meeting the national target and up 6.6% from Quarter 3 (Q3). The increase in performance was due to a number of schemes put into place as part of the incentive scheme. Nationally, SWFT is in the top 10 performing Trusts for all Types and in top 5 for Type 1 attends. SWFT was in the top three most improved trusts for 4 hour performance across financial year 2023/2024 compared with 2022/2023. This was despite a 12.1% year on year growth in Accident and Emergency (A&E) attends over winter.</p> <p>Conversion rates remain around 28% and some weeks we have seen an increase in out of area patients. This is mainly caused by pressures around the system and additional Intelligent Conveyancing (IC)'s coming to SWFT. Bed Occupancy remained high and there was particular focus in March 2024 to identify discharges which also helped flow.</p> <p>Same Day Emergency Care(SDEC) areas continue to be used and had to be bedded in some days due to the additional challenges in Emergency Department(ED).</p> <p>Ambulance performance - South Warwickshire University NHS Foundation Trust (SWFT) was the only adult acute trust in the region to achieve the 90% of handovers within 30 minute for winter, with delays significantly improved compared against winter 22/23. This is in spite of continued with high levels of unsafe intelligent conveyance from West Midlands Ambulance Service (WMAS). South Warwickshire University NHS Foundation Trust (SWFT) has continued to see an increase in 'Out of area' conveyancing, which have been accounting for around 20% of the monthly activity. SWFT saw 53.5% more ambulance arrivals from WMAS during winter 2023/24 compared with 2022/23.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>4 hour performance - Statistical process charting indicates that performance is significant cause for concern, but in March performance is showing signs of improvement (Type 1 and 3), despite March having the highest volume of attendances in 2023-2024.</p> <p>Our March performance evidences the improvements we have seen in 'Urgent and Emergency Care. The number of ambulance waiting over 60-minute outside of our hospitals has reduced for the third month in a row and the associated 'lost hours' continue to reduce even more rapidly. The number of people who attended our Emergency Departments in March 2024 was one of the highest on record (53.5k seeking emergency and urgent care, of which 37.5k initially attended our emergency departments. Despite this, we continued improvement of the 4 hours EAS to 68%.</p> <p>We still need to go further on patient flow and that will continue to be a significant priority into 2024/25 through the Hospital Flow programme with further improvements planned into 2024/25 relating to an overall reduction in length of stay, particularly for our emergency admissions and significant reduction in reduction of lost bed days for patients awaiting onward care.</p> <p>Ambulance performance - Statistical process charting indicates that performance has high variation and without change will not meet the target of 0, but performance during the last four months has been improving and is now back within the control limits (that have a wide range).</p> <p>During the quarter, 30% (11,205) of all Type 1 attendances are conveyed by ambulance, across the quarter 26.5% of these were handed over more than 60 minutes after arrival, but there was improvement to 22% in March 2024.</p> <p>Non admitted, Not referred - We continue to have high volumes of non admitted and not referred , this equates to 42% of all patients seeking urgent and emergency care at our hospitals. The single point of access for GP referred and ambulance conveyances (Cat 3 and 4) is in place to maximise 'right care, right setting', and this has shown benefits in diverting some patients to same day emergency care and emergency outpatients rather than the Emergency Department front door.</p>

Foundation Group Key Metrics

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

30 54

Group Analytics

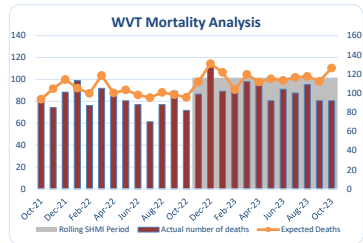
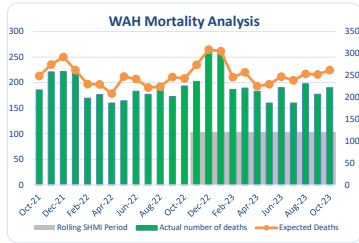
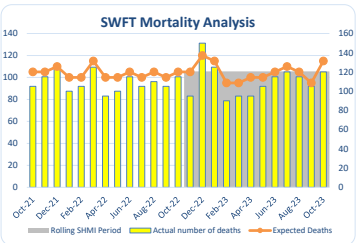
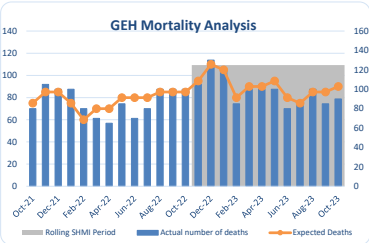
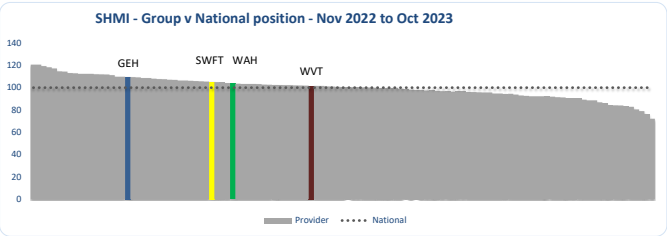
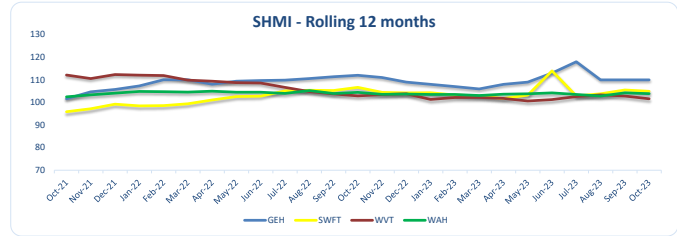
George Eliot Hospital NHS Trust

South Warwickshire University NHS Foundation Trust

Wye Valley NHS Trust

Worcestershire Acute Hospitals NHS Trust

Trust	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
GEH	101.61	104.69	105.75	107.3	110.05	110.04	108.09	109.38	109.68	109.86	110.58	111.4	112	111	109	108	107	106	108	109	113	118	110	110	110
SWFT	95.89	97.18	99.26	98.46	98.62	99.43	101.12	102.6	102.8	105.1	105.37	105.29	106.66	104.46	104.26	104.31	103.33	102.9	101.71	103.24	113.96	102.9	103.81	105.49	104.91
WAH	102.48	103.37	104.1	104.87	104.76	104.6	104.99	104.54	104.5	104	105.26	103.94	104.44	103.57	103.7	103.51	103.56	103.08	103.63	103.8	104.21	103.51	102.85	104.26	103.87
WVT	112.15	110.58	112.34	112.1	111.89	109.87	109.39	108.77	108.57	106.66	104.8	103.78	102.88	103.46	103.8	101.34	102.19	102.21	101.81	100.64	101.26	102.62	103.35	102.84	101.60

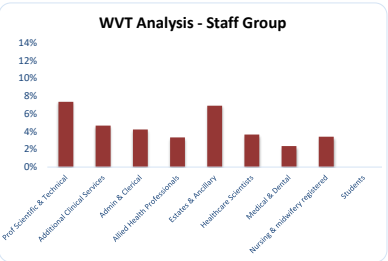
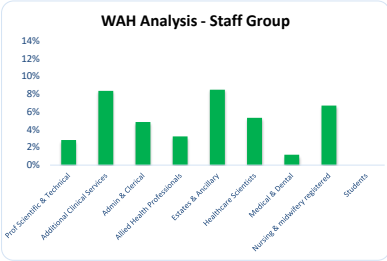
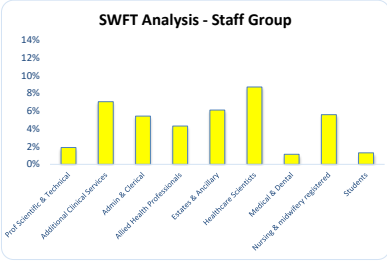
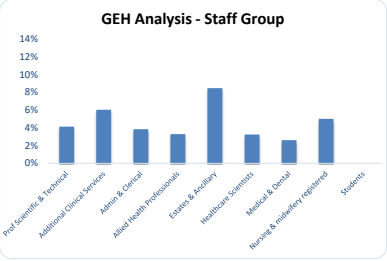
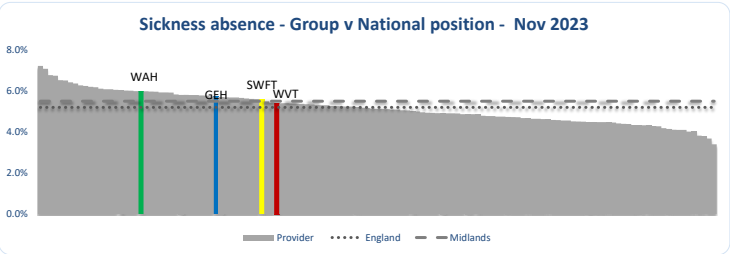
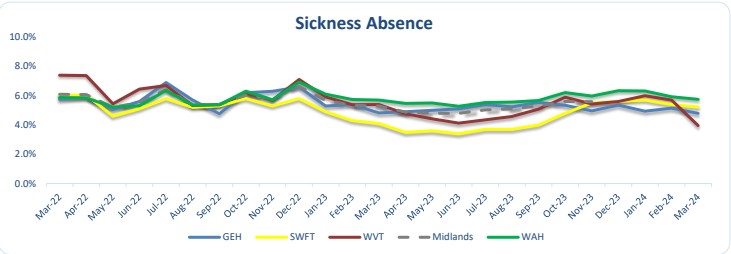


Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Latest nationally reported Summary Hospital-level Mortality Indicator (SHMI) (NHS Digital) from December 2022 to November 2023 shows Wye Valley NHS Trust at 102.1. A more encouraging position is reflected in the provisional HES-based SHMI, which for the 12 month period from January 2023 to December is 97.7.</p> <p>Our mortality outlier groups report a similar position to the previous month with Heart Failure and fractured neck of femur (fNOF) learning at 'higher than expected' levels. The on-going work, including feedback from mortality reviews, will be reported and monitored through the Remaining from Deaths Committee.</p> <p>Other surveillance systems across the Trust have highlighted that our local mortality rate for Clostridioides difficile (C-diff) patients is higher than the national average. The latest reported WVT rate is 18.9%, against the national average 13.7%. To support the Infection and Prevention Control (IPC) team, the mortality and Medical Examiner reviews of the cases are being used to identify any potential learning or issues to be addressed.</p> <p>The latest Clinical Coding KPI's (January 2023 – December 2023) indicate a small reduction in the Depth of Coding, which has fallen below both the peer and National means. Palliative care coding continues to report significantly lower levels than the National average, however the co-morbidity scores have reported a sizeable rise this month and are well above the expected levels.</p> <p>Crude mortality rate for March 2024 was 1.24% for all admissions, which includes both planned and unplanned admissions to the Trust, equating to 77 deaths. Please note that this does not include Emergency Department deaths.</p> <p>The first 'Learning from Deaths' Committee will be held on the 16th May at which representatives from those key areas will report on their latest data, feedback from reviews, and an update on their progress with any key improvements.</p> <p>Extended perinatal mortality and stillbirth mortality rates continue to report at low levels with the latest data indicating both rates are at 2.38 deaths per 1000 live births. There was one stillbirth reported in March 2024, which contributed to the small rise from the previous month. The latest reported rates are still well below our expected peer mean.</p> <p>The National rollout of the Medical Examiner Service has been delayed till September 2024. Further engagement with our primary care colleagues continues with GP surgeries planned to come on-board over the coming months. Our aim is to be fully rolled out across Herefordshire by August 2024, which will allow time to develop and refine the processes, in preparation for the National Go Live. In addition to the rollout, the team are in the process of streamlining our services to ensure there is capacity available for the forthcoming additional demand, which includes the implementation of the new In-Phase system to support their workflows.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) are within the expected range when compared to England at 110 and 100 respectively however the Standardised Mortality Ratio (SMR) is an outlier at 107.3 (down from 112.3 previously report).</p> <p>Previously, the report presented in February 2024 highlighted the total number of in-hospital deaths in the HSMR basket had significantly reduced in comparison to the number of deaths in SMR, which had remained consistent. Following further analysis, the changes were attributed to a significant increase in the use of Residual Codes – unclassified and a change in the coding process. For assurance to the Board, this has now been rectified and data for the Trust has been resubmitted through the Secondary User Service (SUS) and Hospital Episodes Statistics (HES) data. Following the resubmission HSMR remained within the expected range. This will continue to be monitored at the Mortality Deteriorating Patient Group(MDPG).</p> <p>The Medical Examiners reviewed 99% of all deaths in February and 98% of families were contacted. Learning from families highlighted long waiting times in ED and communication as areas for improvement. However, there were lots of positive feedback received relating to Nason Ward, Accident and Emergency (A&E), Bob Jakin and the care that their loved ones received. This learning has been shared with the relevant areas.</p> <p>Learning from deaths taken from the structured judgement reviews highlighted there was prompt recognition of safeguarding issues which were acted upon, good recognition of the deteriorating patient, and good communications across multidisciplinary team (MDT) such as the Speech and Language Therapy(SALT) team and learning disabilities team. All learning has been shared via the 'Theme of The Month' and via the Directorate Level Learning from Deaths information packs.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) has remained stable at 1.04 and although this is above peer it is within the national control limits which is more meaningful. The Mortality Surveillance Committee continues to oversee a number of work streams including continued audits, improved coding, working with our benchmarking partner to improve HSMR data accuracy. The Mortality Dashboard is now live and allows consistent and timely compliance to appropriate reviews and proactive access to any emerging themes to allow remedial measures ahead of its impact on our data.</p> <p>Depth of coding has improved and regular meetings between the governance team and the coding team allows for continual improvement and accuracy of coding. Audits are on going to establish if there are any care issues involved in our outlier conditions. Audits are presented at the Deteriorating Patient Group and no care issues have been identified thus far. Current audits cover MI, AKI and Sepsis.</p> <p>Working closely with our benchmarking partner CHKS allows us to closely monitor changes in mortality, identify trends and to respond quickly. The SWFT Mortality Dashboard has been developed and is now live. This will provide a repository for mortality reviews with associated mortality parameters and will improve learnings from deaths. Structured Judgment Review (SJR) process has been updated in the Mortality Dashboard and is now consistent with that proposed by The Royal College of Physicians.</p> <p>Despite the ongoing challenges of providing a good safe service for all patients, clinical teams remain committed to the Trust's strong Governance Framework. Auditing performance, completion of SJR's, introducing new pathways continue to flourish. A recent rise in the Hospital Standardised Mortality Ratio (HSMR) data has triggered a re-review of the palliative care coding to ensure it is accurate. However, thus far the review has not identified any care failings. The small size of our palliative care team has meant that some work completed has not always been recorded and coded as it should.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Our current Summary Hospital-level Mortality Indicator (SHMI) (for the 12 months to November 2023) is 1.0452 and as 'as expected'.</p> <p>Please note - Changes to SHMI model from May 2024 will impact the rebased performance. In short:</p> <ul style="list-style-type: none">-Covid-19 activity will be included if the discharge date is on or after 1 September 2021.-Hospice sites within non-specialist acute trusts will be excluded.-In the site level breakdown of the data, a SHMI value will only be calculated for a subset of sites.-The methodology for identifying the primary and secondary diagnoses for spells consisting of multiple episodes will be updated.-Activity with an invalid primary diagnosis will be moved to a separate diagnosis group. <p>This is likely to result in making any comparisons with previous months erroneous/misleading. The worse case scenario is that our expected deaths value shifts negatively or that a number of conditions suddenly flag as having a higher than expected SHMI.</p> <p>This will be understood by May FG Board meeting.</p>

Foundation Group Key Metrics

Sickness Absence All Staff Groups

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
GEH	5.8%	5.9%	5.1%	5.6%	6.9%	5.7%	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%
SWFT	6.0%	6.1%	4.6%	5.1%	5.8%	5.2%	5.3%	5.8%	5.3%	5.8%	4.9%	4.3%	4.1%	3.5%	3.6%	3.4%	3.7%	3.7%	4.0%	4.8%	5.5%	5.6%	5.7%	5.4%	5.2%
WAH	5.9%	5.9%	5.2%	5.3%	6.4%	5.4%	5.4%	6.3%	5.7%	6.9%	6.1%	5.7%	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	5.9%	5.8%	
WVT	7.4%	7.4%	5.5%	6.5%	6.7%	5.3%	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>As we approach spring, our ongoing concerted efforts in managing sickness absence effectively is yielding benefits and we are starting to see a reduction in sickness absence across the Trust.</p> <p>Sickness absence has dropped to 4.0% in March and we should see a reduction in absence over the next few months. The main reasons for sickness absence are mental health conditions, gastro problems, musculoskeletal (MSK) and long term conditions. Human Resource(HR) teams supported by Occupational Health(OH), the staff physiotherapist and staff mental health & wellbeing nurse continue to sensitively support the management of sickness absence and the close monitoring and management of sickness absence remains a key priority area for the HR team.</p> <p>To ensure close monitoring, support and management of sickness absence, divisional teams will continue to present detailed absence reports at Finance and Performance Executive (F&PE) meetings with absence heat maps, costs, number of sickness reviews and percentage(%) of return to work interviews conducted. These reports are important to show concrete actions being taken to support employees and manage sickness absence effectively across WVT.</p> <p>Considerable work continues to be done to enhance the wellbeing staff support offer including fast track Occupational Health referrals, wellbeing training, more psychological and team based wellbeing support for staff.</p> <p>A comprehensive WVT health & wellbeing strategy (Helping You To Help Yourself) has been introduced offering support and calling on staff to take more ownership and responsibility for their wellbeing.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Sickness absence has reduced in quarter 4, reporting in March at 4.8%, with the highest rates of absence among Estates & Ancillary staff.</p> <p>There continue to be resources in place to support Hotel Services with their recruitment strategy to enable improved recruitment and retention, reduce the overall vacancy position, and ease pressure on existing colleagues. Further recruitment days are being planned for the domestic workforce alongside the Facilities Management team.</p> <p>Wellbeing offers continued to be offered to staff and are regularly communicated as part of the monthly Health and Wellbeing Newsletter outlining the interventions on offer. A health and wellbeing kiosk, accessible to staff is available to enable health checks including weight, body mass index (BMI) and blood pressure measurements. Wellbeing conversations are actively being utilised by colleagues and line managers and are seen as a positive step to improve engagement. The Health & Wellbeing Team are also doing regular walkabouts to ensure that all staff know how to access the variety of offers available to them helping to see those staff that work unsociable hours.</p> <p>The New Sickness Policy is due to be launched over the coming months with supporting toolkits and Frequently Asked Questions (FAQ) to support line managers in the application of the policy. In addition to the management development toolkit sessions, extra sessions on the practicalities of the new policy will be introduced with managers being able to book onto sessions.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Sickness has begun to decrease following an increase over the winter period, which peaked in January and has reduced in February but remains above the Trust target of 3.8%, it is anticipated this reduction will continue as we move into Spring.</p> <p>Since December there has been a 0.2% decrease in the overall sickness absence rate, as a result of a reduction in short term sickness absence.</p> <p>In February the top reason for sickness continues to be Stress/Anxiety/Depression (29.80%) followed by back problems and other musculoskeletal issues (14.26%) and Cold/Cough/Flu (13.27%), these three categories account for 57.33% of all sickness absences.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Monthly sickness absence reduced by 0.18% in month to 5.75% which is 0.13% worse than last March. Sickness remains high in all clinical divisions, but all have improved this month with the exception of Urgent Care.</p> <p>Absence due to stress remains higher than pre-pandemic with Women and Childrens an outlier with 38.81% of the Division's in month absence being attributed to S10, followed by Surgery (35.75%).</p> <p>Women and Childrens are showing as outliers for long-term sickness (3.75%) and Estates and Facilities for short term (4.03%).</p> <p>Human Resource Business Partner (HRBP)'s are working closely with Divisions to support the management of sickness levels down to below the Collaborative Group target of 4%.</p>

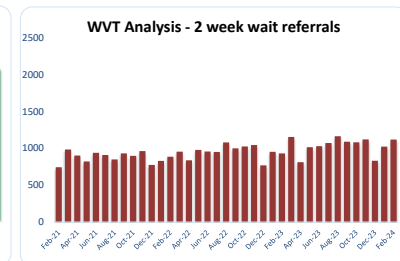
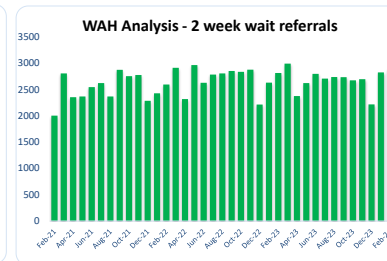
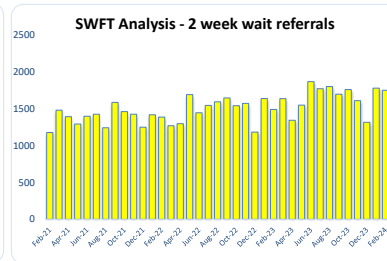
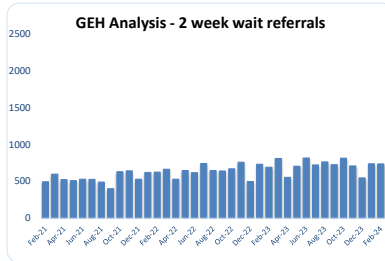
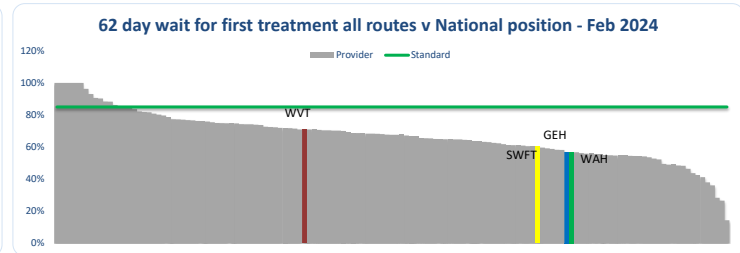
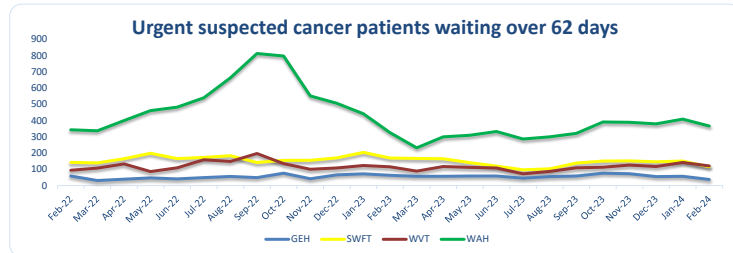
Foundation Group Key Metrics

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

22



Trust	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
GEH	59	31	39	47	41	49	56	49	76	42	66	72	63	57	57	59	59	45	55	59	76	73	55	57	37
SWFT	143	139	165	199	166	173	184	142	155	155	170	204	169	167	165	141	120	97	103	138	151	152	146	151	115
WAH	343	337	400	461	482	540	663	812	797	551	506	441	325	232	300	309	332	286	300	321	391	389	379	409	366
WVT	94	107	133	86	109	159	148	197	135	100	108	123	115	89	117	112	108	72	87	109	113	126	117	142	121



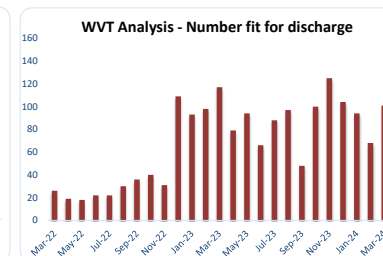
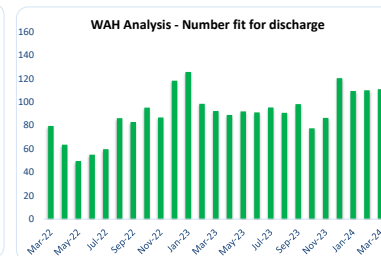
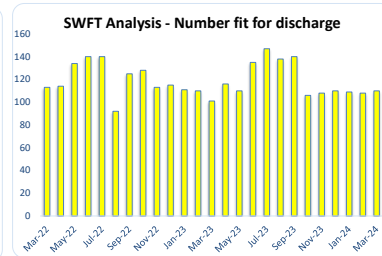
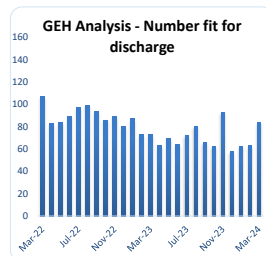
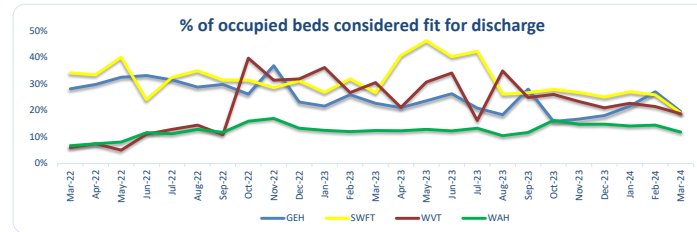
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Cancer referrals for the trust remain high and have seen an increase of 1031 urgent suspected referrals compared to last year, and continue to be a significant increase since pre-COVID. The main specialities where we have seen an increase are Breast, Skin, Colorectal and Urology. Despite the implementation of the new Faecal Immunochemical Test (FIT) pathway, delays have been encountered in primary care settings due to outdated referral forms within the clinical cell. This issue has been escalated, and corrective measures are underway, expected to be implemented in the coming weeks. Anticipated outcomes include a potential reduction in referrals following the resolution of this administrative bottleneck.</p> <p>There is one main speciality driving almost half of our delays in patients awaiting over 62 days for treatment. This is Urology and is the main areas of focus to get our 62 days breaches reduced to our Fair Share number. Previously we shared that skin was a concern and around a third of our delay concerns, with plans previously explained the department were able to reduce the patients to 14 above 63 days in February. The target for the end of March was to reduce our fair share number to 71, WVT managed to get this number down to 58 for the end of year position.</p> <p>WVT maintains its weekly cancer patient tracking list (PTL) meetings involving operational and clinical teams. During these meetings, waiting times are looked at across all pathways along with the identification of delays within each service. Themes within each service are integrated and new actions are made and initiatives are implemented by the Cancer Transformation Manager and specialities.</p>	<p>George Eliot Hospital NHS Trust GEH</p> <p>The Trust has seen a continual increase in Two Week Wait (TWW) referrals with February 2024 being slightly higher than the year-to-date average of circa 720 referrals being received each month compared to 2022 where there was circa 650. The Trust has seen a decrease in the number of patients over 62 days in February to 37 patients with January having 57 patients. This ensures that we are delivering against the fair share trajectory of 56. Urology has seen the highest number of 62-week breaches, once again owing to capacity and staff shortages, there is a focus on Urology both within the Trust but also as part of the Integrated Care Board (ICB) and Foundation Group. GEH ran a clinical PTL shared decision-making (aka MADE) event for the most pressured sites in February. As a result of this, Urology and Colorectal were able to considerably reduce their longest waiting patients. In terms of 104 days; February saw 6 patients and this was a reduction on January's 7 patients breaching this target. There are plans to hold further MADE events for April. With the 2nd phase of the Community Diagnostic Centre(CDC) now open this will support the delivery of one-stop cancer clinics supported with diagnostics on the day reducing the length of the pathway and visits for the patients.</p> <p>Note:- Cancer data runs one month in arrears.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>For Quarter 4 62 days cancer waiting time performance, we have submitted performance for January (61.2%) and February (60.3%). March 2024 is currently looking to show a significant improvement, although slightly below the 70% trajectory.</p> <p>62 days cancer waiting time performance Issues: Approximately two-thirds of SWFT's 62 day performance is attributable to breast, skin and urology. Breast performance has suffered recently due to delays in diagnostics that are required to be carried out at University Hospitals Coventry & Warwickshire (VAB-Vacuum-Assisted Core Biopsy/VAE-Vacuum-Assisted Excision). For skin, there are currently significant issues with Outpatient Appointment (OPA) capacity for first appointments. Lengthy delays for surgery under Ear-Nose-Throat (ENT) is also affecting skin performance. Urology performance is poor (Jan 26.2% & Feb 39.4%) with many delays due to extended waits for transperineal biopsies.</p> <p>SWFT continues to see high volumes of urgent suspected cancer referrals. There was some decline towards the end of 2023 with December historically being lower than the rest of the year. However, numbers have picked up again with just less than 1,600 such referrals received in March 2024.</p> <p>SWFT achieved the March 2024 trajectory set for the 62 day fair share backlog.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>The Trust unvalidated position for 62 days cancer waiting time performance in Mar-24 is 58% with 154 recorded breaches and 369 patients treated. Our full year performance is 58% having provided first treatment to 3,898 patients. The NHS requirement for 24/25 is to achieve 70% by Mar-25. At the end of March there were 141 patients waiting over 62 days (against a planned position of 190). Of those patients waiting, 44 were waiting over 104 days. The Trust achieved the target set through the NSHE "fair shares" ambition. The 62-day backlog continues to be driven by skin and urology, with 98 (70%) of patients still waiting being attributable to those two specialities. Many of the drivers for performance align to the Faster Diagnosis Standard (FDS) performance. In addition, there are challenges with treatment capacity in some specialities driven by a combination of access to appropriate theatre capacity and clinical vacancies. Oncology capacity is impacting performance in a number of tumour sites – additional capacity clinics continue to support delivery. Longer term workforce plan in development. Strategic partnerships to be explored to support sustainability.</p> <p>Tumour site level improvement standards being developed to ensure at least 70% of patients within cancer start their treatment within 62 days by the end of 2024. In addition, the Trust will continue to reduce the number of patients over 62-day by the end of 2024/25 and eliminate 104-day waits for all tumour sites by the end of September 2024.</p> <p>Validation Support and guidance from NHS England national team informing alterations to local validation process in line with cancer guidance</p> <p>Improved Cancer tracking and confirm and challenge support by Cancer Recovery Director</p> <p>Revised fair share allocation at tumour site level – all tumour sites (excluding urology) on target to deliver end of year target.</p>

Foundation Group Key Metrics

% of occupied beds considered fit for discharge

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
GEH	28.1%	29.8%	32.4%	33.1%	31.4%	28.8%	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%
SWFT	34.1%	33.3%	40.0%	24.0%	32.4%	34.9%	31.4%	31.4%	28.5%	31.1%	26.8%	31.9%	26.6%	40.6%	46.2%	40.2%	42.2%	26.1%	26.6%	27.9%	26.7%	25.0%	27.0%	25.8%	19.0%
WAH	6.7%	7.4%	8.0%	11.6%	11.2%	12.8%	11.7%	15.9%	16.9%	13.3%	12.4%	12.0%	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%	14.1%	14.4%	11.8%
WVT	6.0%	7.4%	5.0%	11.0%	12.8%	14.4%	10.8%	39.6%	31.3%	31.8%	36.1%	26.7%	30.4%	21.1%	30.7%	34.0%	16.2%	34.8%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%

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

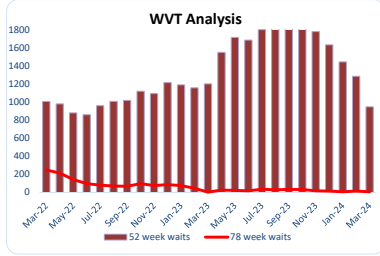
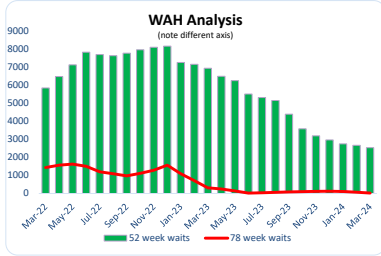
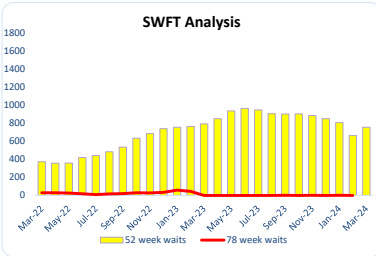
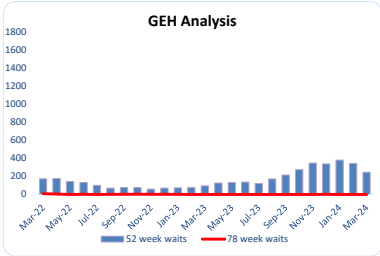
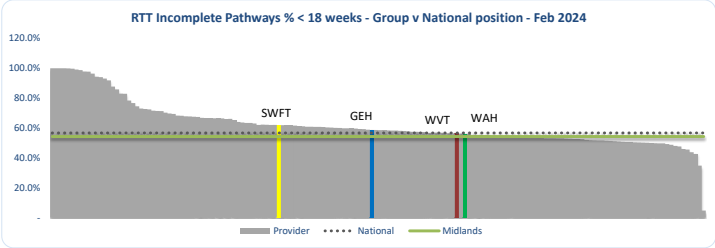
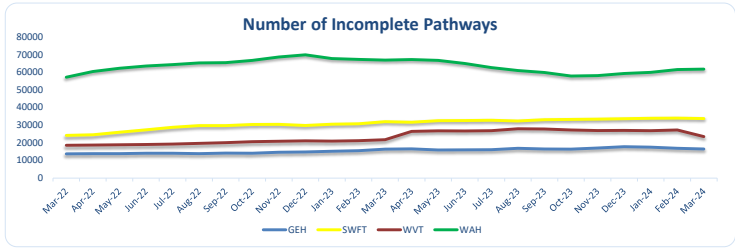


Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>We continue to see challenges related to delayed discharges. However, there is progress with the Discharge to Assess [D2A] "Sprint" and Board now being established with improvements during March of Herefordshire Pathway 1 delays and the reduction in the time between referral and actual discharge decreasing. Delays for Powys discharges have been a significant concern over the last few months and this is being driven by Adult Social Care delays which is causing delays locally, but also within Powys Health Board, which is leading to an increase to Powys health delays. We are now working with Regional support of the Local Government Association Care and Health Improvement Advisor to help facilitate discussion with Powys Adult Social care and our local One Herefordshire partners.</p> <p>Recent weeks has seen a steady reduction in our 21 Day Long Length of Stay [LOS] and a reduction in Herefordshire discharge delays.</p> <p>Over the coming months our D2A plans include:</p> <ul style="list-style-type: none"> - Focus on bedded D2A capacity LOS - D2A Dashboard implementation across the system - Review of Therapy input pre-discharge to reduce prescriptive nature of calls and ensure we move to a true D2A model 	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>19.5% of the patients occupying beds in the trust do not meet the criteria to reside, majority of the patients are on pathways 1-3 waiting for either a package of care or placement. The trust has held Monthly MADE's with representatives from Health and Social Care, Specialty Consultants, Ward Managers and Operational leads.</p> <p>Focus on 21-day Length of Stay (LOS) is ongoing with a weekly review including representation from Social and Health care with lessons learnt being feedback to the wards and teams.</p> <p>Ongoing daily calls with Health and Social care reviewing individual patients.</p> <p>Escalation to the system of patients with behavioural issues being declined by multiple care homes with no discharge destination agreed increasing LOS. Currently, the Trust is reviewing patients admitted from care homes and the discharge process as homes are requesting to reassess or refuse to have patients back.</p> <p>Due to the number of medically fit patients not reducing on pathways 1-3; the Week commencing 15/4, the trust and social care and community colleagues have come together to be part of a system collaboration discharge event to review issues and delays and put actions in place to resolve these issues over a week reducing the number of patients waiting for support at discharge and also to agree a long term strategy.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>There has been a step change in the Medically Fit For Discharge (MFFD) numbers over the past six months, with a drop being seen since the end of Q2 2023/24 where the numbers stood at 140, whereas they now sit at around 110. The percentage of beds occupied by patients fit for discharge has also fallen to its lowest level in March 2024, and was only at 19%.</p> <p>The reduction is in large part to the review of processes around the collection and recording of the criteria to reside and medically fit for discharge data. Following some recent work, SWFT has now arrived at a typical pathway split as follows – Pathway 0 = 68%, Pathway 1 = 20%, Pathway 2 = 7% and Pathway 3 = 5%.</p> <p>Focus continues to energise specific areas, developing relationships to support discharge and flow into the community eg: domiciliary care with out of area colleagues to gain traction with these patients, and the OPMU are also now involved in the review work around the collection and robustness of the MFFD data. Further, there will be increased focus on the Criteria To Reside data, as it is now being included within the new Faster Data Flows, with Discharge Ready Date now being seen as a key piece of information for NHS England.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>The Trust consistently ranges between 80 - 110 patients daily who do not have a criteria to reside and are medically fit for discharge. The impact of this is most seen at the front door with patients who have a DTA waiting for beds to become available, experiencing long delays within the EDs. We currently have 56 beds open as escalation and boarding is much more frequent than we want for our staff and patients.</p> <p>Within the Patient Flow Programme we have a dedicated project to reviewing the Long length of stays (inc those medically fit) and patients who are medically fit but are experiencing delays generated by their requirements for ongoing healthcare beyond the Acute.</p> <p>Improving the length of stay across the sites will have a significant contribution towards our productivity gain and our CIPIIP programme.</p>

Foundation Group Key Metrics

Referral to Treatment (RTT) List Size - English

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	% change v Mar-23
GEH	13753	13870	13891	14107	14101	13826	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	0.4%
SWFT	24207	24583	25987	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33,764	5.5%
WAH	57151	60345	62196	63485	64284	65264	65420	66703	68628	69832	67744	67208	66840	67122	66658	64904	62647	60945	59787	57856	58058	59242	59900	61458	61,753	-7.6%
WVT	18606	18765	18897	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	23,520	8.0%



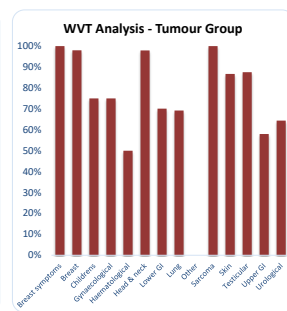
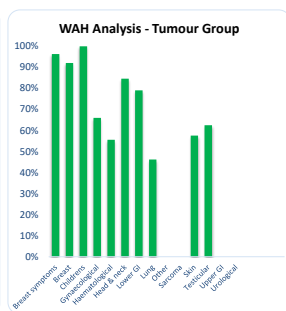
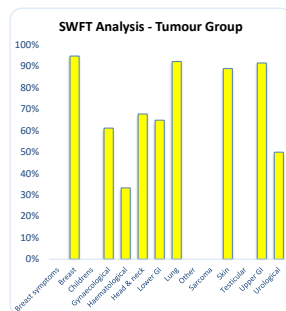
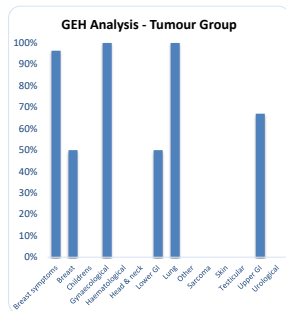
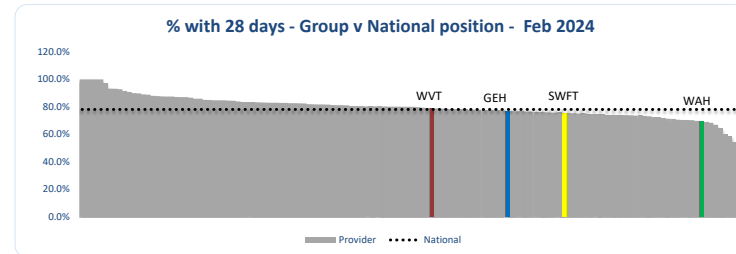
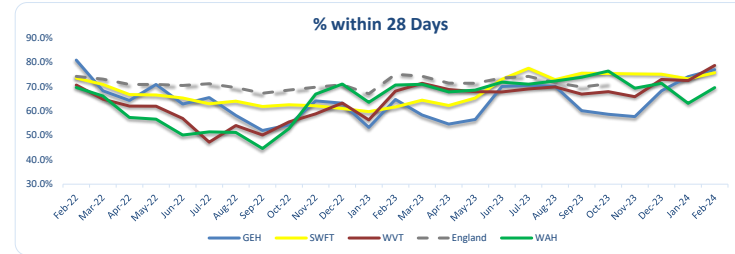
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>The Trusts clinical and operational teams worked extremely hard to ensure we had a minimal number of 78 week breaches for elective treatment. But despite challenges in the year related to Industrial Action, Workforce and Winter Pressures we had a small number of patients waiting beyond 78 weeks at the end of 2024/25. In total we had 9, 7 English and 2 Welsh patients. These 9 patients were 3 patients awaiting Cornea tissue for surgery and 6 Orthopaedic patients.</p> <p>The number of patients waiting 65 weeks for elective treatment totalled 103 at the end of March. These equated to 75 English and 28 Welsh patients. Although we did not hit our own trajectory of 50 patients, again this is a significant reduction when we had almost 2000 patients that would of breached 65 weeks in March 2024 at the end of November 2023.</p> <p>We also set ourselves an internal target of see all new 52 week non-admitted patients by the end of March 2024. Again this cohort was 828 patients at the end of December 2023 and we managed to see all, bar 20 of these patients, by the end of March 2024.</p> <p>Out Value Weight Activity, which measures activity comparison against 2019/20 based on, not just activity numbers, but complexity and treatment, remains one of the highest in the Region with the most recent data, for the first week in March, showing we have delivered over 125% of 2019/20 activity and the highest in the Region</p> <p>Our next challenge is to see all our 40 week non-admitted patients by the end of July 2024 and ensure we have no patients breaching 65 weeks for treatment by the end of August 2024.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Referral to Treatment (RTT) performance has improved in March to 60.1% from February. This has largely been owing to capacity issues and routine patients being delayed due to cancer patients and AE patients taking priority. Whilst the waiting list had increased from 16,426 in March 2023 peaking at 17,799 referrals in December 23, this figure has now reduced to 16,484 in March 2024 and progress is being made into reducing the waiting list size through robust tracking. There are currently 247 patients over 52 weeks this had peaked to 381 in January. Issues with capacity have also been impacted by industrial action in the past 2 quarters, however, we only had 8 65-weeks breaches at the end of March 24. We have had no 104 weeks breaches.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The Trust's overall Referral to Treatment (RTT) performance has reduced over the winter period and into early Spring, which is driven by a continued increase in the number of referrals coming into the Trust. The March 2024 position was 60.4%, however, the focus from NHS England remains on reducing the number of patients who have been waiting for the longest period of time.</p> <p>As at the end of March 2024 SWFT had no patients waiting over 78 week waits, with number of patients waiting more than 65 weeks continuing to reduce to just 81, with the majority of these being patients who are on an Orthodontics pathway, and SWFT are working with its commissioners and NHS England in terms of producing a plan to ensure that the patients are treated as soon as possible.</p> <p>There continues to be excellent progress in terms of the elective recovery, both in terms of the in-patient and day case activity, but also SWFT has seen an increase in the number of first out-patient attendances recently, which have all been close to 110% of the activity performed in 2019/20.</p> <p>In terms of the Diagnostics Waiting Times and Activity (DMO1) performance, we have now seen a reverse in the reduction in performance, where we saw a low of 67.4% in January 2024, and this has now risen to 78.1% and this has moved us out of the lowest quartile benchmarked position. The Trusts performance is being influenced primarily by the number of breaches seen in Non-obstetric ultrasound, however, we are now seeing a reduction in the number of breaches being reported for them.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Referrals (validated)</p> <p>Compared to Q4 22/23, we have seen a 8.6% more referrals in Q4 23/24 with March 24 being the highest ever month for e-Referral Service (e-RS) referrals. In addition we receive circa 1000 per month Referral Assessment Services (RAS) element of referrals of which 10% are returned to the referrer advising no requirement for Acute services. We also progressed 8,400 requests for Advice and Guidance.</p> <p>Referral To Treatment Time (validated)</p> <p>The RTT Incomplete waiting list at the end of March 2024 has shown a 8% improvement on the previous year end. We continue to see a reduction in the longest waits, but we did not reduce our maximum wait to 65-weeks by the end of March 2024 as planned. Realistically, for some specialties there is still significant work to do in 2024/25</p> <p>RTT validated submission for Mar-24 is 2,536 patients waiting over 52 weeks, of whom 587 were waiting over 65 weeks, 27 over 78 weeks and there were no patients waiting over 104 weeks. Specialties of greatest concern for 65-weeks include Ear Nose Throat(ENT), Oral Surgery, Dermatology and General Surgery.</p> <p>Factors that have impacted the waiting list:</p> <p>Delayed opening of additional theatre capacity at the Alexandra Hospital site – capacity fully open in December 2023</p> <p>ENT and Oral & Maxillofacial surgery – workforce availability and impact of medical outliers on surgery beds at Worcestershire Royal site</p>

Foundation Group Key Metrics

28 Day Faster Diagnosis Standard (FDS)

Trust	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
GEH	80.8%	68.2%	64.3%	70.9%	62.8%	65.4%	58.2%	52.0%	54.2%	64.1%	63.2%	53.3%	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%
SWFT	73.4%	70.8%	66.7%	66.5%	65.3%	62.9%	64.0%	61.8%	62.5%	62.1%	61%	59.70%	61.60%	64.4%	62.2%	65.3%	73.0%	77.4%	72.8%	75.4%	75.3%	75.1%	75.0%	73.1%	75.6%
WAH	69.6%	66.1%	57.3%	56.6%	50.1%	51.4%	51.2%	44.6%	52.8%	66.9%	71%	63.50%	70.60%	70.9%	67.8%	68.5%	71.8%	71.0%	72.3%	73.8%	76.3%	69.3%	71.3%	63.1%	69.5%
WVT	71%	65%	62%	62%	57%	47%	54%	50%	56%	59%	63%	56%	68.1%	71.3%	68.8%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%	72.9%	72.4%	78.6%

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



RAG(Red-Amber-Green)rating versus England

Tumour Group	WVT	GEH	WAH	SWFT	England
Breast symptoms	100.0%	96.4%	96.3%		93%
Breast	98.0%	50.0%	92.1%	94.8%	91%
Childrens	75.0%		100.0%		89%
Gynaecological	75.0%	100.0%	66.0%	61.2%	67%
Haematological	50.0%		55.6%	33.3%	60%
Head & neck	97.9%		84.6%	67.8%	79%
Lower GI	70.1%	50.0%	79.1%	64.9%	66%
Lung	69.2%	100.0%	57.6%	92.3%	83%
Other			62.5%		61%
Sarcoma	100.0%				69%
Skin	86.7%		0.0%	89.0%	86%
Testicular	87.5%				82%
Upper GI	58.0%	67.0%	0.0%	91.6%	78%
Urological	64.4%	0.0%	0.0%	50.0%	55%

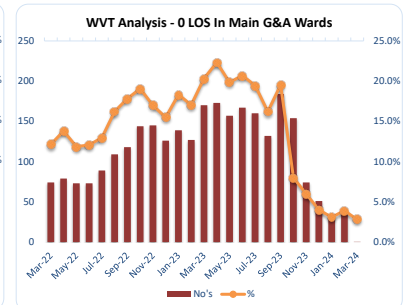
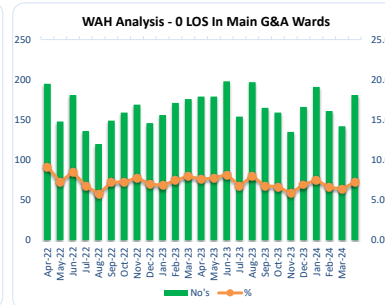
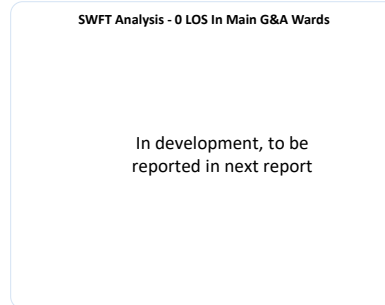
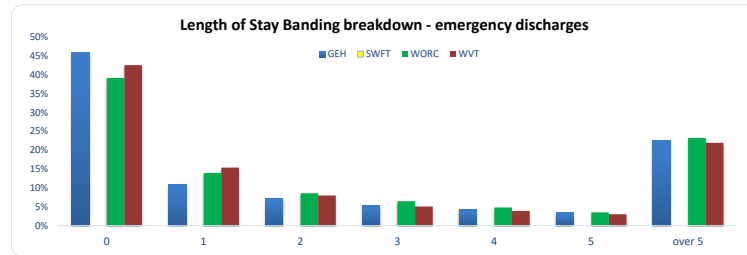
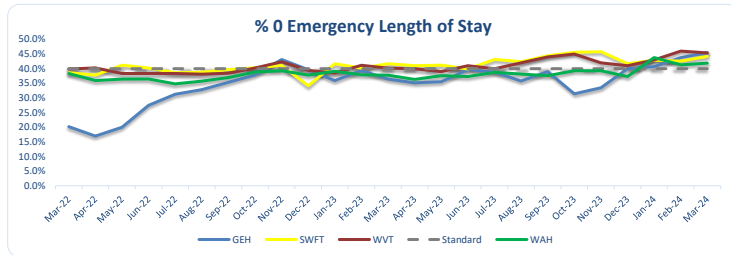
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Faster diagnosis standard (FDS) performance has increased in February and we achieved over the target at 79%, we anticipate to see 81% in March.</p> <p>Histopathology and Radiology Magnetic Resonance Imaging (MRI) scan and computed tomography colonography (CTC) capacity remain a challenge in order to improve our FDS further, but following the last report endoscopy has shown improvement where majority of procedures are booked within 7 days.</p> <p>There has been a delay in launching text messaging to patients with benign results ahead of letters due to clinical functions team within our electronic patient records, we hope to have this completed by May where we will be able to get signed off through our governance routes. This will be trialled with Gastroenterology and Skin and then we will replicate this across all specialities.</p> <p>Radiology scan to reporting times have improved as they continue to use telemedicine for cancer reporting, on average all reports are being returned within 48 hours. There have been concerns with MRI and CTC capacity but there were plans put in place for a second MRI scanner on site to increase capacity and additional CTC lists have been arranged.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>GEH has seen an improvement in the FDS 28-day standard in Quarter 4. Additional capacity being funded by the Integrated Care Board (ICB) helped in Gynaecology, Urology, Breast and Lower gastrointestinal (LGI) cancers. The Trust achieved 74.0% in January against this standard and 76.9% for February, it is expected that the 75% target will be met for March 2024. Successes were due to a robust action plan to ensure that this target was met by March 2024, coupled with increased training on the Faster Diagnosis rules suite and the validation of all breaches by a team leader. The mutual aid for breast cancer patients in December 2023 assisted in correcting this position and enabled us to clear the backlog. Upper gastrointestinal(GI) and Breast cancer tumour sites achieved 75% for February, with improvements in Gynaecology at 74.1% and LGI at 66%. With the 2nd phase of the Community Diagnostic Centre(CDC) now open, this will support the delivery of one-stop cancer clinics supported with diagnostics on the day reducing the length of the pathway and visits for the patients.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>For Quarter 4 28 Day Faster diagnosis standard (FDS) – Performance has been reported for January (73.1%) and February (75.6%). Whether March performance will achieve the required 75% is uncertain, pre-validation performance is currently 73.3%.</p> <p>FDS performance is consistently above the operational standard in breast, skin and upper GI. However, there are concerns that skin performance will deteriorate as there are currently significant issues with Outpatient Appointment (OPA) capacity for first appointments, in some cases patients waiting longer than 28 days. Lower GI has seen a significant increase over the past 12 months with February performance at 64.9%. Lower GI represented the largest cohort of FDS patients in February so is key to the Trust achieving FDS consistently.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>Our Statistical Process Control Charts (SPC charts) show this metric is not changing significantly. The target lies within the process limits so we know that the target may or may not be achieved as our performance has been inconsistent. There were 2,747 new GP referrals for suspected cancer in Mar-24 and there were 32,033 referrals over the course of 23/24. Our Trust unvalidated performance against the 28-day Faster Diagnosis Standard is currently 76% for Mar-24 which means we achieved the NHSE year-end target (this was set at 75% for Mar-24 and it is set at 77% for Mar-25). The Trust informed 2,409 patients of their diagnosis with 578 breaches of the 28-days standard. Our full year performance was 71% having informed 29,744 patients of their diagnosis with 8,735 breaches.</p> <p>FDS performance recovered in March 2024 having seen a dip in last 4 months as a result of delays in the skin pathway, particularly in advising patients of their diagnosis</p> <p>Four tumour sites did not achieve the faster diagnosis standard – Haematology (impacted by late referrals from other tumour sites and impact of small overall numbers), Lung (new patient capacity – annual leave and bank holiday), Gynaecology (increased demand and backlog clearance), Urology (delays in clinical triage, streamline opportunities in diagnosis pathway)</p> <p>The Trust remains in Tier 1 (national escalation) for cancer performance.</p> <p>Whilst urology position is below target – it does represent an improvement of five percentage points compared to February and demonstrates the impact of additional LATP biopsy capacity (supported by Cancer Alliance funding) and improvements in management of patient pathways.</p>

Foundation Group Key Metrics

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

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
GEH	20.2%	17.0%	20.0%	27.5%	31.3%	32.8%	35.4%	37.9%	43.1%	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%
SWFT	38.6%	37.8%	41.2%	40.2%	38.6%	38.8%	39.7%	40.3%	41.1%	34.2%	41.7%	40.2%	41.7%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%	45.6%	45.8%	41.7%	42.9%	42.6%	44.2%
WAH	38.3%	35.9%	36.4%	36.5%	34.8%	35.8%	37.0%	38.9%	39.3%	37.8%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.30%	43.80%	41.30%	41.87%
WVT	39.9%	40.3%	38.4%	38.4%	38.4%	38.1%	38.5%	40.2%	42.4%	39.4%	38.5%	41.1%	40.2%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	42.0%	41.0%	43.0%	46.0%	45.40%

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



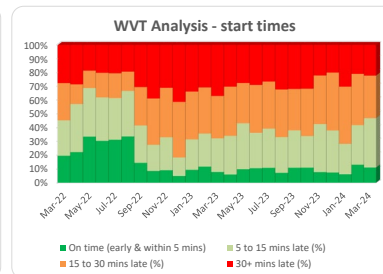
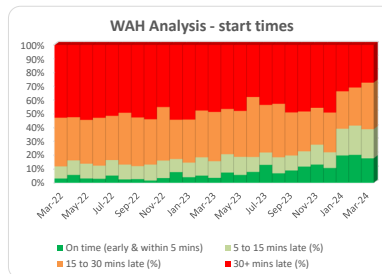
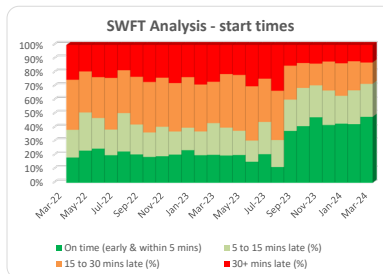
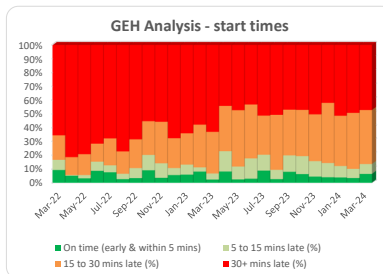
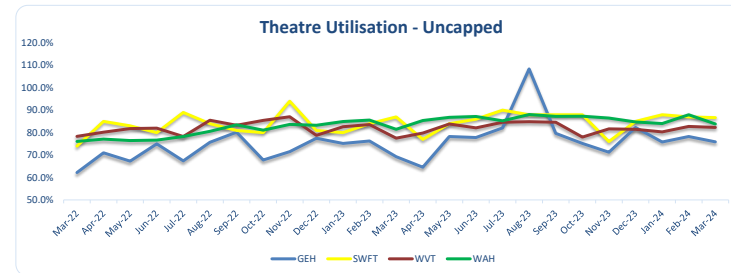
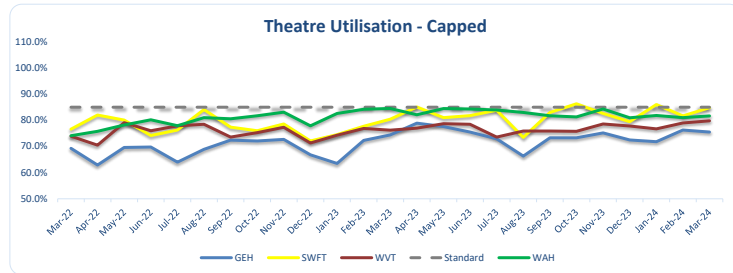
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>During our March "Test of Change" to support the delivery of the 4hour(hr) Emergency Access Standard [EAS] improvements we made various changes to support an increase in the volume of patients managed through a Same Day Emergency Care [SDEC] pathway. The Navigation at our Emergency Department reception supported this increase along with increasing capacity through our Medical SDEC, by maximising our Virtual Ward to follow up patients and streaming patient elsewhere, and increase the operational capacity of both our Surgical and Gynaecology Assessment Areas across 7 days of the week.</p> <p>This resulted in the highest number of patients we have seen via a SDEC pathway with over 180 patients additional then January 24.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Ongoing work to improve 0 Length of stay continues. The reconfiguration of the site starting in April will enable the trust to have a fully functioning Frailty unit including an assessment area and increased capacity in Surgical Assessment Unit (SAU) to facilitate Early Pregnancy Assessment Units(EPAUs) and Gynaecology Assessment Unit (GAU) patients. Work is ongoing to increase the number of patients streamed to Same Day Emergency Care (SDEC) over the weekend by ensuring the opening times meet the demand from the emergency department.</p>
<p>South Warwickshire University NHS Foundation Trust</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>The additional capacity for same day emergency care that has opened over the year has contributed towards the improving zero length of stay improvement. The use of virtual wards will enable us to discharge patients who require treatment but do not need to fully occupy an Acute beds, the first Virtual ward (VW) will come on line in the coming weeks.</p> <p>A Frailty SDEC and a Cardiology Centre being designed at present will also bolster some same day care and avoid unnecessary overnight stays</p>

Foundation Group Key Metrics

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

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
GEH	69.30%	62.9%	69.6%	69.8%	64.0%	68.9%	72.4%	72.1%	72.7%	66.8%	63.5%	72.3%	74.4%	78.9%	77.6%	75.5%	72.9%	66.3%	73.3%	73.3%	75.2%	72.5%	71.8%	76.3%	75.5%
SWFT	76.60%	82.0%	80.1%	74.2%	76.3%	84.1%	77.4%	76.0%	78.6%	72.1%	74.5%	77.7%	80.4%	85.1%	81.0%	81.8%	83.8%	73.5%	83.0%	86.3%	82.6%	79.5%	86.0%	81.7%	84.8%
WAH	74.1%	75.8%	78.2%	80.2%	77.9%	81.0%	80.6%	81.7%	83.1%	77.9%	82.6%	84.2%	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	81.7%	81.3%	84.3%	80.9%	82%	81%	82%
WVT	73.9%	70.5%	79.1%	76.0%	77.9%	78.5%	73.6%	75.3%	77.3%	71.3%	74.3%	76.9%	76.2%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%

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



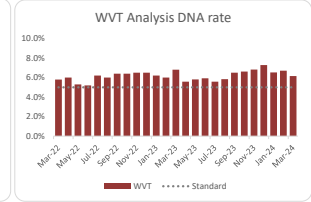
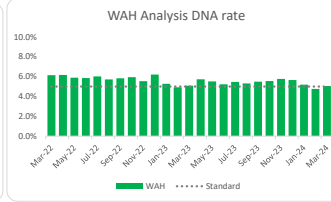
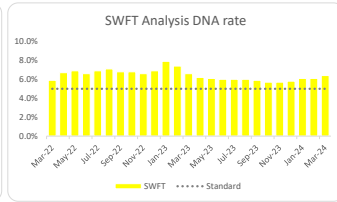
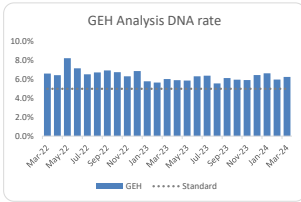
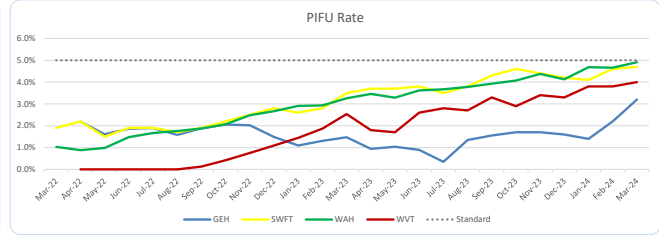
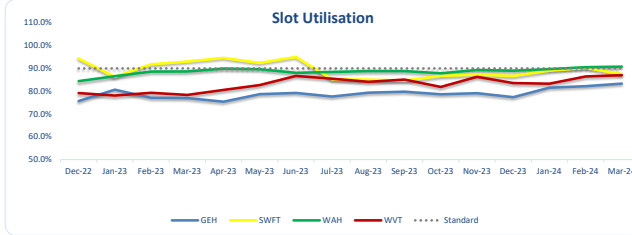
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>February and March have seen an improved position of the Trusts Capped Theatre Utilisation. Although still a way to go to get to a consist level of 85% Capped Theatre Utilisation we have made some progress.</p> <p>After undertaking Perfect Weeks in Orthopaedics and Gynaecology earlier in the year the utilisation of these two specialities in March was 87% and 88% respectively.</p> <p>Over 2023/24 we have seen both an increase in the number of Theatre sessions used, and not closed due lack of Surgeons, from 225 per month to 260 per month over February and March which resulted in the highest number of patients treated in March, at almost 820, from an average during 710 per month between April and December last year. Making WVT one of the top three providers in the West Midlands for Theatres Cases in a 4hour sessions in March.</p> <p>The three key areas for Theatre Improvements for 24/25, underpinned by the Getting It Right First Time Anaesthesia and Perioperative Medicine Guidance and Handbook, are:</p> <ul style="list-style-type: none"> - Theatre scheduling - Pre operative processes and improvements - Operational Go-Live of our Elective Surgical Hib in July this year whilst improving our Theatre Utilisation across all operating Theatres 	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Theatre Utilisation - Capped</p> <p>Theatre utilisation increased in February and March following winter pressures observed in December. A 4.5% increase in utilisation can be observed against the same reporting period Q4 2023/24.</p> <p>Theatre Utilisation - Uncapped</p> <p>Due to competing winter pressures, patients often remain in theatre recovery due to bed pressures.</p> <p>During Q4 - 97-99% occupation of DPU was observed, which directly limits space for patients to return from theatres for discharge. In addition on average, 5 boarders on Mary Seacole (CTMU Ward) and 6 - 9 Emergency patients on Florence led to the trust cancelling some elective work.</p> <p>Theatre start times</p> <p>Work continues on improving start times, through Perfect List planning and scheduling and identification of golden patients. An increase of 1.0% of the list starting on time in Q4 compared to the same reporting period in Q4 2023/24.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Capped utilisation for the period has consistently been above 80% and the Trust remain in the top quartile on Model Hospital.</p> <p>Trust forward look meetings take place weekly to review the next 4 weeks of booking utilisation.</p> <p>6-4-2 Standard Operating procedure(SOP) is under review.</p> <p>Review of Right Procedure Right Place as well as Day Case procedures.</p> <p>Review of To Come In (TCI) letters has taken place and local information has been updated – these are due to go live in May 2024.</p> <p>Text message reminders are due to go live for patients with a TCI in May 2024.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>During the winter months the capped utilisation of theatres and treatment rooms has plateaued at circa 80%.</p> <p>The Theatre Transformation Programme has several areas of improvement in progress:</p> <ul style="list-style-type: none"> - A review of the Getting It Right First Time(GIRFT) metrics including - 4 joints on a list, moving procedures from Inpatient to Daycase (Hips and Joints - same day discharge), and reducing lost time (we identified that Model Hospital was including lunch breaks for all day sessions as lost down time, so we have been working with clinicians to improve data capture so that it accurately reflect the downtime, thus opportunity). - Dropped sessions is included in the weekly theatre 6-4-2 meetings, identifying where the capacity for theatres may need to be realigned between specialities. - Ensuring that Kidderminster Hospital and Treatment Centre (KTC) is fully utilised with Daycase. - Reviewing the reasons for on the day cancellations. There has been a change of the local cancellation reasons to enable more intelligence regarding cancellations, this has been in place one month. Initial review is the volume of patients failing to adhere to pre operative advice and changing their minds on the day of surgery. We have therefore implemented calls to patients prior to the day of surgery and have a stand by list of patients who can attend at short notice, without pre op prep. - Late starts and early finishes are being audited to understand what processes may require improvement, such as the World Health Organisation(WHO) checklist and 'first patient at risk'. <p>Updates on the impact of these initiatives will not be fully known until the next few months data is available.</p>

Foundation Group Key Metrics



Outpatients Slot Utilisation

Trust	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
GEH	73.3%	77.5%	78.7%	78.8%	75.4%	76.3%	75.5%	78.3%	78.1%	75.7%	80.7%	77.1%	77.0%	75.4%	78.7%	79.3%	77.7%	79.3%	79.8%	78.6%	79.1%	77.4%	81.6%	82.2%	83.3%
SWFT							92.3%	93.2%	94.2%	94.3%	86.3%	91.8%	93.0%	94.6%	92.4%	95.0%	85.2%	85.1%	84.7%	86.7%	87.3%	86.7%	89.0%	90.2%	87.5%
WAH	86.8%	85.9%	87.2%	86.4%	86.0%	86.5%	86.1%	86.3%	88.4%	84.4%	86.6%	88.6%	88.7%	89.9%	89.6%	88.1%	88.5%	88.8%	88.8%	87.9%	89.3%	89.0%	89.7%	90.5%	90.8%
WVT	82.8%	81.8%	85.4%	83.2%	81.6%	82.8%	82.1%	82.9%	81.6%	79.2%	78.1%	79.3%	78.4%	80.6%	82.7%	86.7%	85.5%	84.1%	85.1%	81.9%	86.3%	83.3%	86.5%	87.0%	



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Slot Utilisation - A steady improvement in utilisation over February and March. The main areas to focus on for improvements are Orthopaedics and Diabetes.</p> <p>As part of our Productivity Program Board improvements we will be implementing 6-4-2 Outpatient scheduling meeting from the beginning of May in readiness for our revised Outpatient room speciality reconfiguration from June 2024. This will allow Specialities to "own" their own designated Outpatient rooms and populate Clinicians and patient lists at 6 weeks and 4 weeks prior improving visibility of activity and assigning resource. This will allow greater flexibility to reassign Outpatient resource, rooms and staff, earlier to ensure maximum utilisation.</p> <p>Our PIFU (Patient Initiated Follow Up) performance also has increased in Q4 of 23/24. Key Specialities to increase our ambition around PIFU are Cardiology, Rheumatology, Neurology and Gastroenterology.</p> <p>Did Not Attend (DNA) appointments improved slight for March, compared with January and February, although still above the 5% target. Areas of focus are ENT, Gastroenterology/Herpetology and Orthopaedics and will be a subject to detailed plans for 24/25 Productivity improvements.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>PIFU February 2024 - 6853 GEH patients transferred to the PIFU pathway. National PIFU Insight Pack reports the average return rate of patients on PIFU to be 2.61%, therefore GEH forecast 888 follow-up slots have been released. This coupled with the Clinic template project will help ensure OPFA can be maximised with the drive to reduce OPFUs by 25%. A 1% increase can be observed month on month for Q4 2024 and is set to continue.</p> <p>DNA's Reduction in DNAs continues to be a priority with volunteers rolling out further reminder calls (part of the nationally recognised Back to Health Programme) to patients to avoid DNAs. Volunteers routinely call therapies, ENT, and Pain. Started Rheumatology, Ophthalmology, Gen Surg, Colorectal, Urology, Plastics, T&O and Frailty. We have updated our website to include a "Could not attend form" for patients to contact us out of hours. Patient Portal has also gone live to support patients in receiving timely comms. Patient letters have also been reviewed to provide more patient-friendly, accurate information regarding their appointments. This continues to support the reduction in DNAs.</p> <p>Slot Utilisation Refresh of the Outpatient dashboard provides services with an overview of slot utilisation to support identifying capacity in real-time. In Q4 we have observed a steady increase in the number of slots remaining vacant. In addition, there is ongoing work around clinic codes and clinic templates to reflect capacity and demand and accuracy of slot utilisation.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>Did Not Attend (DNA) Rate – There continues to be a major focus on reducing the Trust's DNA rate, which has seen a small increase since the start of the year, and which now sits at 6.4%, however, this is still below the performance seen in 2022/23. The Out-Patient Improvement Programme continues to monitor the DNA rate at speciality level, with Physiotherapy - Paeds, Diabetic Medicine and Orthotics having the highest rates, although the aggregate DNA rate still puts SWFT within the top quartile nationally.</p> <p>From the start of May, SWFT will be engaging in a project led by an company specialising in using Artificial Intelligence (AI) to reduce DNA rates, called Deep Medical, who will be working with Operational colleagues and a local voluntary organisation, Helpforce, to start a pilot to reduce the DNA rates in the Trust's specialities with the highest DNA rates.</p> <p>In conjunction with this is a piece of work looking especially at inequalities within the DNA numbers, as typically we see a higher percentage (%) DNA for patients from the most deprived areas, even if the total numbers are relatively small, with the variance between DNA for patients from the least and most deprived areas is greatest in specialities such as Physiotherapy, Paediatrics and ENT.</p> <p>Patient Initiated Follow Up (PIFU) – After a slight drop in performance over the winter period, the PIFU rate at SWFT has again been steadily growing since the start of the year, and SWFT now sits at 4.7% for March 2024, which puts SWFT in the upper quartile of performance nationally. The specialities with the highest PIFU rates are Gastroenterology (26.4%), Trauma & Orthopaedics (10.9%) and Physiotherapy (8.2%). PIFU is being rolled out to more specialities over the next few months, so we are expecting the PIFU rate to continue to increase throughout the year.</p>	<p>Worcestershire Acute NHS Trust (WAH)</p> <p>We have an Outpatient Transformation Programme in place. which will be integral to the delivery of Outpatient productivity for CIPIP in 24/25. Our DNA rate is performing well for nearly all specialities, specifically for NEW outpatient appointments, there is some challenge to improve the follow up rates in some areas, and our overall paediatric rates. We have set an ambitious target for all specialities below 5% now to move to 3% and those above 5% to move to 5% as soon as possible. We utilise a SMS reminder service at 7 days and 2 days, but have moved to 14 days to ensure patients have enough notice to organise attendance.</p> <p>One main area of focus is to utilise the physical capacity we have for Outpatients, in a local audit we have identified that treatment rooms are not being used. This is predominantly due to the lack of transparency of cancelled clinics across the Trust, so an internal tool is being developed to improve room booking and cancellations.</p> <p>Reduced cancelled clinics - with the transparency of the cancelled clinics to the whole Trust, Informatics will be working with Operations and Finance to triangulate and challenge specialities requesting WIs if they also have high cancelled clinic volumes.</p> <p>We continue to be informed by clinical staff that the high volume of follow up appointments are necessary to prevent patients from coming to harm. We are focusing on the Further Faster guidance to support the use of alternative approaches such as PIFU, although we are performing well overall with PIFU, it is driven by only a few specialities (Rheumatology and Gynaecology); widening the usage across the Trust is a focus for the first half of the financial year.</p>