Foundation Group Boards

Wed 07 August 2024, 13:30 - 16:10

via Microsoft Teams

Agenda

1. Apologies for Absence

Phil Gilbert (Non-Executive Director SWFT), Paramjit Gill (Non-Executive Director SWFT), Simone Jordan (Non-Executive Director GEH), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Lisa Peaty deputising), Sarah Shingler (Chief Nursing Officer WAHT, Alison Robinson deputising) and Dr Jules Walton (Chief Medical Officer WAHT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 2 May 2024

13:35 - 13:40 *Russell Hardy*

Agenda Item 3 - Minutes of the Meeting held on 2 May 2024.pdf (14 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. Group Finance Update including Productivity

14:15 - 14:35 *Katie Osmond, Chief Finance Officer WVT and Haq Khan, Chief Finance Officer GEH*

Agenda Item 6.2 - Group Finance Update including Productivity.pdf (14 pages)

6.3. Deep Dive into Elective Productivity

14:35 - 14:50 *Chief Operating Officers*

Agenda Item 6.3 - Deep Dive into Elective Productivity.pdf (16 pages)

6.4. Foundation Group Objectives Update

14:50 - 15:00 *Glen Burley*

Agenda Item 6.4 - Foundation Group Objectives Update.pdf (22 pages)

6.5. Equality Update Report

15:00 - 15:10 *Chief People Officers*

Agenda Item 6.5 - Equality Update Report.pdf (16 pages)

7. Items for Information

7.1. Foundation Group Strategy Committee Report from the Meeting held on 16 July 2024 (including the Foundation Group Strategy Committee Annual Report for 2023/24 and Annual Review of Self-Assessment of Effectiveness)

15:10 - 15:15 *Russell Hardy*

Agenda Item 7.1 - FGSC Report, Annual Report and Self AofE.pdf (16 pages)

8. Any Other Business

15:15 - 15:20

9. Questions from Members of the Public and SWFT Governors

15:20 - 15:30 *Russell Hardy / Sarah Collett*

Adjournment to Discuss Matters of a Confidential Nature

10. Apologies for Absence

Phil Gilbert (Non-Executive Director SWFT), Paramjit Gill (Non-Executive Director SWFT), Simone Jordan (Non-Executive Director GEH), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Lisa Peaty deputising), Sarah Shingler (Chief Nursing Officer WAHT, Alison Robinson deputising) and Dr Jules Walton (Chief Medical Officer WAHT).

11. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

12. Confidential Minutes of the Meeting held on 2 May 2024

15:50 - 15:55 *Russell Hardy*

Agenda Item 12 - Confidential Minutes of the Meeting held on 2 May 2024.pdf (6 pages)

13. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

Agenda Item 13 - Confidential Matters Arising and Actions Update Report.pdf (1 pages)

14. Items for Information

14.1. Foundation Group Strategy Committee Minutes from the Meeting held on 16 April 2024

16:00 - 16:05 *Russell Hardy*

Agenda Item 14.1 - FGSC Minutes from the Meeting on the 16 April 2024.pdf (11 pages)

15. Any Other Confidential Business

16:05 - 16:10

16. Date and Time of the Next Meeting

The next Foundation Group Boards Meeting will be held on Wednesday 6 November 2024 at 13:30 via Microsoft Teams.

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

Public Minutes of the Foundation Group Boards Meeting Held on Thursday 2 May 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
Charles Ashton	(CA)	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
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
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
Simon Murphy	(SM)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Simon Page	(SP)	NED and Vice Chair SWFT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Naj Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Sue Whelan Tracy	(SWT)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Sarah Assinder	(SA)	Deputy Chief Operating Officer WVT (deputising for Chief Operating Officer WVT)
Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
Julian Berlet	(JBe)	Deputy Chief Medical Officer WAHT
Rebecca Bourne	(RB)	Head of Communications WAHT

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
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Public Minutes of the Foundation Group Boards Meeting
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Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Laura Gibson	(LG)	Associate Chief Operating Officer GEH (observing)
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Jeanette Halborg	(JH)	Deputy Chief Nursing Officer GEH (deputising for the Chief Nursing Officer GEH)
Richard Haynes	(Rha)	Director of Communications WAHT
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Alison Koeltgen	(AK)	Chief People Officer WAHT
Rosie Kneafsey	(RK)	ANED GEH
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KL)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Tom Morgan-Jones	(TMJ)	Deputy Chief Medical Officer WVT (deputising for Chief Medical Officer WVT)
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
Barti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
James Turner	(JT)	Head of Communications and Engagement GEH
Jules Walton	(JW)	Deputy Chief Medical Officer WAHT

There were four SWFT Governors, and three guest observers in attendance. There was one member of the pubic in attendance.

MINUTE		**ACTION**
24.032	**APOLOGIES FOR ABSENCE** Apologies for absence were received from: Paul Capener, ANED GEH; Paramjit Gil, Nominated NED SWFT; Sophie Gilkes, Chief Strategy Officer SWFT; Natalie Green, Chief Nursing Officer GEH; Mark Hetherington, ANED GEH; Julie Houlder, NED and Vice Chair GEH; Simone Jordan, NED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Dame Julie Moore, NED WAHT; Andrew Parker, Chief Operating Officer WVT; and Jo Rouse, NED WVT. **Resolved – that the position be noted.**	
24.033	**DECLARATIONS OF INTEREST**	

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

Public Minutes of the Foundation Group Boards Meeting
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MINUTE		ACTION
	The Group Chairman declared that his son had been made the Director of Strategy for GB UK Group Limited. **Resolved – that the position be noted.**	
24.034	**PUBLIC MINUTES OF THE MEETING HELD ON 7 FEBRUARY 2024** Mr Lappin (ANED WVT) noted that his title was incorrect and needed amending to be Associate Non-Executive Director of WVT. **Resolved – that the public minutes of the meeting held on 7 February 2024 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
24.035	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.035.01	Foundation Group Performance Report (minutes 23.058, 23.080.01 and 24.007.02 refers) The Managing Director for GEH confirmed that the cancer diagnosis following Emergency Department (ED) attendance data had been received. She shared this with the Foundation Group Boards and explained that GEH was an outlier. The next piece of work was to understand why GEH were an outlier and where any adjustments needed to be made. The Group Chairman requested that the action remain open and the Managing Director of GEH provide an update on the progress of GEH next time. **Resolved – that the GEH cancer diagnosis from ED attendance update be provided at the August 2024 meeting.**	**CF**
24.035.02	Deep Dive into Additional Performance Measures – Theatre Productivity (minutes 23.060 and 24.007 refers) The Chief Operating Officer for GEH confirmed that Theatre Productivity was being worked through as part of the Deep Dives schedule of the Chief Operating Officers. He assured the Foundation Group Boards that Theatre Productivity would be picked up at the August 2024 meeting as a deep dive. **Resolved – that the Chief Operating Officers look into recording Theatre Utilisation data by cost per minute rather than by a percentage.**	**COOs**
24.035.03	Equality Update – NHS Equality Delivery Scheme (EDS) (minute 24.013 refers) The Chief Operating Officer for SWFT/GEH confirmed that the EDI leads were working through the EDS assessment work and acting as peers for each other. As part of the work, they were ensuring that the EDS report captured citizens from Groups which were harder to reach.	

MINUTE		ACTION
	Resolved – that the position be noted.	
24.036	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chairman provided an overview of the discussions from the Foundation Group Workshop. He highlighted the four sessions that made up the Foundation Group Boards Workshop which included guest speaker, Sir Jim Mackey, Chief Executive Newcastle Upon Tyne Hospitals NHS Foundation Trust and National Director of Elective Recovery. The Group Chairman explained that Sir Jim Mackey's update included encouraging the Foundation Group to continue sharing best practice at pace with a particular focus on integration at place and productivity. The Group Chairman continued that there had been an update on the Foundation Group's approach to being a flexible employer, followed by an update on Warwickshire's Discharge Front Runner Programme and Herefordshire Better Care Fund. He took the time to highlight the importance of Flow and the work taking place across the organisations to minimise length of stay. The Group Chairman concluded that the Foundation Group Boards Workshop ended with a session from Partners at Weightmans LLP on the four Boards legal responsibilities individually and as a collective. **Resolved – that the position be noted.**	
24.037	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT provided an update on WVT's key performance data. She highlighted that Theatre Productivity was a concern despite being an improving picture. Theatre Productivity had improved from seventy-five percent to eighty percent, however productivity needed to be eighty-five percent to meet the National standard. The Managing Director for WVT explained that Theatre usage had become a focus as well as productivity and improvement was being seen. The Managing Director for WVT noted that sickness levels at WVT were the lowest they had been at four percent however this was being monitored with a focus on health and wellbeing to ensure they stayed low. The Managing Director for WVT informed the Foundation Group Boards that she was most proud of Cancer performance, with WVT having met the February and March 2024 Faster Diagnosis Standard. This had exceeded the National target for March 2025. She then confirmed that WVT were on track to exceed the 62-day performance target nationally of seventy percent by March 2025, meaning sustainable improvement in Cancer pathways for the Trust. The Managing Director for SWFT provided an update on SWFT's key performance data. He focused initially on SWFT's ED performance highlighting how 300 attendances in a day used to be unheard of but had now become	

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routine. He explained how this demonstrated the immense increase in demand on services. However, the Managing Director for SWFT celebrated how the ED teams had coped, with SWFT ending March 2024 as one of the top performing Trusts nationally for four-hour performance and ambulance handover times. This supported the approach SWFT had taken to address flow across the hospital to support pressures in ED. The Managing Director for SWFT informed the Foundation Group Boards that SWFT should be able to access a portion of capital funding for being a top performing Trust but also for the improvement seen between January and March 2024. He took the time to thank the Operational Teams and the Chief Operating Officer for SWFT. The Managing Director for SWFT explained that he was closely monitoring Cancer and Diagnostics waits across the Trust. He explained that SWFT were slightly below the trajectory for the 62-day standard for Cancer performance, and they were below the desired position for Diagnostic waits. He explained that this was mainly due to particularly high referral numbers seen in the last twelve months, and performance in non-obstetric ultrasound. The Managing Director for SWFT continued that despite this, both had seen real improvement in recent months, partly due to investment in staffing and would remain an area of focus to ensure that improvement was maintained. The Managing Director for SWFT informed the Foundation Group Boards that he was most worried about Orthodontics and Orthodontic waits. The Trust had done well to reduce long waits across all services and had no patients waiting longer than 65 weeks at the end of 2023, apart from in Orthodontics. He continued that there was a national issue for recruitment to Orthodontic Services and SWFT had been working with the Integrated Care Board (ICB) and NHS England (NHSE) for support due to the lack of capacity to get through their waiting list. The Managing Director assured the Foundation Group Boards that the Trust had been informed that there were providers who were willing to support the Trust, and therefore improvement should be seen in coming months.

The Managing Director for GEH provided the Foundation Group Boards with an update on GEH's key performance data. She highlighted that GEH had exceeded the 76 percent standard for four-hour performance, however this was under challenging conditions and flow remained a challenge with delays for patients waiting admission still high. The Managing Director for GEH added that ambulance performance had improved in to April 2024. She took the time to thank the Operational teams for delivering the standards that they had been given despite the pressures. The Managing Director for GEH informed the Foundation Group Boards that both mortality figures, SHMI (Summary Hospital-Level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratios) were within expected range, and SHMI had reduced further since the report had been published. She highlighted that it was pleasing to see both mortality figures in expected range for the first time in a while. The Managing Director for GEH explained that she was pleased to report an improvement in the Cancer 28-day Referral to Diagnostic Confirmation Standard which the Trust had been struggling to achieve. She added there had also been an improvement in the 62-days for treatment figure, however there was still work to do. The Managing Director for GEH continued that the Referral to Treatment

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	(RTT) figures were improving, with the Trust hoping to eliminate patients waiting 65-weeks or longer by the end of May 2024. She concluded by highlighting the work that GEH were doing on Theatre Utilisation, and this had been aided by opening two new wards to co-locate surgical services together, meaning patients were able to recover on wards and not in operating theatres. The Managing Director for WAHT provided an overview of WAHT key performance areas. He explained that ED had seen improvements in similar areas to the rest of the Foundation Group Trusts, which was pleasing, but particularly there had been an improvement in Handover delays which had been an issue for WAHT for a while. The Managing Director for WAHT explained that there had been a high-risk number of attendances through the ED department, especially walk-ins, and therefore the Trust was completing an attendance audit with the ICB. In terms of Cancer Performance, the Trust had had over 400 patients waiting over 62-days, and this had now been reduced to under190 for which the Trust had received a letter of thanks from the National Cancer Team. The Managing Director for WAHT highlighted WAHT work around RTT 78-weeks breaches, which had been reduced from 150 to 27. He added that there was a plan in place to eliminate 78-week-waits completely by the end of July 2024. The Managing Director for WAHT thanked WVT for their work with WAHT around fragile services to put more robust plans in place. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive started by celebrating WAHT's improvement achievements, particularly around Cancer and their letter from the National Cancer Team. He expressed the importance of Theatre Utilisation, highlighting that the theatre start time analysis in the Foundation Group Performance report indicated that the majority of theatre lists were not starting on time. The Foundation Group Chief Executive explained that often it was about not having the first bed availability for the first patient as this would inevitably delay theatre starting. He expressed the need to ensure robust plans were in place to prevent this happening and therefore maximising Theatres capacity to drive down waiting lists. **<u>Resolved</u> – that the Foundation Group Performance Report be received and noted.**	
24.038	**<u>DEEP DIVE INTO URGENT AND EMERGENCY CARE (UEC)</u>** The Chief Operating Officer for GEH presented the Deep Dive into UEC to the Foundation Group Boards. He explained that as a group the Chief Operating Officers from across the Foundation Group work together on a range of topics to share best practice and learnings. The Chief Operating Officer for GEH added that the Chief Operating Officers had focused on Same Day Emergency Care (SDEC), Attendance Avoidance, Admission and Discharge Pathways and Virtual Wards as part of their deep dive into UEC. The Chief Operating Officer	

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for GEH highlighted that WAHT appeared to have a higher overall attendance compared to the rest of the Trusts in the Foundation Group, however their data included Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital. The Chief Operating Officer for GEH provided an overview of activity across the Group in each focus area, which highlighted key focus areas moving forward. He explained that when you looked at the data broken down in different ways, for example by type one (more unwell) attendances per 1000 population, all hospitals in the Foundation Group were largely similar but WAHT had the lowest figure despite having the highest overall attendance rate. He highlighted that looking at the data in different ways had helped the Chief Operating Officers have an overall picture and determine future focus areas. The Chief Operating Officer for GEH also presented the Virtual Wards comparison data which showed that the only Virtual Ward service that each Trust had in common was the Intravenous Outpatient (IV OPAT) service. This showed the extent that the Foundation Group could learn from each other, by using pre-existing pathways and standard operating procedures to quickly set up services elsewhere in the Foundation Group.

The Chief Operating Officer at WAHT presented the key issues, drivers, and improvements for each organisation. Key challenges across the Foundation Group were mainly around overcrowding in ED, sedate flow, bed capacity and intelligence conveyancing. The Chief Operating Officer for WAHT presented the Foundation Group Boards with the common opportunities across the Foundation Group and these included SDEC, improving Length of Stay (LoS), Single Point of Access developments, OPAT expansion, Consultant Connect learning, and developing the Virtual Ward offer. She continued by explaining the next steps which included plans to hold a Foundation Group Debrief Winter Planning Summit to identify any sharing of best practice or implementation of plans, and early preparation for next winter, to develop an SDEC Community of Practice, and to focus on Demand and Capacity on Bed Modelling and Population.

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

The Group Chief Executive thanked the Chief Operating Officers for their presentation, and highlighted how interesting it was to see their joined-up approach to working and continued improvement. He noted the Virtual Wards slide and emphasised that the challenge would be establishing how big Virtual Wards capacity was or could be. Therefore, the demand and capacity work within the future work plans of the Chief Operating Officers was important to provide the answer, but also to determine whether the current services offered on Virtual Wards were the right services to maximise capacity.

The Group Chairman took the time to remind the public of the current pressure faced by the NHS and in particular ED departments. He expressed the need for members of the public to do their part in looking after themselves, however

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	assured them that if they needed to attend Accident and Emergency (A&E) then the NHS teams were there to look after them. A discussion took place on A&E attendances and the need to discharge patients quickly if they could be seen elsewhere. **Resolved – that the Deep Dive into UEC be received and noted.**	
24.039	**SAFE STAFFING OVERVIEW** The Chief Nursing Officer for SWFT presented the Safe Staffing Overview to the Foundation Group Boards. She explained that the purpose of the Safe Staffing Overview was to ensure the right number of staff with the right skills were deployed to the right place to meet the demand at the time, but this had to be balanced with the need of the staff as well. The Dashboard showed all Trusts in the Foundation Group were fairly consistent with their Nurse Staffing Key Performance Indicators (KPIs), however there was one area for SWFT that she was looking into which was vacancy rates. The Chief Nursing Officer for SWFT highlighted that there was a joint risk across all Trusts, and that was the need to stop using off-framework agency companies. The Chief Nursing Officer for SWFT highlighted that this was the right thing to do however, it did pose a risk particularly around Paediatrics which was an incredibly hard speciality to recruit into. The Chief Nursing Officer for SWFT highlighted that SWFT's agency and bank spend had improved, particularly around Nurse agency spend. She concluded by informing the Foundation Group Boards that she was Chair of Project 1000 which was a project in the Coventry and Warwick System to recruit and retain 1000 more nurses over the period of three years. The Chief Nursing Officer for WVT presented WVT's overview to the Foundation Group Boards and explained that the position was largely similar to quarter three (Q3) given the winter period. She highlighted the Trust's strong vacancy position, however noted that this would deteriorate slightly in quarter one (Q1) due to the changing of the Nurse staffing establishments in line with acuity reviews. The Chief Nursing Officer for WVT explained that previously WVT was an outlier with its time-out provision and this was now aligned to the rest of the Foundation Group. She added that sickness performance had improved and WVT had ended the financial year with an improvement on agency spend, however this remained a focus area. The Chief Nursing Officer for WVT explained that she was concerned about Pressure Ulcers, and whether WVT were reporting these in the same way as the rest of the Foundation Group, and she would be working with SWFT to improve these. The Deputy Chief Nursing Officer for GEH presented GEH's overview to the Foundation Group Boards highlighted a very similar position to the rest of the Trusts in the Foundation Group. She explained that agency spend had improved significantly, with GEH already below the national target, and this would continue to be reduced over the course of the year. The Deputy Chief Nursing Officer for GEH highlighted the successful recruitment of International	

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	Nurses, and informed the Foundation Group Boards that all International Nurses were now at GEH and would be included in Nurse Staffing figures by July 2024. She explained that the Trust's current vacancy position may deteriorate in Q1 following the acuity reviews and increasing capacity with the opening of two extra wards which would need staffing. The Deputy Chief Nursing Officer for GEH expressed that she was most concerned about the continued challenge to recruit Registered Nurses, and also like WVT GEH were showing as an outlier for Pressure Ulcers which were being investigated. The Chief Nursing Officer for WAHT echoed the other Chief Nursing Officer's overviews and added that WAHT were also reducing our off-framework agencies where possible but were having to use them still for specialist 1:1 care. The Chief Nursing Officer for WAHT celebrated the incredibly low rates of harm despite the challenges around capacity currently faced in each of the Trusts within the Foundation Group. 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 their commitment to reducing agency spend across the Foundation Group. He explained that acuity reviews often highlighted the need for recruitment, and he queried whether prior to recruiting the experience of staff was taken into consideration. The Chief Nursing Officer for SWFT assured the Group Chief Executive that experience was not considered however the overall functioning of a ward and their likelihood of recruitment was factored into any decisions before recruiting. The Managing Director for WVT queried whether 1:1 specialist care was benchmarked across the Foundation Group. The Chief Nursing Officer for WAHT explained that they were not currently benchmarked, however they were incredibly low numbers. Despite this, it was something that they would be looking into to ensure a sustainable approach across the Foundation Group. **Resolved – that the Safe Staffing Overview be received and noted.**	
24.040	**IMPLEMENTATION OF THE SEXUAL SAFETY CHARTER** The Chief People Officer for GEH/SWFT presented the Implementation of the Sexual Safety Charter to the Foundation Group Boards. She explained that the Sexual Safety Charter was launched in 2023 and built on the Domestic Abuse and Sexual Violence Programme. The Sexual Safety Charter set out clearly its principles and these aligned to to each Trusts' values; that sexual harassment, inappropriate behaviours and misogynistic behaviours had no place in the organisations. The Sexual Safety Charter sets out a zero-tolerance approach to unwanted and inappropriate sexual behaviour and misogyny and set the ten principles for how to create a safe and supportive environment for all staff. The Chief People Officer for GEH/SWFT informed the Foundation Group Boards	

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	that the 2023/24 staff survey was the first year to have a question on unwanted sexual behaviour and this was included in the report for information. However, it demonstrated that across the NHS, one intwelve staff members had experienced unwanted sexual behaviour from members of the public and one in twenty-six staff members from other members of staff. The 2024/25 priorities set out that each NHS organisation should sign up to the sexual safety charter and the Chief People Officer for GEH/SWFT assured the Foundation Group Boards and members of the public that all four organisations in the Foundation Group had signed up. The Chief People Officer detailed the work that was being undertaken on the Implementation of the Sexual Safety Charter, including work on the Behaviour Value Frameworks, Communication Campaigns, Working with FTSU Guardians, improvements in terms of Sexual Safety Policies, Dignity at Work and Safeguarding Policies and support and sign posting for colleagues. Work also continued to eradicate inappropriate behaviour. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chairman drew attention to the impactful numbers of the report and how horrific they were. He highlighted that it was important to not normalise them. The Group Chairman expressed the need to ensure the Foundation Group were doing all they could to support staff and members of the public in a safe way. A discussion took place around national schemes and safe words and the Group Chairman requested that the Chief People Officers take the discussions and ideas away and discuss further. **Resolved – that** **A) the Chief People Officers discuss ways to further support staff and members of the public with national schemes and safe words, and** **B) the Implementation of the Sexual Safety Charter be received and noted.**	**CPOs**
24.041	**ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE** The Company Secretary for WAHT/WVT presented the Annual Review of Board Committee Terms of Reference to the Foundation Group Boards. She explained that the Quality Committees' terms of reference needed more work before they could be standardised so were not included in the Report. Moving forward there was also a plan to look at standardising other documents including Trust Management Boards terms of references and Finance and Performance Committee's terms of references. The Foundation Group Boards approved and ratified the combined Foundation Group terms of reference for the Audit Committee, Appointments and Remuneration Committee and Foundation Group Strategy Committee.	

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	The Foundation Group Boards received and noted the combined Foundation Group terms of reference for Charity Trustee. The Foundation Group Boards received and noted the update on the terms of reference for the Clinical Governance Committee, Quality Assurance Committee, Quality Committee and Quality Governance Committee for the individual Trusts in the Foundation Group. The Foundation Group Boards received and noted the update on the Foundation Group combined Terms of Reference for the Trust Management Board and Finance and Performance Executive. **Resolved – that the Annual Review of Board Committee Terms of Reference be approved and ratified as detailed above and received and noted as detailed above.**	
24.042	**GROUP DIGITAL TRANSFORMATION UPDATE** The Chief Digital Information Officer for WAHT presented the Group Digital Transformation Update to the Foundation Group Boards. She explained that the report came off the back of the update that went to Foundation Group Strategy Committee in February 2024 and pre-dated the most recent update to the Committee in April 2024, hence some of the timelines in the paper needed to be revisited. The Chief Digital Technology Officer for WAHT explained that there was a need to lean into technology and avoid technology silos to maximise productivity and improve efficiency, whilst also improving patient and workforce experience. She explained that Doctor Tim Ferriss had recently been welcomed back to NHSE and he was previously the National Transformation Director, with a real focus on digital convergence and the benefit that digital convergence could bring to everybody. The Chief Digital Transformation Officer for WAHT expressed that it was also important to embrace digital initiatives to support the gap around health inequalities. She added that the paper detailed how to leverage at scale the Digital Data and Technology (DDAT) portfolio across all functions. It also detailed how to work together to build on work that had already been done specifically by the Group Analytics Board (GAB), however recognised the different levels of digital maturity across the Foundation Group. The Chief Digital Transformation Officer for WAHT explained that the Group Informatics Proposal articulated five frames of reference for work through the DDAT portfolio which was Strategic Digital Leadership, Business Intelligence and Informatics, Digital Applications, Implementation and Optimization Infrastructure, and Innovation and Engagement. She continued that recently, there had been the publication of the Digital Maturity Assessment that was a national assessment with over 480 questions relating to digital maturity and digital capabilities. She expressed how the Digital Maturity Assessment would form a baseline to be unable to work and centre investment. The Chief Digital Transformation Officer for WAHT concluded by explaining that there was going	

MINUTE		ACTION
	to be £3.2 billion available for NHS Technology and we need to work together to understand how we can leverage tech to increase productivity. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive thanked the Chief Digital Information Officer for WAHT for her work on developing a more resilient analytics service across the Foundation Group. He highlighted that the Group Digital Transformation Proposal and leadership structure would not take away the need for the individual Trust's accountability and ownership. The Group Chief Executive noted the reference to the NHS Technology funding coming in 2025 and that now was the time to focus on the Group Informatics and Technology Leadership and strategic approach in readiness for the investment. The Managing Director for WVT queried how the workstreams were going to report back to the four Boards and requested that the Chief Digital Transformation Officer for WAHT work through this. The Foundation Group Boards approved and ratified the Group Digital Transformation Proposal recognising that: • the proposed leadership structure would not take away the need for individual Trust's accountability and ownership; • specific analytical elements would be further developed through the established GAB structure and approach; and • the timelines set out in the paper would be revisited. **Resolved – that the** **A) the Chief Digital Transformation Officer for WAHT work through the reporting structure of the workstreams, and** **B) the Group Digital Transformation Proposal be approved and ratified.**	**VL**
24.043	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING HELD ON THE 16 APRIL 2024** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting on the 16th April 2024. **Resolved – that Foundation Group Strategy Committee Report from the Meeting held on the 16th April 2024 be received and noted.**	
24.044	**FIT AND PROPER PERSONS TEST ANNUAL DECLARATIONS** The Trust Secretary for SWFT/GEH presented the Fit and Proper Persons Test Annual Declarations to the Foundation Group Boards. She explained that the	

MINUTE		ACTION
	new Fit and Proper Persons Framework for Board members was published in August 2023. The report demonstrates that all Board Members within the Foundation Group are compliant with the new Framework, and all Board Members (voting and non-voting) have completed their annual declarations. The Trust Secretary for SWFT/GEH and the Trust Secretary for WAHT/WVT have completed Fit and Proper Persons checks. **Resolved – that the Fit and Proper Persons Test Annual Declarations be received and noted.**	
24.045	**ANY OTHER BUSINESS** There was no further business discussed. **Resolved – that the position be noted.**	
24.046	**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: *'There is reference in the Deep Dive on UEC in the SWFT section to a private ambulance. Are SWFT providing this service or using this service and to what end?''* The Chief Operating Officer for SWFT explained that SWFT had been using a private ambulance service for patients that were waiting to be discharged back to their usual place of residence. Usually this would be provided by West Midland Ambulance Service (WMAS), however WMAS they had been incredibly strained with the increase in demand especially over the winter months. The Chief Operating Officer for SWFT added that SWFT therefore employed the support from a private ambulance company which had helped maintain flow and prevented longer lengths of stay for patients. **Resolved – that the position be noted.**	
24.047	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
24.048	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
24.049	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
24.050	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 FEBRUARY 2024**	

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

Public Minutes of the Foundation Group Boards Meeting
Held on Thursday 2 May 2024 at 1.30pm via Microsoft Teams

MINUTE		ACTION
24.051	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.052	**FOUNDATION GROUP LITIGATION BENCHMARKING**	
24.053	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 JANUARY 2024**	
24.054	**ANY OTHER CONFIDENTIAL BUSINESS**	
24.055	**ELECTRONIC PATIENT RECORDS (EPR) UPDATE AND APPROVAL**	
24.056	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on 7 August 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman) Date: 7 August 2024
Russell Hardy

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 – 7 AUGUST 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
24.040 (02.05.2024) Implementation of the Sexual Safety Charter	The Chief People Officers discuss ways to further support staff and members of the public with national schemes and safe words.	G Nic Philib / Geoffrey Etule / A Keoltgen	Complete - Our People teams continue to share best practice across the group and are linked into the regional Social Partnership Forum, where embedding and progressing the Sexual Safety Charter remains an area of priority focus.
23.060 (02.08.2023), 24.007.03, 24.009 (07.02.2024) and 24.035.02 (02.05.2024) 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. 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 H Heran / R Snead / A Parker / H Lancaster	Complete - Chief Operating Officers (COOs) are in the process of recalculating theatre productivity to include an indication of the resource cost per unit. Theatre Productivity and Utilisation is included in the Chief Finance Officer's Update on Finance and Productivity at the August 2024 meeting
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023), 23.058 (02.08.2023),	The Managing Director of GEH provide an update on why GEH were an outlier for cancer diagnosis from	C Free	An audit will be undertaken in with the Urgent and Emergency Care (UEC) team

AGENDA ITEM	ACTION	LEAD	COMMENT
24.007.02 (07.02.2024) and 24.035.01 (02.05.2024) Foundation Group Performance Report	Emergency Department (ED) attendance at the next Foundation Group Boards meeting.		to prospectively understand the reasons that are driving the number of patients being referred to Cancer pathways from ED. This has been delayed and will take part in August 2024.
24.042 (02.05.2024) Group Informatics Proposal	The Chief Digital Transformation Officer for WAHT work through the reporting structure of the workstreams.	V Lewis / Interim Chief Digital and Technology Officer	WAHT Informatics lead implementing Group Information network arrangements. Group Strategic Digital Advisor posts to be recruited to following the departure of V Lewis
REPORTS SCHEDULED FOR FUTURE MEETINGS			

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

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

Foundation Group Performance Overview

Group Analytics

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

	Indicator	Standard	Latest Data	Benchmark		Latest Data	Wye Valley NHS Trust(WVT) Current Month	Wye Valley NHS Trust(WVT) Year to Date	Wye Valley NHS Trust(WVT) Trend - Dec 2019 to date	Wye Valley NHS Trust(WVT) DQ Mark	South Warwickshire University NHS Foundation Trust(SWFT) Current Month	South Warwickshire University NHS Foundation Trust(SWFT) Year to Date	South Warwickshire University NHS Foundation Trust(SWFT) Trend - Dec 2019 to date	South Warwickshire University NHS Foundation Trust(SWFT) DQ Mark	George Eliot Hospital NHS Trust(GEH) Current Month	George Eliot Hospital NHS Trust(GEH) Year to Date	George Eliot Hospital NHS Trust(GEH) Trend - Dec 2019 to date	George Eliot Hospital NHS Trust(GEH) DQ Mark	Worcestershire Acute Hospitals NHS Trust(WAH) Current Month	Worcestershire Acute Hospitals NHS Trust(WAH) Year to Date	Worcestershire Acute Hospitals NHS Trust(WAH) Trend - Dec 2019 to date	Worcestershire Acute Hospitals NHS Trust(WAH) DQ Mark
Urgent and emergency care	ED 4 hour standard	78%	Jun-24	National	74.6%	Jun-24	66.4%	67.8%			71.5%	73.0%			76.4%	75.5%			67.8%	66.2%		
				Midlands	70.1%																	
	Ambulance Handovers < 30 mins (%)	98%				Jun-24	66.4%	73.0%			90.8%	89.7%			64.6%	63.5%			63.6%	62.7%		
	Ambulance Handovers < 60 mins (%)	100%				Jun-24	84.6%	88.0%			97.4%	96.9%			93.2%	91.2%			78.3%	77.2%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%				Jun-24	45.8%	46.4%			44.4%	43.2%			48.3%	44.9%			38.2%	40.7%		
	General and Acute (G&A) Occupancy(Adult)	< 92%	Jun-24	National	94.4%	Jun-24	100.0%	100.0%			96.6%	96.4%			99.2%	99.5%			94.9%	95.8%		
				Midlands	95.1%																	
MFFD	% of occupied beds considered fit for discharge	5%				Jun-24	14%				21%				17%				14%			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Mar 2023 to Feb 2024	National	1.0	Mar 2023 to Feb 2024	Within expected range	1.003			Within expected range	1.0328			Within expected range	1.0591			Within expected range	1.0299		
Work force	Staff Sickness	4%	Feb-24	National	5.0%	Jun-24	4.8%				4.8%			N/A	4.6%				5.3%			
				Midlands	5.5%																	
Cancer	Cancer 62 day waits	0				May-24	63				165				54				176			
	28 day referral to diagnosis confirmation to patients	77%	May-24	National	76.4%	May-24	77.2%				77.4%				77.9%				80.0%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				Jun-24	1285				849				225				1980			
	RTT 78 week waiters (English Only)	0					15				9				0				4			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	May-24	National	58.2%		55.8%				64.2%				60.7%				56.1%			
Theatres	Theatre Utilisation (Capped)	85%	Jun-24	National	77.6%	Jun-24	79.7%	78.3%			83.0%	83.6%			81.0%	82.2%			82.3%	82.3%		
	Theatre Utilisation (Uncapped)	85%	Jun-24	National	82.0%		83.0%	82.5%			85.8%	86.2%			83.6%	79.0%			84.8%	85.0%		
	% Starting on time (early or within 5 minutes)						37.1%	9.4%			39.0%	41.3%			9.6%	9.5%			21.4%	20.4%		
Outpatients	PIFU Rate	5%				Jun-24	4.1%	4.2%			5.2%	4.8%			3.0%	2.7%			5.0%	5.0%		
	DNA rate	<4%					6.5%	6.4%			5.8%	5.7%			6.7%	7.0%			5.3%	5.1%		
	Slot Utilisation	90%					87.6%	87.4%			82.8%	87.7%			80.3%	82.0%			89.3%	89.3%		

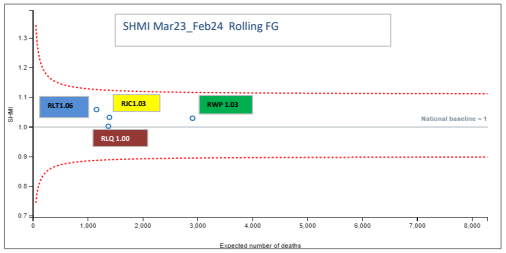
Foundation Group Key Metrics

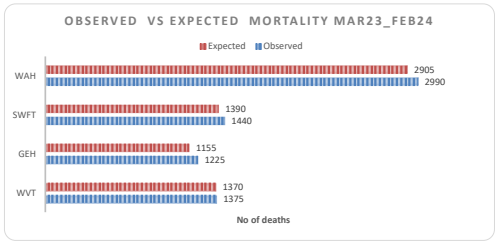
Group Analytics

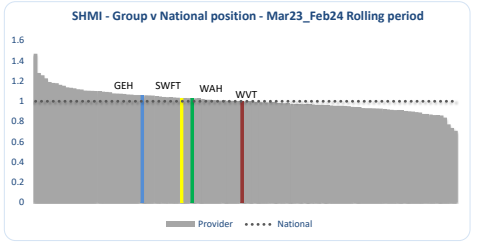
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

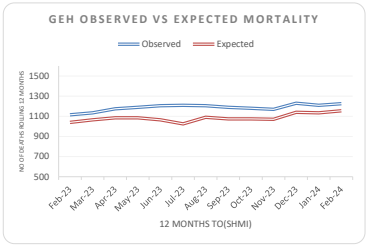
Summary Hospital-level Mortality Indicator (SHMI)- rolling 12 month positions

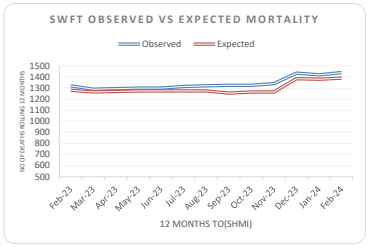
Trust	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
GEH	1.11	1.11	1.09	1.10	1.10	1.10	1.11	1.11	1.13	1.11	1.10	1.08	1.07	1.07	1.08	1.10	1.13	1.18	1.11	1.11	1.10	1.09	1.08	1.06	1.06
SWFT	0.98	1.00	1.01	1.03	1.03	1.05	1.05	1.05	1.07	1.04	1.04	1.04	1.03	1.02	1.02	1.02	1.02	1.03	1.04	1.05	1.05	1.06	1.03	1.03	1.03
WAH	1.05	1.05	1.05	1.05	1.05	1.04	1.05	1.04	1.04	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.05	1.06	1.04	1.03
WVT	1.13	1.10	1.10	1.09	1.09	1.07	1.21	1.04	1.03	1.03	1.04	1.01	1.02	1.02	1.02	1.01	1.01	1.03	1.03	1.03	1.02	1.02	1.02	1.02	1.00

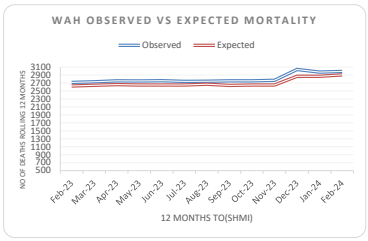


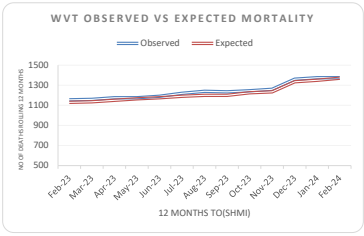












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Latest provisional NHS Digital Summary Hospital-level Mortality Indicator (SHMI) for the period April 2023 – March 2024 has reported a further reduction at WVT and now sits under the national average for the first time at 98.

The latest SHMI-HES (Hospital Episode Statistics) data reports an overall positive quarter for our mortality outlier groups with many of our key areas reporting significant reductions and returning to 'as expected' levels. Some key areas to note include Heart Failure, who reported their 7th consecutive monthly reduction to 107.9. Pneumonia, which is our biggest cohort of deaths, has returned to lower than expected mortality rates at 98.5. A third consecutive fall in the fracture neck of femur (#NOF) mortality rates, which continues the positive downward trajectory and a return to as expected levels.

Although our stroke mortality rates still remain within 'as expected' ranges, they have been rising over the past 6 months and the SHMI (April 2023 - March 2024) sits at 111. Further work is being undertaken, in conjunction with Public Health, to better understand the data and the rising rates across Herefordshire. In addition, for all deaths on the stroke ward, the clinical lead ensures that all cases receive a Structured Judgement Review. The findings and learning from these reviews feed directly into both their local divisional governance and the Learning from Deaths (LfD) Committee. At the latest committee, the clinical lead presented a summary of the cases he has reviewed, which for the most part suggested a good level of care provided to our patients.

Local crude mortality rate for the latest quarter remain within expected ranges with no significant spikes identified. For the latest month, June 2024 was 1.7% for all admissions.

Our local LFD Committee and Mortality Review Panel (MRP) have now been running since April 2024. Our MRP provides a dedicated monthly forum for our leads to review escalated cases, allowing positive cross-divisional discussions and shared learning. The LfD Committee is also another monthly meeting but provides our Mortality Leads the opportunity to update on their areas, including comments on the latest data and learning from their Structured Judgement Reviews (SJRs) conducted.

During the Q1 24/25, 293 cases received a Medical Examiner (ME) review, with 46 cases escalated for further review by the specialty. 100% of acute deaths were reviewed by the MEs. In addition the Medical Examiner Service has reviewed 106 cases from the community as General Practitioners (GPs) begin to refer into the service prior to forthcoming national rollout in September.

Continued progress with the implementation of In-Phase, our digital mortality review system, which will capture all information from ME scrutiny, SJR and through to Panel review. The system will provide a greater level of analysis in understanding our performance across the Trust, along with identifying key themes of learning.

George Eliot Hospital NHS Trust (GEH)

SHMI for GEH remains with the expected range when compared to England. Cancer of the Bronchus is a diagnosis group that is higher than expected and is currently being reviewed. All other diagnosis groups are within the expected range. Outcomes from mortality reviews both SJR and directorate reviews at morbidity and mortality (M&M) indicate that care is 'Good or Excellent'. SHMI is reviewed on a monthly basis at the Mortality Deteriorating Patient Group (MDPG) and shared with each directorate via Directorate Learning from Deaths data.

South Warwickshire University NHS Foundation Trust (SWFT)

This report covers the period January 2023 to December 2023 inclusive.

SHMI has remained within National control limits at 1.03. The Mortality Surveillance Committee (MSC) is aware and deep-dives have been instructed in the areas where Risk Adjusted Mortality Index (RAMI) has risen. The coding team continue to work with the clinical team to improve the depth 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. No care issues have been identified thus far. Our benchmarking partner CHKS continues to monitor any trends in mortality rates which allow us to act quickly to investigate.

The in-house Mortality Dashboard is live. This will allow information to be pulled from the database of mortality reviews and inform greater learning from deaths. We are also looking at other software options, such as InPhase, for a more dynamic approach to Mortality.

All deaths at SWFT are now reviewed by either the Coroner or by the ME team. Scrutiny around avoidability of deaths is essential to ensure good quality of patient care. Any deaths where care concerns have been raised are thoroughly investigated by the patient safety team and brought back to the Significant Events Committee, then the MSC to assess avoidability and then to the Clinical Governance Committee (CGC).

Worcestershire Acute Hospitals NHS Trust (WAH)

Our 'official' SHMI for the 12 months to February 2024 is 1.03 and is described as 'as expected'. This will be the 55th consecutive month we will have reported an 'as expected' SHMI. For context, our SHMI this time last year was 1.04, dropped to 1.03 for the 12 months to August 2023 and went as high as 1.06 in December following on from the methodological changes previously outlined.

Based on our SHMI to February 2024, the methodological changes appear to have added in the region of 3,000 additional spells into our component of the SHMI model. This has resulted in about 220 additional observed deaths and 250 expected deaths.

The inclusion of Covid-19 has played a part in this. The inclusion of Covid-19 is likely to have added 1,600 spells to our SHMI model and a resulting 70 observed and 50 expected deaths.

Elective recovery will also continue to be adding the overall number of spells included regardless of the methodological changes. It is noteworthy that, according to the SHMI data, our elective spells is currently (as of February 2024) at 74% of where we were pre-pandemic (Dec 19). This, however, is not going to have added to our expected or observed mortality.

Both Worcestershire Royal Hospital(WRH) and the Alexandra Hospital(ALX) sites have 'as expected' SHMIs. That said the ALX continues to have a higher SHMI than WRH (1.12 vs 0.99).

Changes to the SHMI appear to have exaggerated this effect at the ALX. However, this does not appear to have worsened now that we are three months into the new

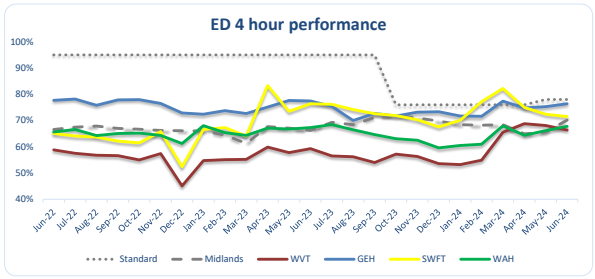
Foundation Group Key Metrics

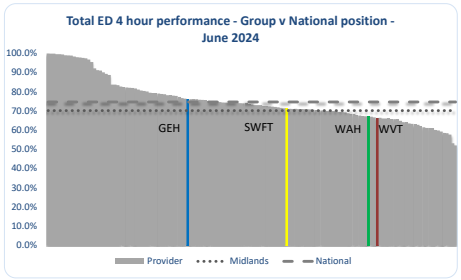
Group Analytics

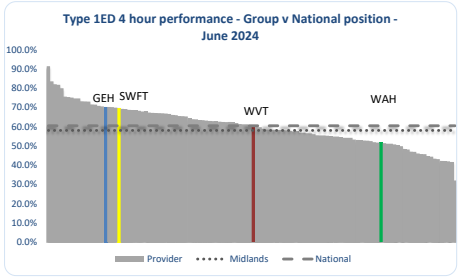
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

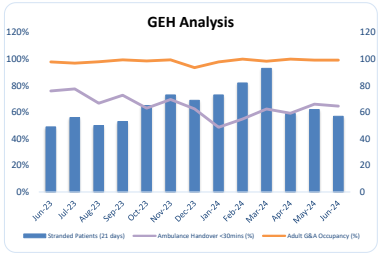
Emergency Department (ED) 4 hour Performance

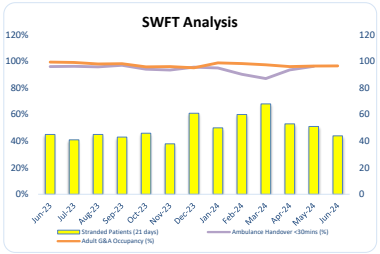
Trust	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	YTD
GEH	77.7%	78.2%	75.8%	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	75.5%
SWFT	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%	75.0%	72.4%	71.5%	73.0%
WAH	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%	64.4%	66.2%	67.8%	66.2%
WVT	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%	68.8%	68.1%	66.4%	67.8%

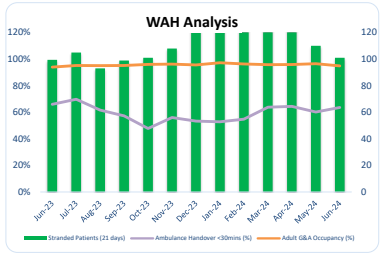


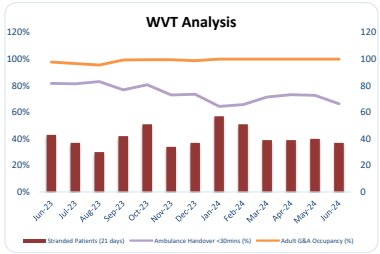












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Our 4 hour Emergency Access Standard (EAS) remains in the upper 60%s at 67% for June with our Type 1 Performance at 61%, which is the middle of all English Trusts. Like other Trusts we have seen an increase in the daily average of attendance compared with last year. June 2024 saw a 4% increase in Type 1 attendances compared with last year. The range of all types of attendances varied from 180 to 302 with 244 being the average daily attendances.

Our Valuing Patients Time Programme Board (VPTB) has oversight of the current Urgent and Emergency Care (UEC) improvement schemes:

- Improvements to Emergency Department (ED) processes. Work continues to embed some of the successful trials including the navigator role and the minor illness service. We have seen our Minor performance improve to 94% seen and discharged within 4 hours and our non-admitted patients time in the ED reduce, on average, by almost 45 minutes

-Virtual Wards. We have held workshops to look at how we can expand and improve this service and the patient pathways, to increase capacity so that we can provide this service for more patients by later this year. Includes expanding the referral pathways for some of our specialities not included on Virtual Ward and "step up" patients from Primary Care to avoid Secondary Care admissions to physical acute bed.

- We have repurposed our old Day Surgery Unit [DSU] post Elective Surgical Hub. Further to Planned Estates work across ED / Acute Floor in September / October we had an opportunity to increase for Summer non-elective bed base and we made some changes in mid-July by creating our old Day Surgery Unit (DSU) into a short stay elective area on old Day Surgery Unit and there increasing the Medical inpatient beds by 8 and cohort increased numbers of medical outlier on to one Ward. This should see patients being reviewed quickly and Length of Stay [LOS] reduce as this cohort of patients are now being a managed on one Medical ward.

Missed Opportunities Audit has been feedback via NHS England who conducted a "live" audit of our attendances. This learning included how we could streaming more into our Same Day Emergency Care (SDEC) unit, improve our specialities responsiveness to ED and how we need to educate and promote care closer to home through navigation early at the ED front door.

George Eliot Hospital NHS Trust (GEH)

4 hour performance

ED attendances have continued to stay significantly high. Despite high attendances and high bed occupancy, 4hr performance has improved. GEH achieved the EAS of 76% and are continuing to strive towards the minimum target of 78%, with actions in place across the Trust to support this.

Ambulance performance

The total number of ambulances being conveyed has continued to remain relatively static. 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.

South Warwickshire University NHS Foundation Trust (SWFT)

4 Hour Performance – Quarter 1 Performance for SWFT declined to 73.3% meeting, down up 3.3% from Q4. SWFT remain in the top ten best preforming adult trusts for Type 1 A&E performance. SWFT has seen a significant increase in attendances during Q1 with a 15% increase A&E attendances compared to Q1 last year. Conversion rate remained stable at 26.0%. In May & June SWFT saw a considerable increase in Intelligent Conveyance from the ambulance service with 169% more patients arriving in June, this was largely driven by a Heartlands 300% growth from Heartlands and 400% growth from University Hospital Coventry and Warwickshire (UHCW). SWFT has continued high levels of out of area patients self-presenting to ED. Due to the increased demand SDEC areas continue to be used and had to be bedded in some days due to the additional challenges in ED.

Ambulance performance continues to deliver excellent handover performance with more than 90% of ambulances being offloaded within 30 minutes of arrival. Most delays at SWFT were caused by West Midlands Ambulance Service (WMAS) batching intelligent conveyances together, leading to ED becoming overwhelmed for a period of time.

Worcestershire Acute Hospitals NHS Trust (WAH)

WAH continues to have more growth in patients requiring urgent care than forecasted in the annual plan. The growth is predominantly driven by walk-ins.

Statistical analysis - None of the metrics show sustained enough improvement to meet the national targets

Despite this we have seen continued improvements in a reduction of ambulance handovers of 60 mins or more, and more days with no breaches. We are still experiencing patients who are on the ED corridors and are boarded on wards.

The Trust has made significant improvement reducing the number of Long Stay patients (>21 days).

Patient Flow Programme update:
- A Frailty Strategy is in development which encompasses a Frailty SDEC, Virtual Ward and dedicated Geriatric Emergency Medicine Services (GEMS). This will target a reduction in LOS for the General Medicine Frail patients.
- Virtual Wards for Gynae is nearing completion.
- Discussions with NHS England (NHSE) regarding the development of a benefits realisation dataset based on Worcs dashboarding.

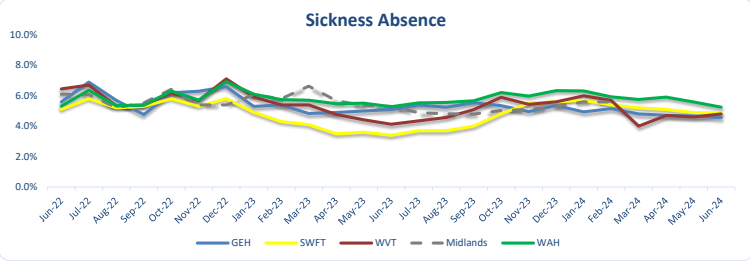
Foundation Group Key Metrics

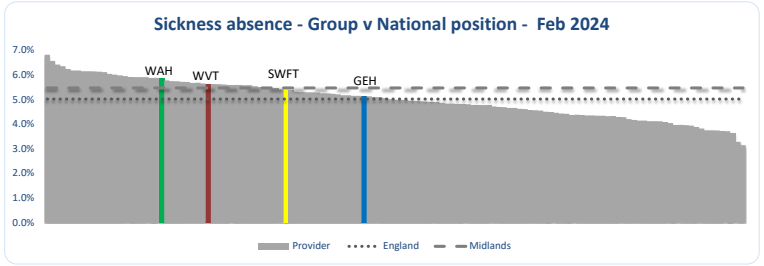
Group Analytics

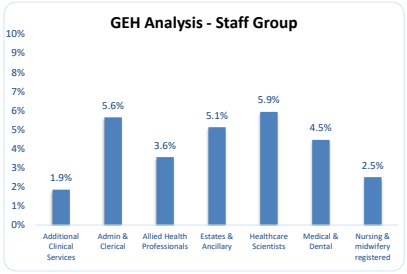
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

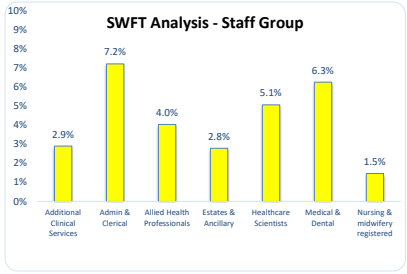
Sickness Absence All Staff Groups

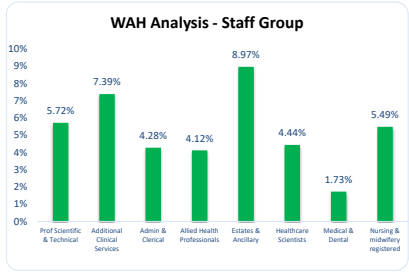
Trust	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
GEH	5.6%	6.9%	5.7%	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.7%	4.7%	4.6%
SWFT	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%	5.1%	4.9%	4.8%
WAH	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%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%
WVT	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%	4.7%	4.6%	4.8%

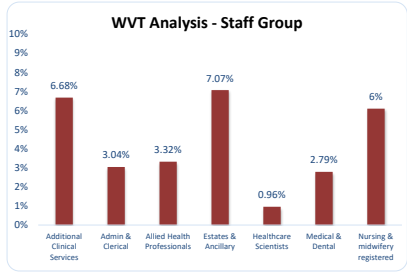












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Sickness absence has increased to 4.8% in June and with this we have seen an increase in Cold/Flu and Covid related absences; followed by gastrointestinal problems and then anxiety/stress related sickness absence. Sickness workshops providing 1:1 coaching for line managers and masterclasses are run throughout the year.

In addition to presenting detailed absence reports at Finance and Performance Executive (F&PE) meetings, the July reports will include a deep dive focus on top 100 absence cases to provide assurance that all required actions are in place such as Occupational Health input, trigger stages followed as per policy, return to work interviewed completed and recorded and flexible working options considered. These are in line with the High Impact actions on sickness management.

There continues to be positive feedback from Divisions and staff of the value for money of the staff mental health and staff physio services providing fast track access to staff in need which in turn provides positive outcomes in either keeping people in work or helping them to return earlier than they would have done without such interventions, which are a key component of the new WVT Health and Wellbeing strategy.

George Eliot Hospital NHS Trust (GEH)

· Sickness absence has reduced to 4.6%, although this remains above the Trust target of 4%, largely due to long term sickness. The People & Workforce team are working closely with managers to ensure that all long term absences have a plan in place, supported by advice from Occupational Health.

· The new Sickness Absence Management Policy has been launched, with supporting toolkits and FAQs to support line managers in the application of the policy. Extra sessions have been added to the management development toolkit sessions to ensure managers understand the changes and practicalities of the updated policy.

· The Health & Wellbeing Business Partner has commenced in post and is undertaking a baselining exercise to measure the impact of the wellbeing offers available for staff.

· A system-wide Absence Reduction task and finish group has been established to work collaboratively on the development of initiatives to reduce sickness absence.

· Sickness rates are particularly high amongst Domestic Assistants and Healthcare Support Workers. Combined with high vacancy rates, this is resulting in significant gaps. The People Promise Manager and Retention Lead are working together to improve the colleague experience for these staff groups.

South Warwickshire University NHS Foundation Trust (SWFT)

Sickness has continued to decrease following its peak in January and has reduced to 4.9% in May, but remains above the Trust target of 3.8%. It is anticipated this reduction will continue as we move into Summer and there is a focus on ensuring absences are managed.

Since February there has been a 0.51% decrease in the overall sickness absence rate, primarily as a result of a reduction in short term sickness absence.

In May the top reason for sickness continues to be Stress/Anxiety/Depression (34.61%) followed by back problems and other musculoskeletal issues (10.24%) and Gastrointestinal problems (8.91%), these three categories account for 53.76% of all sickness absences in the Trust.

Turnover remains below target at 9.93% for May 2024 which corresponds with reduced vacancies across the Trust.

Worcestershire Acute Hospitals NHS Trust (WAH)

Monthly sickness absence reduced by 0.34% in month to 5.25% which is 0.06% worse than last June.

The majority of divisions have had a reduction in sickness absence this month, with the exception of Estates and Facilities, and Urgent Care who both had an increase.

Absence due to stress remains higher than pre-pandemic levels. Women and Children's have had a large increase to 46.59% this month. Digital is showing as high but is skewed as a smaller Division.

Long term sickness has reduced significantly this month to 2.76%. Estates are high at 4.27%. There does appear to be a seasonable pattern to this overall reduction.

Our sickness is benchmarking poorly against the national position in HCA's, Estates and Ancillary, Registered Nursing and Midwifery, and Admin and Clerical.

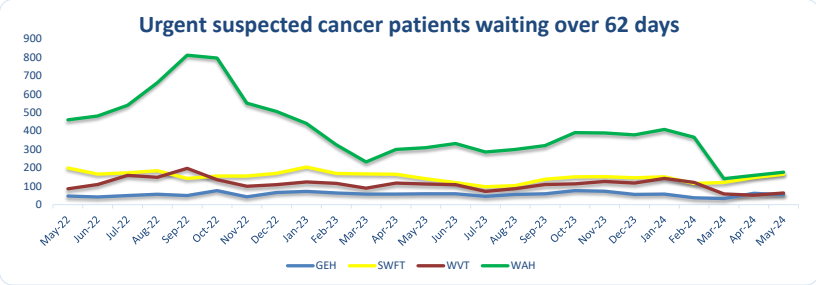
Foundation Group Key Metrics

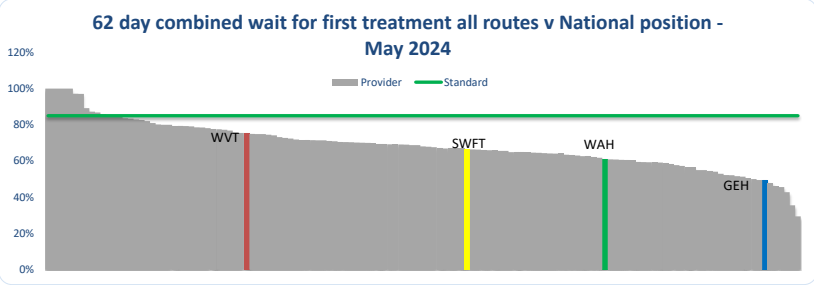
Group Analytics

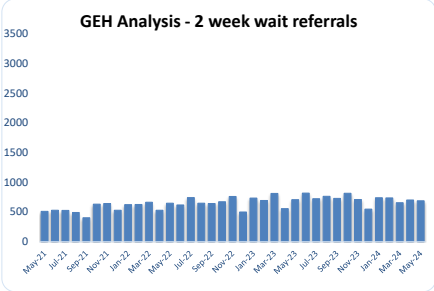
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

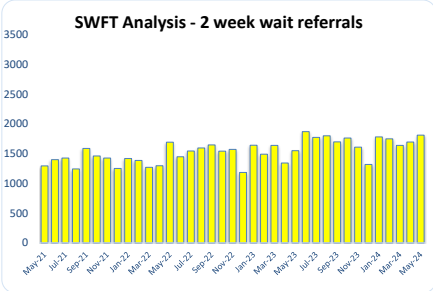
Cancer - Urgent Suspected Cancer over 62 day Waits (excluding Non Site Specific)

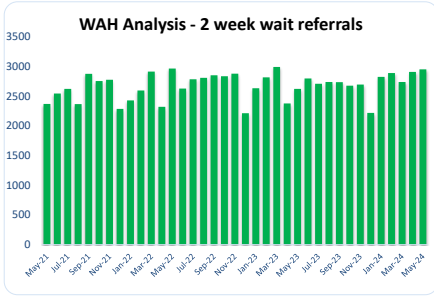
Trust	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
GEH	47	41	49	56	49	76	42	66	72	63	57	57	59	59	45	55	59	76	73	55	57	37	33	61	54
SWFT	199	166	173	184	142	155	155	170	204	169	167	165	141	120	97	103	138	151	152	146	151	115	121	147	165
WAH	461	482	540	663	812	797	551	506	441	325	232	300	309	332	286	300	321	391	389	379	409	366	141	159	176
WVT	86	109	159	148	197	135	100	108	123	115	89	117	112	108	72	87	109	113	126	117	142	121	58	51	63

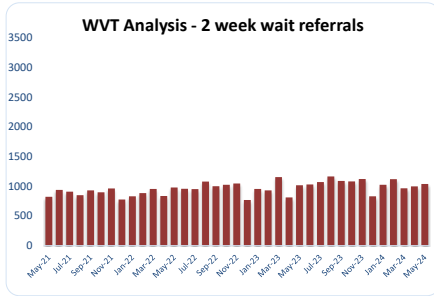












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Cancer referrals remained high with a 29.1% increase compared with 3 years ago which equated to an additional 2707 patients.

In May, the Trust's compliance with the 62-day cancer referral target of 85% was at 75.7%, with 66 patient breaches. The trust continues to work towards meeting the national target of 85%.

The Best Practice Timed Pathway analyser tools have been developed to provide improved visibility of compliance against each pathway and will be used from July for national submissions to the West Midlands Cancer Alliance

Our National reporting of our 62 day standard was impacted in May and June due to an issue with our cancer system. We have informed NHS England of our position and this issue have now been rectified for reporting going forward.

Gynaecology services are faced challenges due to administrative delays caused by workforce challenges. A working group is actively seeking solutions to mitigate these delays. The situation is expected to improve with the implementation of the Post-Menopausal Bleeding (PMB) Pathway, scheduled to go live in Quarter 3. This pathway is anticipated to reduce the number of referrals from primary care to the Trust.

We also have a shortfall in Cancer navigators, with 3 left in post, from an original 8 navigators, due to finding substantive roles elsewhere. These roles remain fixed term, with funding from Cancer Alliance.

George Eliot Hospital NHS Trust GEH

The Patient Tracking List (PTL) throughout May remained stable with 531 patients on the PTL – the majority of referrals were breast, colorectal & gynaecology. During May we saw a steady reduction of patients before ending the month with 7 patients waiting over 104 days – this aligned with our proposed trajectory for the month. Our most challenged specialities for the month were breast, urology, gynaecology and skin. A common issue for this result is patient fitness and availability during the month.

May saw an initial decrease in patients waiting over 62 days, with the month ending with 54 patients compared to the previous month's end of 61, unfortunately, we did not meet our target for the month of 48 patients, overall 62-day performance for May was 48.8%, due to treating some off our longer waits, these patients largely consisted of breast, colorectal, gynaecology, urology, skin and upper GI patients. Again the main issues at this time was the capacity within surgery to complete biopsies, repeat imaging and biopsies required due to a variety of reasons (scanty samples etc.) as well as an influx of patient choice affecting the pathway. The reliance on the breast service on diagnostics at the tertiary centre also has an impact on patient pathways due to UHCW being a breast tertiary centre for multiple hospitals in the region as well as treating their own patients. Work is being undertaken to speed this process up and bring some of the diagnostics in-house – Magnetic resonance imaging (MRI) breast, vacuum-assisted biopsies and excisions.

South Warwickshire University NHS Foundation Trust (SWFT)

For Quarter 1 (Q1) 62 day we have submitted performance for April (57.5%) and May (66.4%).

62 day 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 and Warwickshire NHS Trust (UHCW) (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 ENT is also affecting skin performance. Urology performance has improved but is still poor with many delays due to extended waits for transperineal biopsies.

SWFT continues to see high volumes of urgent suspected cancer referrals.

Worcestershire Acute Hospitals NHS Trust (WAH)

Cancer referrals in May-24 were the highest on record; however, we are still improving our 28 Day Faster Diagnosis performance.
Those patient waiting longer than 62 days (cancer backlog) continues to be reviewed and monitored daily. Quarterly targets have been confirmed at specialty level for all pathways (not just urgent suspected which was the focus in 23/24) with a year-end target of no more than 110 patients over 62 days and no patients over 104 days at the end of September. There were 218 (+20 from April) patients over 62 days at the end of May, 48 (-1 from April) of whom were over 104 days.

A focus on improving performance against the cancer waiting time standards are being driven through the Elective and Cancer Delivery Group and Cancer Board. There are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies. For patients requiring treatment at tertiary centres, the Trust is focussed on improving the day of referral to a maximum of 38 days from referral

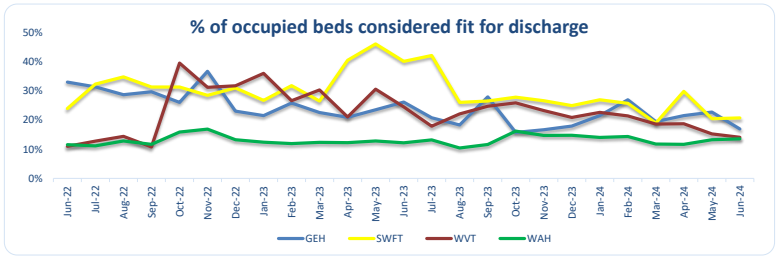
Foundation Group Key Metrics

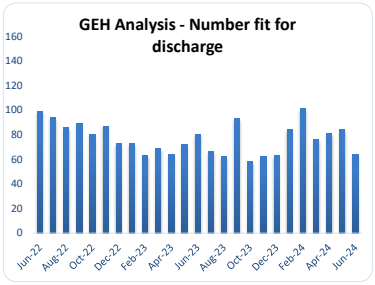
Group Analytics

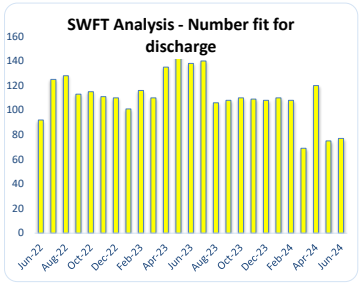
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

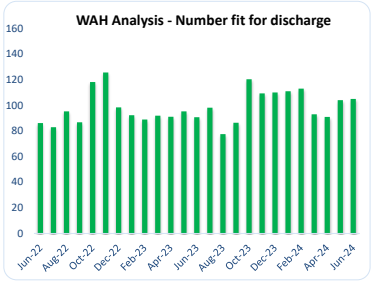
% of occupied beds considered fit for discharge

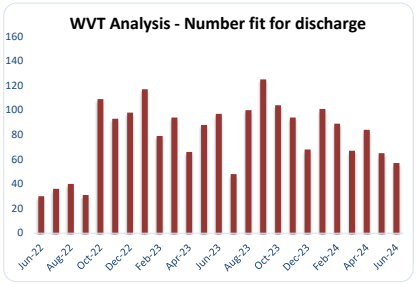
Trust	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
GEH	33.1%	31.4%	28.8%	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%
SWFT	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%	29.9%	20.5%	20.8%
WAH	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%	11.7%	13.3%	13.6%
WVT	11.0%	12.8%	14.4%	10.8%	39.6%	31.3%	31.8%	36.1%	26.7%	30.4%	21.1%	30.7%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%











Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

We continue to work with system partners and the Discharge to Assess [D2A] Board to maximise flow and reduce delayed discharges. Pathway 1 delays in Herefordshire continue to maintain the improvement we have seen since March/April this year with a more timely response and reduced delays. Our main of focus is our Pathway 0 and Pathway 2 delays.

We have implemented monthly Multi-agency Discharge Events [MADE] to focus, primarily, on Pathway 0 delays. The first event held before in the third week in June saw a significant reduction in 7 day stranded delays at the Acute Site. These events consisted on Primary Care Network General Managers, Primary Care clinicians, the Voluntary section, Non-urgent transport and our Integrated Discharge Team including Adult Social Care. Followed by communication of themes and learning.

Our bedded Discharge to Assess (D2A) capacity across the system is currently under review as part of our D2A Board. Ongoing work with Ledbury Intermediate Care Unit and the Integrated Care Board to discuss the admission criteria and the current ow bed occupancy and stabilising the medical cover for the unit needs to be resolved prior to the winter. Along with the review referral and transfer process within Hillside D2A facility in Hereford.

In September we aim to move our Virtual Ward co-ordination to our Integrated Care Division and base the team within our Community Response Hub which will be based in a new building shared with Taurus GP Federation who support our teams with our Virtual GP cover. This will be in time for a relaunch of both our Community Response Hub and Virtual Ward as we look to increase step down and implement step up beds from October.

George Eliot Hospital NHS Trust (GEH)

In June 2024 17% (a reduction of 2.5% since last reporting) of patients occupying beds in the trust do not meet the criteria to reside with the majority of patients on pathways 1-3 waiting for placements or packages of care. The trust continues to hold Multi-agency Discharge Events (MADE) and has progressed positively with length-of-stay meetings focused on expediting issues and delays. Daily system collaborative complex meetings continue with the introduction of an afternoon call to close the loop on daily actions and outcomes for patients. The system collaborative discharge event held the week commencing 15 April 2024 was really positive and has resulted in a programme of work across the system to address all actions (SCDP Programme). The SCDP has a responsible Senior Responsible Officer (SRO) and meets fortnightly tracking progress on deliverables and assurance. The top three key priorities include rehab provision, fracture pathway and choice policy. This group is also directly linked to the actions and outcomes from a recent Department of Health and Social Care (DOHSC) visit that took place on the 24 April 2024.

South Warwickshire University NHS Foundation Trust (SWFT)

Reductions in the Medically Fit For Discharge (MFFD) numbers have continued during Q1 of 2024/25, although April did see an increase towards the end of the month. March, May and June all saw percentages below 21% and these are the lowest levels that SWFT has experienced, and the performance for June 2024 is almost half of that seen in June 2023.

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%. Focus continues to energise specific areas, developing relationships to support discharge and flow into the community eg: domiciilary care with out of area colleagues to gain traction with these patients, and the Operational Programme Management Unit(OPMU) are also now involved in the review work around the collection and robustness of the MFFD data.

Worcestershire Acute Hospitals NHS Trust (WAH)

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 Decision To Admit 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.

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.

Improving the length of stay across the sites will have a significant contribution towards our productivity gain and our CIPIP programme

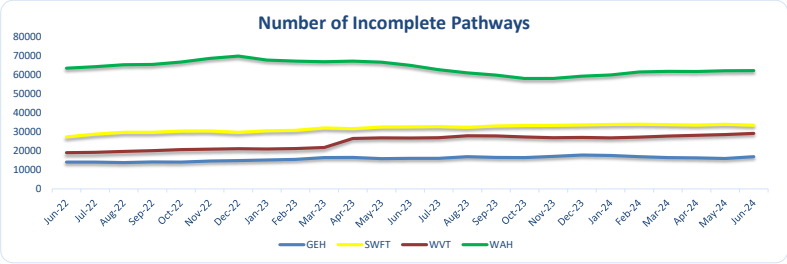
Foundation Group Key Metrics

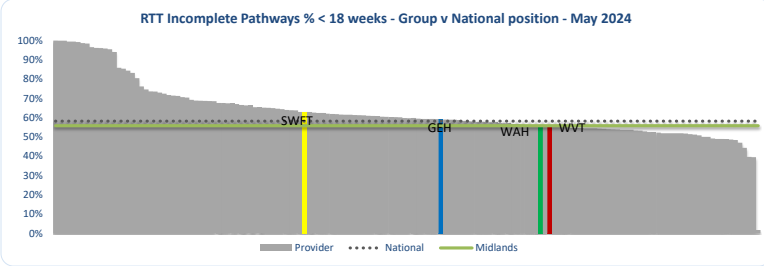
Group Analytics

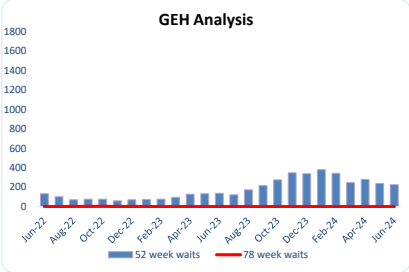
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

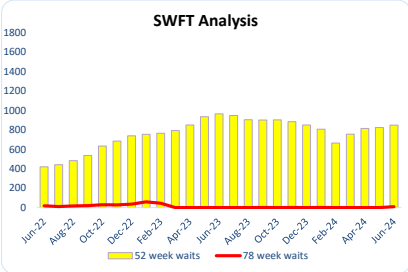
Referral to Treatment (RTT) List Size - English

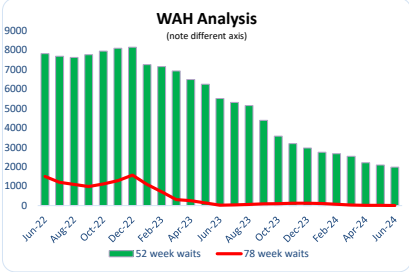
Trust	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	% change v June 23
GEH	14107	14101	13826	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	16310	15994	16958	5.8%
SWFT	27355	28767	29741	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33764	33530	33931	33,436	2.6%
WAH	63485	64284	65264	65420	66703	68628	69832	67744	67208	66840	67191	66623	64956	62700	61006	59842	58046	58058	59242	59900	61458	61753	61740	62118	62,152	-4.3%
WVT	19038	19253	19665	20112	20652	20860	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	27780	28130	28574	29,179	9.2%

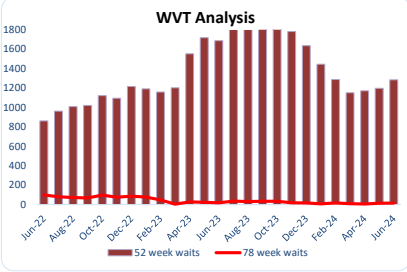












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

We are still seeing an increase in referrals, both a 10% increase from 19/20 and a 7% increase compared to our planning assumptions. The biggest increase, from 19/20, is in Ear, Nose and Throat (ENT), Cardiology, Gynaecological and Respiratory. The profile of our referrals has seen an increase in cancer referrals by 29%, Urgent referrals by 27% and Routines have reduced by 6%, compared with 19/20. Our Advise and Guidance (A&G) does remain strong with over 37%, almost 2,600 request per month, of new referrals coming via this route and 70% do not convert to a new outpatient appointment.

Although we have seen a increase in our 52 week waits ; a number of specialities have reduced the wait and our increases have been seen in specialities that have seen an increase in referrals. These specialities are also the areas were we have seen the biggest risk of 65 week waits along with the inpatient backlog with Opthalmology and Orthopaedics. The "Go Live" of our new Elective Surgical Hub will support improving the position once the summer period is over.

Our 78 week and 65 week position is a priority to resolve and although we had 8 x 78 week waits and 148 x 65 week English waits at the end of June our forecast for August is less than 100 x 65 week waits and, although we are striving for zero 65 week waits at the end of September we are likely to have 50 Orthopaedic and Opthalmology, but this remains work in progress to reduce.

George Eliot Hospital NHS Trust (GEH)

RTT -There continue to be no 78 weeks breaches and the number of 65 weeks has reduced to 9 for June, these were due to patient's choice and capacity, work is ongoing to have no 65-week breaches by the end of September 2024 and no 52-week breaches by end of March 2025. The main area of concern is general surgery who have the majority of over 65-week waiters to be treated, plans are being completed to ensure all our booked by September. there was a slight decrease in the 52-week position from 279 in April to 251 in May with overall performance at 59.15%. There has been an increase in our overall waiting list in June due to a recording error identified in Lorenzo which has now been rectified.

South Warwickshire University NHS Foundation Trust (SWFT)

The Trust's overall Referral to Treatment (RTT) performance has started to see a slight improvement in quarter 1 of 2024/25, with a low point of 60.3% in April increasing to 63.1% in June. However, the focus from NHS England remains on reducing the number of patients who have been waiting for the longest period of time.

As at the end of June 2024 SWFT had 9 patients waiting over 78 week waits, with these being patients on an Orthodontics pathway. The number of patients waiting more than 65 weeks continuing to reduce to just 58, with the majority of these again being patients who are on an Orthodontics pathway, and SWFT are working with its commissioners and NHSE in terms of producing a plan to ensure that the patients are treated as soon as possible.

The overall number on the RTT waiting list seems to be starting to flat line, with the increases from last year no longer being seen, indeed there was a reduction of 500 pathways between May and June.

In terms of the Diagnostic waiting times and the Diagnostics Waiting Times and Activity (DM01), there has been an increase in performance over the past few months, after starting the year at 67%, SWFT is now at 87%. This in part to a large reduction in the number of non-obstetric ultrasound breaches. Challenges remain increase in demand for CT and X Ray specifically. Especially overnight. Expected growth was 8% but this is now at 14%.

Worcestershire Acute Hospitals NHS Trust (WAH)

Rolling 12-week patient contact and validation programme with patients on waiting list to confirm their ongoing position on waiting list – over 90% of patients contacted in previous 12 weeks in line with regional validation ambition and this position sustained on weekly basis.

Daily monitoring of 78-week risk cohort within surgery by Divisional Operations Director – decreasing at risk cohort. Three breaches at end of June 2024 relate to patient choice, with treatment dates in June having been offered.

The end of June 65-week waiters below planned position but specialties of concern – Ear, Nose, Throat (ENT) and Oral and Maxillofacial surgery.

Reduction in total September 65-week cohort to 2099 as at end of June 2024 (down from 3471 in May 2024), compared to 7574 at end of March 2024. Largest cohorts in Oral and Maxillofacial Surgery (674), ENT (394) and Urology (271)

From cohort above, 166 undated for first Outpatient Appointment (OPA) as at end of June – with 157 in Urology. Plans in place for these to be seen in July 2024.

Additional mutual aid support for ENT from foundation group members and other providers of NHS care

Discussions commenced with commissioners in relation to provider of tier 2 dental services – lack of dedicated service for population increases referrals to secondary care.

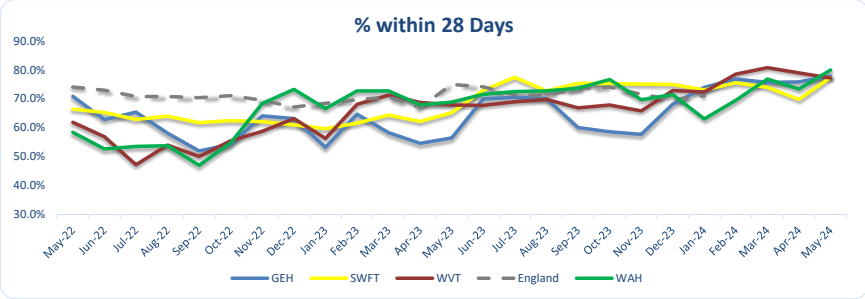
Foundation Group Key Metrics

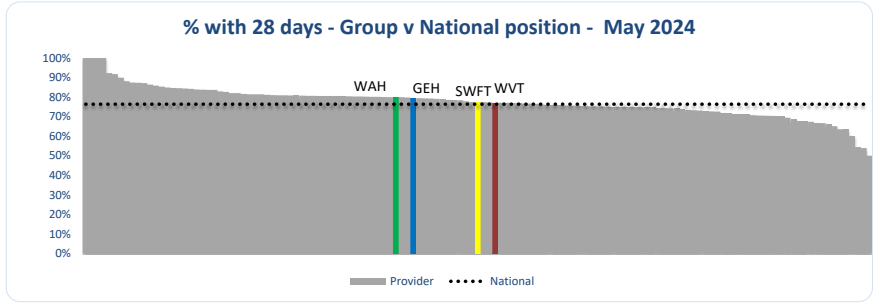
Group Analytics

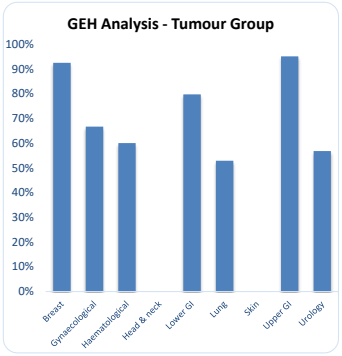
NHS George Eliot Hospital NHS Trust | NHS South Warwickshire University NHS Foundation Trust | NHS Wye Valley NHS Trust | NHS Worcestershire Acute Hospitals NHS Trust

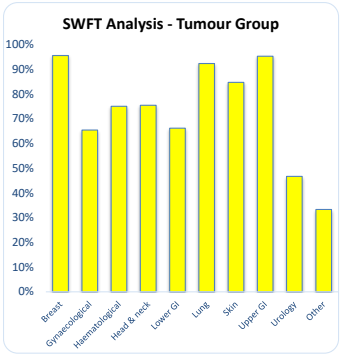
28 Day Faster Diagnosis Standard (FDS)

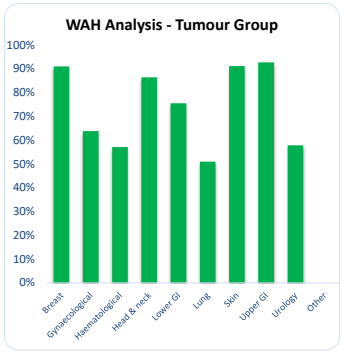
Trust	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
GEH	70.9%	62.8%	65.4%	58.2%	52.0%	54.2%	64.1%	63.2%	53.3%	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%	75.7%	75.9%	77.9%
SWFT	66.5%	65.3%	62.9%	64.0%	61.8%	62.5%	62.1%	61.0%	59.7%	61.6%	64%	62.21%	65.26%	73.0%	77.4%	72.8%	75.4%	75.3%	75.1%	75.0%	73.1%	75.6%	74.0%	69.8%	77.4%
WAH	58.4%	52.7%	53.6%	53.8%	47.0%	54.8%	68.4%	73.3%	66.6%	72.8%	73%	67.96%	68.87%	71.6%	72.5%	72.8%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%
WVT	62%	57%	47%	54%	50%	56%	59%	63%	56%	68%	71%	69%	67.9%	67.8%	69.0%	69.8%	66.9%	67.9%	65.8%	72.9%	72.4%	78.6%	80.8%	79.0%	77.2%

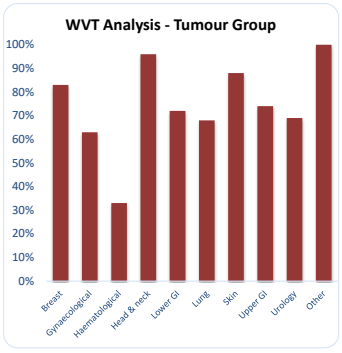












RAG(Red-Amber-Green)rating versus England

Tumour Group	WVT	GEH	SWFT	WAH	England
Breast	83.0%	92.5%	95.5%	91.0%	89.3%
Gynaecological	63.0%	66.7%	65.4%	63.8%	65.2%
Haematological	33.0%	60.0%	75.0%	57.1%	59.1%
Head & neck	96.0%		75.4%	86.4%	76.4%
Lower GI	72.0%	79.7%	66.2%	75.5%	63.8%
Lung	68.0%	52.9%	92.3%	51.0%	80.9%
Skin	88.0%		84.7%	91.1%	86.7%
Upper GI	74.0%	95.1%	95.2%	92.7%	76.2%
Urology	69.0%	56.8%	46.7%	57.8%	57.8%
Other	100%		33.3%		62.0%

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

We have now delivered our 28 Day Fast Diagnosis Standard (FDS), over 75%, for the last four months. Improvements in Endoscopy access, Radiology reports and Pathology. Pathology turnaround times have improved substantially over the past few months, from 49% in Feb to 87% in April for Urgent, and All Requests going from 51% to 87%.

The use of text messaging to reassure patients of benign results is still being worked up with a view of piloting in one specialty first and then rapidly rolling out will help sustain and improve our FDS position.

In May, the FDS performance remained above the national target. Despite the national target not increasing to 77% until March 2025, a local target was set at 77% from April 2024, which we have been compliant with to date.

George Eliot Hospital NHS Trust (GEH)

May saw our highest position for faster diagnosis in the past 5 months with an impressive 77.9% of patients being informed of a cancer or non cancer diagnosis on or before 28 days. Breast again achieved the highest percentage for faster diagnosis, with suspected breast reaching 92.5% and symptomatic achieving 95.7%. Upper GI managed to increase its position to 95.1% - with view to further increase this using the Accurx text messaging service for those patients who are triaged for CT or barium investigations. Our most challenged site was Non Specific Cancer due to the complexity of the diagnostic pathway and the multiple investigations required. However, with the implementation of the new lead consultant and introduction of Accurx texting for non-cancer patients we are anticipating a higher percentage within the next 2-3 months.

South Warwickshire University NHS Foundation Trust (SWFT)

For Q1 28 Day Fast Diagnosis Standard [FDS] – Performance has been reported for April (69.8%) and May (77.4%), and the expectation is that June will be above target.

FDS performance is consistently above the operational standard in breast, skin and upper GI. However, skin performance has continued to steadily deteriorate as there are currently significant issues with 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 May performance at 66.2%. Lower GI represented the largest cohort of FDS patients in February so is key to the Trust achieving FDS consistently.

Worcestershire Acute Hospitals NHS Trust (WAH)

Our Trust performance against the 28-day Faster Diagnosis Standard was 80% for May-24; this is the highest performance on record with improvements noticeable in colorectal and urology.

At Trust level we are on track to deliver our annual planning commitments for FDS though there remains variation in tumour site delivery. At month 2 all tumour sites, except for lung, were on track to achieve tumour site level Q1 internal standards.

There is an increasing focus on number of patients with cancer who are informed within 28-days as this is foundation for 62-day performance. A deep dive was undertaken by Cancer Services FDS Lead in June 2024 to report back to Cancer Board in July 2024.

In Urology, triage capacity and post-MDT(Mult-Disciplinary Team) capacity continue to be reliant on additional capacity. Urology Intervention Unit due to open in Q2, with full impact expected from M6 into Q3. Pilot of Straight To Test MRI in August for agreed patient cohort in line with recognised good practice.

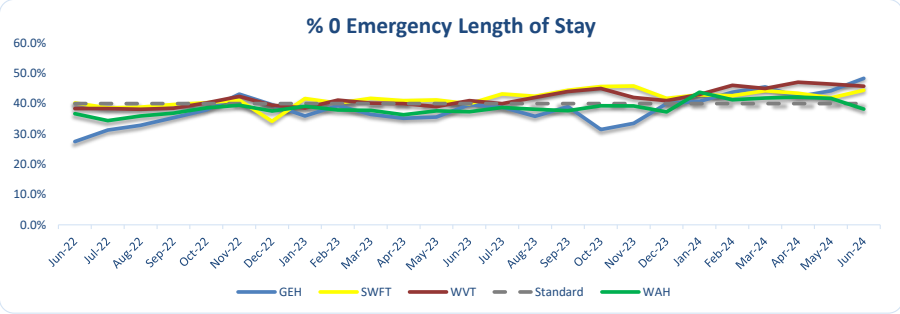
Foundation Group Key Metrics

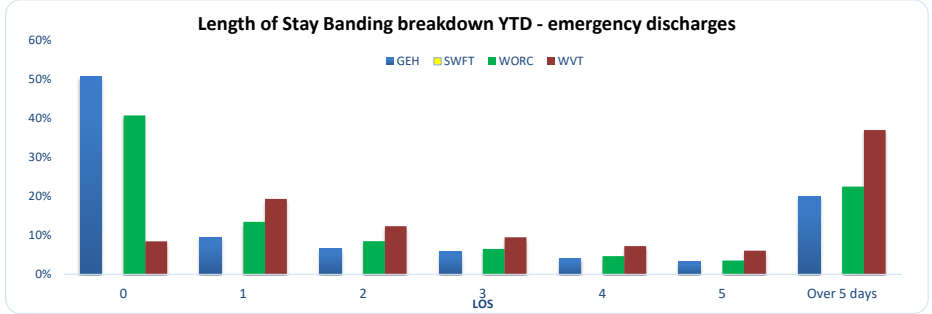
Group Analytics

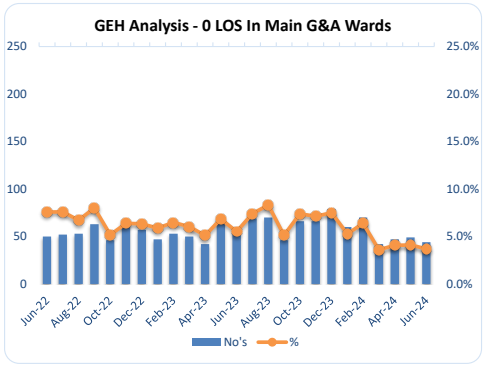
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

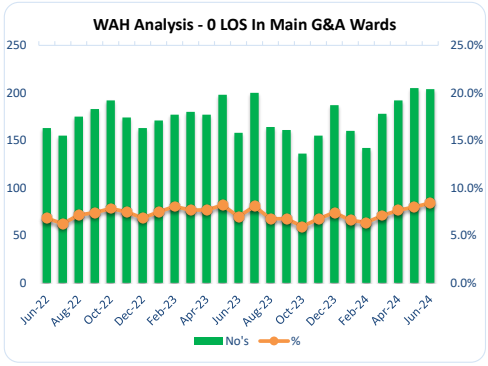
SDEC-Same Day Emergency Care (0 LOS Emergency admissions)

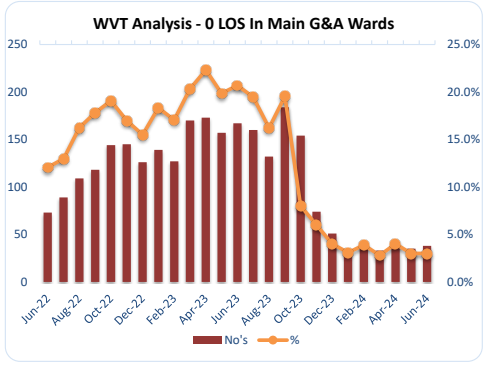
Trust	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
GEH	27.5%	31.3%	32.8%	35.4%	37.9%	43.1%	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	42.3%	44.2%	48.3%
SWFT	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%	43.4%	41.9%	44.4%
WAH	36.7%	34.4%	35.9%	36.8%	38.6%	39.5%	37.6%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%	43.8%	41.3%	41.8%	42.1%	41.7%	38.2%
WVT	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%	45.0%	47.1%	46.4%	45.8%











SWFT has no reported figures on this section

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

SDEC areas continue to perform with continued reduced 0 LoS on our main inpatient wards. In June we saw almost 1,160 patients through our various SDEC facilities. The higher volume of patients we have seen in a 30 day month. On going work to improve of SDEC function ahead of the winter continues. Key to this success is ensuring that our Nurse Navigator in our ED reception is able to signpost patients to SDECs in a timely manner with clear criteria. Our Medical SDEC has a new dedicated Consultant who is looking at opportunities to decongest our Medical SDEC to ensure we have capacity to pull from ED in a timely manner. This includes what we can stream to Virtual Ward, what follow up activity can we undertaken virtually also. Our aim is still to maximised use of SDEC solutions, increase to 50% of admissions via an SDEC pathway

We are also going to undertake a Criteria to Admit audit in August to review opportunities which will support our recent Missed Opportunities Audit undertake by Regional NHS England.

George Eliot Hospital NHS Trust (GEH)

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 SDEC over the weekend by ensuring the opening times meet the demand from the emergency department.

South Warwickshire University NHS Foundation Trust

Currently SWFT is undertaking a review of its SDEC areas and the activity that is taking place within them, as part of the move to start reporting Same Day Emergency Care under the Emergency Care Data set. At the moment SWFT submits its SDEC activity as admitted patients, however, as part of the NHS England initiative to improve the consistency of SDEC reporting, it is now being moved to being another 'type' of emergency activity. The deadline for this was July 2024, but SWFT are working with NHSE on a revised plan and timescales.

Due to the increased demand SDEC areas continue to be used and had to be bedded in some days due to the additional challenges in ED.

Worcestershire Acute Hospitals NHS Trust (WAH)

The SDEC areas continue to increase in their usage and throughput with evidence that patients triaged through the SPA having less length of stay than those who walk into ED and are then streamed to SDECs. The overall Length of Stay (LoS) in SDECS is improving as processes embed and increased usage of other supporting services such as Hot Clinics improves.

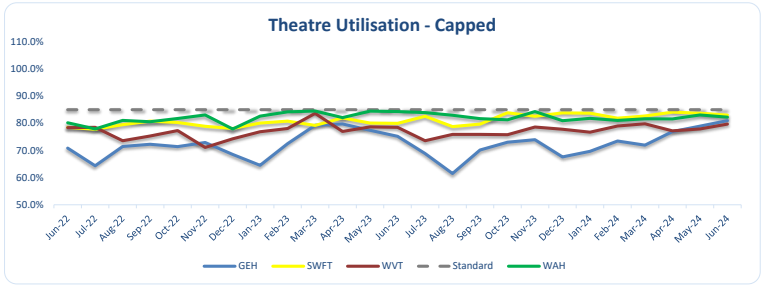
Foundation Group Key Metrics

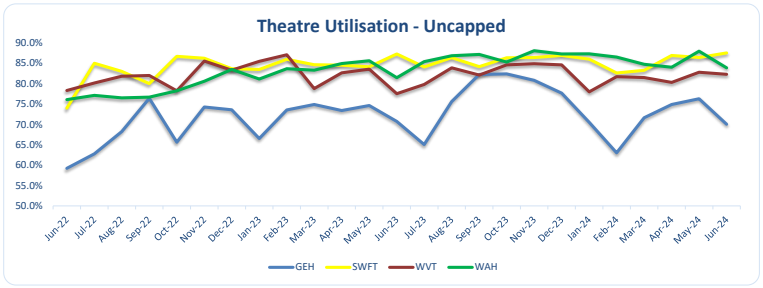
Group Analytics

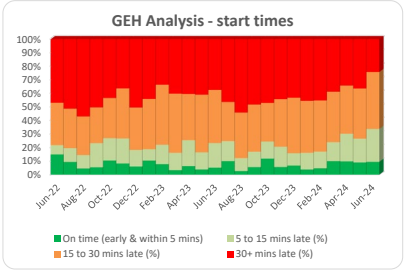
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

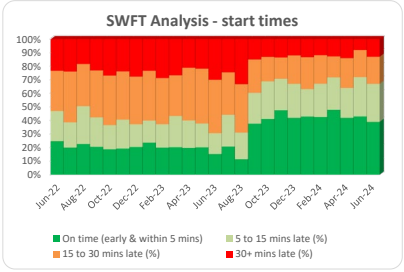
Theatre Productivity - Capped Utilisation (% Touch time within planned session vs planned session time)

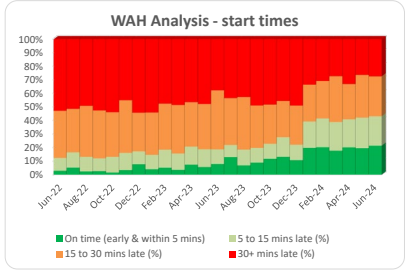
Trust	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
GEH	70.86%	64.4%	71.5%	72.3%	71.4%	72.9%	68.6%	64.5%	72.5%	79.2%	79.8%	77.4%	75.2%	68.9%	61.5%	70.2%	73.0%	74.0%	67.6%	69.7%	73.5%	72.0%	76.9%	78.9%	81.0%
SWFT	78.50%	77.8%	79.5%	80.8%	80.3%	78.9%	78.1%	80.1%	80.8%	79.2%	82.0%	80.1%	80.0%	82.6%	78.8%	79.7%	83.9%	82.6%	83.8%	83.7%	81.9%	82.7%	84.1%	83.7%	83.0%
WAH	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%	81.8%	81.0%	81.6%	81.6%	83.1%	82.3%
WVT	78.4%	78.5%	73.6%	75.3%	77.3%	71.1%	74.3%	76.9%	78.1%	83.6%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%

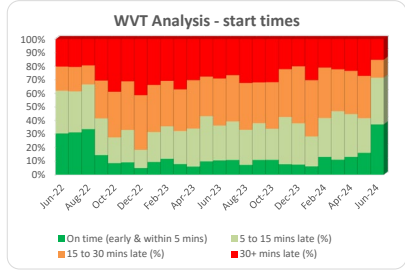












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Our capped theatre utilisation has made a gradual improvement since March to 79.8% last month along with an increase and improvement in our start times. At the start of July we successfully opened our Elective Surgical Hub and removed our temporary Vanguard Theatre from site. This will allow us to focus on increasing number of cases per list in Ophthalmology and moved our Ear, Norse and Throat team to deliver higher volume all days lists, now up to 8 patients on an all day list.

During the first few weeks we have already seen an increase in the number of patients per list from 3.2 per list to 3.5 per list.

Theatres Scheduling remains a key factor in successful Theatre Utilisation and our weekly Scheduling meeting is seeing improvements in the 6-4-2– Scheduling process. We first introduced measures for the 6-4-2 process in earlier this year, at which point that number of lists without a surgeon identified at weeks 5-6 was around 20%, it is now averaging 10%. We are also review best practice to undertake weekly scheduling meeting across the Foundation Group by observing weekly meetings and how they are conducted along with review what data and information is used.

George Eliot Hospital NHS Trust (GEH)

Theatre Utilisation - Capped

A month-on-month sustained improvement can be observed; a focus on data quality-driven metrics and an improvement in turnaround times can be attributed to this.

Theatre Utilisation - Uncapped

The opening of ring-fenced Orthopaedic and Non-Orthopaedic Wards has enabled a rapid increase in flow. This enables theatre suites to decant into recovery in a timely manner. Retrospective reviews of theatre lists is an enabler to the teams in identifying good practice and areas for improvement on a daily basis.

Theatre start times

Remains an area of focus, there is evidence of small improvements, however, greater emphasis will be applied through daily overall Plan Do Study Act (PDSA) theatre metrics.

South Warwickshire University NHS Foundation Trust (SWFT)

Capped utilisation remains in the top quartile on Model Hospital at 83.7% (as of 02.06.24). British Association of Day Surgery (BADS) day case rates (as per model hospital data – March 2024) are 87%. To Come In (TCI) text reminders are now live. Netcall waiting list validation model is live and being rolled out across specialties to validate with patients if they still require their procedure. Look back report is in development.

Worcestershire Acute Hospitals NHS Trust (WAH)

Capped Utilisation

Statistical significance is no cause for concern, but is below the internal target of 85%. April and May had returned to pre Winter levels, however June was slightly lower which followed the trend in two of the three other Foundation Group Trusts. SWFT consultant is supporting the Trust with list management ideas and sharing learning from SWFT to improve efficiency productivity.

Efficiency Productivity

Daycase and Inpatient activity was below the submitted annual plan, however the plan was very challenging, and some specialties are generating economy productivity where efficiency productivity has been difficult. The reported income position was above plan for April and May despite activity being below. At the time the draft income position for June is slightly below plan. In the coming months the Urology Intervention Unit will become fully implemented and there is planning inflight to move to the 2.5 sessions per day and weekend working by the end of this financial year as proposed in the TIF2 business case.

On the day elective cancellations

The elective on the day cancellations remains the highest of the four Trusts. The target is 0 in the Trust annual plan. Kidderminster and the Alexandra have the highest volume of cancellations (Kidderminster June - 69 in total of which 34 were hospital reasons and 76 at the Alexandra of which 38 were hospital reasons). The most prevalent reasons for cancellation were Treatment/Surgery deferred (19), Procedure no longer necessary (9), Acute medical condition - other (8) and Clinical Staff Unavailable (13).

Late starts and early finishes

These volumes remain high and thus is a project within the Theatres Programme, investigating the root cause of the frequent late starts and what drives the early finishes.

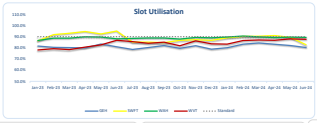
Foundation Group Key Metrics

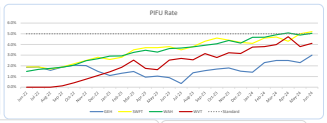
Group Analytics

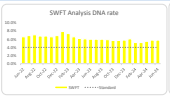
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

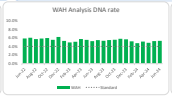
Outpatients Slot Utilisation

Trust	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	Apr-24	May-24	Jun-24
GEH	81.6%	80.4%	80.2%	80.0%	81.4%	80.9%	78.6%	80.2%	82.3%	79.0%	81.9%	78.8%	80.5%	83.2%	84.4%	83.2%	82.0%	80.3%
SWFT	86.3%	91.8%	93.0%	95.6%	92.4%	95.0%	85.2%	85.3%	84.7%	86.7%	87.3%	86.7%	89.0%	90.2%	90.4%	91.0%	88.4%	82.8%
WAH	86.6%	88.6%	88.7%	89.9%	89.6%	88.3%	88.5%	88.8%	88.8%	87.9%	89.3%	89.0%	89.7%	90.5%	89.9%	89.3%	88.6%	86.3%
WVT	78.1%	79.3%	78.4%	80.6%	82.7%	86.7%	85.5%	84.1%	85.1%	81.9%	86.3%	83.6%	83.3%	86.5%	87.0%	86.7%	88.0%	87.6%









Activity / Current Performance

Wye Valley NHS Trust (WVT)

We implemented our new 4-4-2 process across our Outpatient areas in June along with dedicated Speciality areas to manage their room allocation within Speciality /Directorate and Division and the early signs, after a degree of apprehension, is it is working well. We are continuing running some training sessions over July for the Divisional Teams to reinforce 4-4-2 and ensure it is well understood.

Room utilisation overall has improved, quite a lot from the same time last year. The first 6 weeks of the change has seen room utilisation rise from 67% in 2023 to 80% in 2024 with rooms being cancelled at short notice reduce from 20% to 10%. This means that managing room availability, the resource to manage rooms and the ability to correctly allocated short notice requests is more robust and timely.

Our Outpatient slot utilisation remains positive over the last Quarter and this should improve as the new 4-4-2 embeds into the Business as Usual.

The trend for Patient Initiated Follow Ups (PIFU) remains upward and work is on-going to get additional specialities ready to commence PIFU once the MAVIAH, upgrade to our Patient Administration System to correctly record outcomes in complete in the Autumn.

Plans to reduce our patients who Did Not Attend (DNAs) is ongoing with changes made to reflect best practice at 4 and 14 days for routine appointments. We are also looking at targeting follow-up and confirmation phone calls within our Referral Management Centre for most likely to DNA. Where we have high DNAs rates our teams have overbooked clinics to maintain high clot utilisation and activity.

George Eliot Hospital NHS Trust (GEH)

PIFU

PIFU June 2024 - 9,342 GEH patients were transferred to the PIFU pathway. National PIFU Insight Pack reports the average return rate of patients on PIFU to be 3%, therefore GEH anticipates 280 follow-up slots will be/have been released and we are currently on target against the Operational Planning 24/25 at the predicted 2.80% and performed at 3.04% for June 24.

DNA

The number of Missed Outpatient appointments for June has reduced from 1,652 in May 24 to 1,390 for June 24 - 6.7% DNA rate.

Deep Medical has now been implemented in both Surgery and Medicine with Women's & Children's (W&C) and Physio to come on board throughout July and August 2024.

Volunteers calls continue to contribute to the reduction in DNA with the Volunteers making calls to the patients predicted to DNA at a rate of 1,618 calls made, 1,095 successful for June 24, we anticipate the reduction in DNA for June 2024 (June data not available).

The Deep Medical Dashboard is now available where all data can be viewed which includes, the number of calls, how many DNA's/slots reallocations, and actual DNA's with predicted reason. Volunteers can focus on specific clinic codes in a more targeted approach to calls giving them the ability to make more calls over a wider range of specialities.

Slot Utilisation

Refresh of the Outpatient dashboard provides services with an overview of slot utilisation to support identifying capacity in real time. In addition, there is ongoing work around clinic codes and clinic templates to reflect capacity and demand and accuracy of slot utilisation.

South Warwickshire University NHS Foundation Trust (SWFT)

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 just under 6%, however, this is still below the performance seen in 2022/23, and SWFT remains with the top quartile for performance nationally. The Out-Patient Improvement Programme continues to monitor the DNA rate at speciality level, with Physiotherapy - Paeds, Diabetic Medicine and Orthoptics having the highest rates, although the aggregate DNA rate still puts SWFT within the top quartile nationally.

SWFT has started work with Deep Medical, a company specialising in using AI to reduce DNA rates, who are working with Operational colleagues and a local voluntary organisation, Helpforce, to start a pilot to reduce the DNA rates in the Trust's specialties with the highest DNA rates.

In conjunction with this is a piece of work looking especially at inequalities within the DNA numbers, as typically we see a higher % 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 specialties such as Physiotherapy, Paediatrics and ENT.

PIFU – After a slight drop in performance in May, the PIFU rate at SWFT has again been steadily improving, and performance has now increased to above 5% which is in the top quartile nationally. The specialties with the highest PIFU rates are Gastroenterology, Trauma & Orthopaedics and Physiotherapy. PIFU is being rolled out to more specialties over the next few months, so we are expecting the PIFU rate to continue to increase throughout the year.

Worcestershire Acute Hospitals NHS Trust (WAH)

We have an Outpatient Transformation Programme in place and our Cost and Productivity Improvement (CPIP) programme has a significant improvement of 5.5m attached to Outpatients.

DNA's

Although in purest % terms the three highest DNA rates are for Infectious Diseases / Pain Management and Dietetics. This does not take into account the type of outpatient (OP) appointments and volume of total attendances. When we look at the New OP appointments (separate to Follow Ups, the area of improvement for immediate focus is as follows: Thoracic Medicine New OP for over 50 year olds, Trauma and Orthopaedics (T&O) new OP for patients aged 18 - 49 years old and Ophthalmology for under 49 year olds. We will be testing our algorithm for likely DNAs within these areas to see if there is any learning regarding the times of day that these patients were booked and which site they were booked.

Clinic Throughput

There is still data quality work ongoing to extract accurately the clinic throughput for the clinics by specialty and clinician, then compare this to benchmarking data. This is because the identification of 'ghost clinics' and 'dummy clinic's' is still ongoing in some areas. However, we will focus on some of the larger specialties in the next month - T&O, Thoracic and ENT.

Cancelled Clinics

We have been testing the internally built clinic booking tool during three weeks of May. The initial results highlight definite opportunity within the small sample area tested. The initial results (3 weeks of data) show of 291 x 4 hour sessions, 114 sessions where a room was booked did not have any patients attending, and there were 25 rooms cancelled of which 13 were cancelled 48 hours after the session should have occurred. The trial is being widened to include more Outpatient areas.

George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24 and 2024/25

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

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

NHS George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 77% (FY_2024-25)	70.0%	70.5%	70.1%	60.1%	58.6%	55.4%	68.2%	74.0%	76.9%	75.7%	75.9%	77.9%		482	619	76.9%		77.9%	76.4%	May 2024	F	L	
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	98.5%	98.7%	96.9%	90.0%	91.8%	96.6%	98.0%	100%	100%	96.7%	91.4%	98.7%		78	79	95.3%		98.7%	91.8%		P		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85% (FY_2023-24) ≥ 70% (FY_2024-25)	47.3%	61.9%	74.0%	62.5%	53.1%	34.2%	36.9%	50.7%	56.4%	58.2%	67.5%	48.8%		31.0	63.5	57.5%		48.8%	65.8%		?		
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	78.1%	75.4%	72.8%	66.1%	69.2%	68.5%	65.5%	75.0%	83.7%	83.2%	86.3%	88.5%		518	585	87.2%		66.1%	74.0%	Sep 2023	?	L	
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	47.4%	29.8%	34.4%	6.1%	25.0%	16.4%	51.6%	64.3%	66.1%	97.4%	100.0%	95.7%		45	47	97.9%		6.1%	70.8%		?		S T A R
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	6	6	6	9	12	15	9	7	6	8	8	7									?	H	
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	40.0%	66.7%	33.3%	20.0%	14.3%	33.3%	22.0%	25.0%	27.3%	55.6%	58.3%	15.4%		1.0	7	36.0%		20.0%	64.6%	Sep 2023	?		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	90.2%	93.1%	87.5%	79.4%	75.9%	85.2%	90.0%	93.5%	77.8%	92.3%	78.3%	89.2%		16.5	18.5	85.0%		79.4%	74.0%		?		
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	59	45	55	59	76	73	55	57	37	33	61	54									?		
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	93.6%	91.6%	91.9%	92.6%	91.4%	91.6%	92.1%	92.6%	92.4%	93.2%	92.4%	90.6%	83.8%	2,039	2,434	88.9%					?		S T A R
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,394	8,191	7,983	7,922	8,541	8,188	8,301	8,453	8,102	8,738	8,489	8,913	8,873			26,275					?		
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	19.7%	18.3%	12.6%	15.0%	12.2%	14.5%	13.7%	9.0%	13.0%	11.9%	10.2%	13.5%	11.4%	165	1,452	11.7%					?		
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	76.0%	77.6%	66.8%	72.8%	63.1%	69.6%	62.6%	48.7%	54.9%	62.4%	59.3%	66.1%	64.6%	938	1,452	63.5%							S T A R
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	1.2%	2.1%	4.6%	2.7%	6.3%	2.9%	6.0%	23.0%	16.7%	13.0%	13.8%	6.4%	6.8%	99	1,452	8.8%					?		
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	934	984	975	905	1,015	1,012	1,042	1,072	931	976	914	872	843								?	L	
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	42.3%	44.2%	48.3%	878	1,817	44.9%					?	H	S T A R
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		7.5%	6.6%	9.7%	8.3%	10.1%	9.7%	9.1%	12.2%	11.3%	9.6%	9.8%	9.4%	7.5%	667	8,873	8.9%					F	H	
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		90	90	96	93	93	86	83	90	96	91	95	92	92			93							S T A R
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 78% (FY_2024-25)	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	6,779	8,873	75.5%		76.4%	74.6%	Jun 2024	F	L	

George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24 and 2024/25

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Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

NHS
George Eliot Hospital
NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional	Latest Available Monthly Position:	Pass/Fail	Trend Variation	DQ Mark
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	17	18	21	18	22	21	22	26	23	21	19	18	18			18							
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	0	0	10	8	31	43	98	279	267	245	254	116	51			421					?		
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**≤ 3%**	1.9%	1.9%	2.2%	1.7%	1.3%	1.1%	0.9%	1.6%	2.2%	1.6%	1.9%	1.9%	1.8%	150	8,390	1.8%					P	L	
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**≥ 92%**	66.7%	65.7%	62.8%	62.5%	63.2%	63.2%	59.8%	59.9%	58.7%	60.1%	59.7%	59.2%	60.7%	10,292	16,958	59.9%		59.2%	59.1%	May 2024	F	H	
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,025	16,075	16,917	16,501	16,426	17,086	17,799	17,540	16,896	16,484	16,310	15,994	16,958								F	H	
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer		137	122	172	216	275	348	339	381	343	247	279	238	225								F	L	
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0 End of Sept24**	8	7	13	17	22	35	36	50	35	8	5	24	9										
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	0	1	0	0	0	0	0	0								F	L	
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0								?	L	
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	**2019/20**	109%	85.8%	98.5%	98.5%	93.1%	104%	93.1%	107%	112%	88.4%	107%	101%	100%	9,201	9,204						F	L	
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	**≥ 130%**	109%	97.1%	98.6%	96.1%	109%	101%	99.6%	123%	118%	89.3%	106%	109%	112%	5,245	4,689	110%					?		
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	97.7%	86.7%	88.1%	96.1%	94.1%	87.5%	84.5%	107%	105%	79.8%	87.1%	79.1%	81.3%	5,245	6,449						?		
	Proportion of all outpatient attendances that are for first appointments or follow-up appointments with a procedure	Chief Operating Officer	**≥ 46%**											42.7%	42.0%	37.8%	6,793	17,967	41.1%							
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	**≥ 130%**	151%	154%	99.4%	153%	202%	140%	177%	166%	162%	117%	181%	183%	195%	284	146	186%					?		
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	119%	119%	77.8%	113%	161%	110%	140%	128%	129%	93.5%	133%	93.8%	103%	284	277						F	L	
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	**≥ 130%**	120%	103%	110%	106%	125%	108%	111%	137%	125%	99.5%	98.4%	117%	114%	1,570	1,376	109%					?		
	Total Daycase Activity (volume v plan)	Chief Operating Officer	**Plan**	96.1%	81.6%	86.8%	84.1%	100%	86.2%	88.8%	82.2%	100%	79.6%	82.5%	84.6%	82.2%	1,570	1,910						?		
	BADS Daycase rates	Chief Operating Officer	**≥90%**	90.3%	91.2%	98.9%	97.5%	94.8%	92.0%	94.5%	98.0%	93.5%	91.7%	95.3%	95.5%	91.9%	68	74	94.3%					P		
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	**≤10 per month**	29	17	30	33	20	31	31	17	28	24	21	26	16			21					?	L	
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	125%	122%	130%	127%	136%	136%	131%	140%	126%	162%	142%	151%	142%	2,320	1,632	146%							
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	111%	78.3%	95.2%	95.8%	89.0%	91.3%	93.7%	102%	104%	128%	85.4%	96.0%	89.1%	676	759	90.4%							

George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24 and 2024/25

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

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

NHS George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional	Latest Available Monthly Position:	Pass/ Fail	Trend Variation	DQ Mark
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	79.1%	80.4%	72.6%	80.4%	71.1%	73.2%	75.2%	87.7%	81.5%	99.6%	92.8%	95.8%	104%	1,349	1,291	94.4%							A R
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	93.8%	94.5%	92.1%	89.6%	91.3%	91.5%	91.6%	92.4%	97.0%	92.1%	89.9%	95.4%	96.6%	2,359	2,441	93.8%		95.4%	77.9%	May 2024	F		
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	95.0%	96.2%	92.8%	93.8%	98.3%	96.5%	97.7%	85.0%	98.7%	95.3%	97.4%	99.5%	98.3%	172	175	98.5%					?		S T A R
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		26.9%	12.9%	18.8%	9.5%	25.0%	14.3%	38.5%	17.4%	4.8%	10.5%	20.0%	25.0%	25.0%	6	24	23.7%					?	H	
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		55.6%	44.9%	44.2%	52.2%	61.0%	53.2%	65.0%	56.8%	63.1%	56.0%	53.1%	50.0%	61.0%	25	41	54.6%					F	H	S T A R
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		86.7%	88.0%	95.8%	77.3%	71.4%	93.3%	92.3%	82.8%	89.5%	84.0%	57.7%	87.1%	71.4%	15	21	73.1%					F		
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	180	204	163	185	185	181	173	177	186	167	198	172	163			533					?		S T A R
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:27	1:32	1:28	1:30	1:30	1:28	1:29	1:27	1:28	1:23	1:29	1:27				1:28							S T A R
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	6.9%	7.1%	6.6%	6.7%	6.6%	6.6%	7.2%	7.2%	6.6%	6.2%	6.9%	7.3%	6.7%	1,390	20,716	7.0%		7.3%	6.6%	May 2024	F	H	
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	80.9%	78.6%	80.2%	82.1%	79.6%	81.9%	78.8%	80.1%	83.2%	84.4%	83.2%	82.0%	80.3%	6,960	8,670	82.2%					F	H	S T A R
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	17.5%	17.0%	16.7%	17.1%	17.5%	16.6%	16.4%	15.8%	16.1%	17.0%	16.7%	16.5%	14.5%	3,010	20,716	16.1%		16.5%	18.4%	May 2024	F	L	S T A R
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		12.4%	9.3%	11.7%	12.0%	5.6%	8.2%	8.1%	5.5%	5.9%	8.4%	5.6%	8.0%				6.8%							S T A R
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	97.9%	96.9%	98.0%	99.4%	98.7%	99.5%	93.6%	97.9%	100%	98.5%	100%	99.2%	99.2%	377	380	99.5%		98.8%	92.5%	Jan-Mar 2024	P		S T A R
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	1	0	0	0	0	0			0		0	20	May 2024	P		S T A R
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		2.7%	1.9%	2.5%	2.4%	2.3%	2.5%	3.2%	2.8%	2.9%	3.3%	3.8%	1.4%	2.0%	23	1,143	2.4%							S T A R
	ALoS – D2A Pathway 2	Chief Operating Officer		29.5	20.0	26.1	23.4	25.2	25.1	29.5	21.8	20.6	29.5	23.7	21.3	22.7										
	ALoS – D2A Pathway 3	Chief Operating Officer		26.3	20.3	27.5	16.0	19.0	21.6	26.3	13.6	15.6	26.3	17.1	16.3	14.7										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.0	4.9	5.5	5.1	5.8	5.7	5.5	5.2	5.4	5.2	5.4	5.3	5.2			5.3					P		S T A R
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.4	2.6	3.3	2.8	2.3	2.1	2.6	1.6	2.3	2.8	2.5	2.4	2.0			2.3					P		
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	64	377	20.5%					?	H	S T A R
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	8.6%	9.0%	8.2%	7.8%	7.1%	8.5%	9.5%	7.7%	8.5%	9.0%	9.6%	9.0%	8.5%	384	4,492	9.0%					F		

George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24 and 2024/25

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	More than 2% below Target to 5% below Target
	Over 5% below Target

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Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

NHS George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/Fail	Trend Variation	DQ Mark
Safe, High-Quality Care	HSMR - Rolling 12 months	Chief Medical Officer	<100	120	118	115	114	111	111	109	105	101	100	100	97.5				97.5							
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	108	107	106	108	109	113	118	110	110	109	109	107	106			106							
	Never Events	Chief Medical Officer	0	0	0	0	0	0	0	0	1	0	0	0	0	0			0							
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0							
	MSSA Bacteraemia	Chief Nursing Officer	0	1	0	0	1	0	1	1	1	1	1	1	2	0			3							
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA& HOHA)	Chief Nursing Officer	2022/23 (13)	1	2	1	6	3	2	4	5	4	7	4	5	3			12							
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (18)	1	0	0	1	0	0	0	0	2	1	1	1	0			2							
	Total no of Hospital Acquired Pressure Sores Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	1	0	0			1							
	Serious Incidents	Chief Medical Officer	Actual	2	1	1	1	0	0	2	0	1	3													
	Patient Safety Incident Response Framework (PSIRF)		Actual											5	1	0			6							
	VTE Risk Assessments	Chief Medical Officer	≥95%	96.9%	96.2%	95.9%	96.1%	96.0%	96.4%	94.1%	95.2%	94.9%	95.4%	94.3%	92.8%	95.2%	4,289	4,504	94.1%							
	WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	91.4%	96.3%	92.9%	96.0%	94.8%	96.4%	95.4%	95.5%	96.0%	96.1%	95.8%	95.2%	95.4%			95.6%							
	Number of complaints	Chief Nursing Officer	2021/22 (352)	9	8	10	11	14	11	4	10	12	6	13	9	10			32							
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	0	0	0	0	1	0	0	0	0	2				2							
	Number of complaints referred to Ombudsman - Investigation stage BFWD	Chief Nursing Officer	0	2	0	0	0	0	0	0	0	0	0	0	0				0							
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	0	0	0	2	0	0	2	0	1	2	0	0				0							
	Complaints resolved within policy timeframe	Chief Nursing Officer	≥ 90% (FY_2023-24) ≥ 85% (FY_2024-25)	100%	100%	80.0%	81.8%	93.0%	72.7%	100%	80.0%	83.3%	100%	84.6%	88.9%		8	9	86.4%							
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	78.2%	81.1%	79.2%	79.1%	76.6%	80.8%	79.7%	81.2%	76.7%	78.3%	76.6%	77.3%	77.6%	1,416	1824	77.2%		76.6%	79.0%	Apr 2024			
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	86.2%	88.0%	84.4%	84.6%	87.5%	84.4%	85.4%	88.9%	82.1%	89.6%	91.8%	91.3%	90.4%	562	622	91.1%		91.8%	94.0%				
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	94.3%	93.9%	94.2%	95.2%	92.6%	94.9%	93.2%	89.3%	95.4%	95.2%	93.4%	88.6%	94.8%	55	58	92.0%		93.4%	93.0%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	27.5%	26.8%	30.3%	30.3%	27.0%	27.9%	27.6%	29.3%	27.4%	23.9%	23.7%	23.6%	27.7%	1,824	6594	25.0%		23.7%	11.0%				
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	27.8%	28.0%	27.2%	28.9%	22.7%	33.4%	31.5%	31.7%	29.7%	35.6%	24.4%	42.4%	33.2%	622	1874	34.0%		24.4%	22.1%				
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	31.5%	33.3%	25.2%	27.1%	22.0%	28.6%	26.7%	25.3%	30.2%	30.4%	32.2%	35.7%	28.0%	58	207	32.1%							