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

NHS George Eliot Hospital NHS Trust

People		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	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	78.9%	77.7%	76.2%	79.3%	81.7%	78.6%	78.8%	81.6%	82.4%	80.0%	81.4%	84.7%	86.9%	1,718	1,976	84.3%		79.3%	80.9%	Sep 2023			
	Mandatory Training	Chief People Officer	≥ 85%	93.0%	94.0%	93.4%	96.6%	93.9%	93.7%	93.7%	94.5%	93.9%	94.2%	94.2%	94.5%	94.2%	2,669	2,832	94.3%		96.6%	89.6%				
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	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%	3,810	83,559	4.6%		5.2%	5.1%	Aug 2023			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	5.6%	5.5%	5.4%	5.5%	5.4%	5.3%	5.2%	5.2%	5.2%	5.2%	5.2%	5.1%	5.1%	49,183	972,205	5.1%		5.4%	5.3%	Oct 2023			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	16.8%	17.1%	16.1%	16.1%	15.9%	15.5%	15.4%	14.7%	14.6%	15.8%	12.5%	12.1%	11.4%	300	2,638	12.0%							
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer												10	6	1			17							
	Vacancy Rate	Chief People Officer	< 10%	10.2%	8.9%	9.1%	8.8%	7.1%	6.5%	6.0%	4.3%	3.3%	3.6%	13.3%	12.3%	12.2%	384	3,139	12.5%							

Finance and Use of Resources		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 12 Month	Latest Available Monthly Position GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	Plan	-650	-1,089	70	-288	1	2,077	481	48	1,155	954	-1,608	-1,257	-916			-3,782							
	I&E - Margin (%)	Chief Finance Officer	Plan	-3.6%	-5.6%	0.3%	-1.5%	0.0%	8.8%	2.3%	0.2%	4.8%	3.2%	-7.8%	-6.0%	-4.4%	-916	20,973	-6.1%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-42	-1,176	-26	2,377	417	-207	-503	-391	665	44	26	-18	-247			-240							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-7.0%	-1352%	-27.0%	89.0%	100%	-9.0%	-51.0%	-89.0%	136%	5.0%	2.0%	-1.5%	-36.9%	-247	-669	-6.8%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-278	-1,120	-576	-1,649	1,403	214	-997	-1,175	4,901	-285	-126	535	396			805							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	822	1,022	1,016	773	711	840	736	843	842	759	587	520	449			1,556							
	Agency - expenditure as % of total pay	Chief Finance Officer	< 3.2%	5.9%	7.2%	7.4%	5.6%	5.1%	5.8%	5.1%	5.8%	5.6%	3.4%	3.9%	3.5%	3.0%	449	15,036	3.5%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	172%	223%	227%	174%	189%	233%	203%	234%	234%	211%	83.4%	74.0%	63.8%	449	704	74.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,153	4,384	4,309	4,296	4,174	4,499	4,460	4,325	4,762	4,945	4,848	4,992	4,836			4,873							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	625	-654	-811	-1,006	901	-494	-1,264	1,293	1,313	-832	-54	-17	266			192							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	46.6	49.9	48.6	47.7	48.4	47.7	37.1	31.8	36.2	32.1	34.7	32.0	27.6			27.6							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	95.2%	92.5%	75.1%	99.2%	96.6%	98.5%	98.7%	84.9%	81.0%	88.7%	96.4%	91.0%	98.0%	10,498	10,707	95.6%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	96.4%	96.4%	98.7%	97.6%	99.1%	97.1%	95.8%	94.4%	91.9%	91.3%	93.7%	96.1%	97.9%	3,020	3,084	96.2%							

South Warwickshire University NHS Foundation Trust
Trust Key Performance Indicators (KPIs) - 2024/25

Relates to the latest months data

South Warwickshire University NHS Foundation Trust

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

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

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

Example

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

Latest Period

Quality of care, access and outcomes		Responsible Director	Standard	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	75.6%	74.0%	69.8%	77.4%		1215	1569	73.6%					
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	77.0%	64.9%	54.6%	64.8%		963	1486	59.6%					
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	92.6%	92.5%	86.6%	96.4%		107	111	91.8%					
	Cancer 62 Day Standard	Chief Operating Officer	85%	60.3%	68.9%	57.5%	66.4%		213	321	61.0%					
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%	96.9%	92.1%	85.0%	91.5%		390	426	87.5%					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	12	14	10	9		9							
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	127.7%	121.4%	135.3%	135.4%	129.4%	85242	65852	#N/A					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.5%	99.1%	99.7%	99.6%	99.2%	1213	1223	99.5%					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	88.7%	89.4%	89.6%	87.8%	90.3%	1352	1498	88.1%					
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.0%	95.4%	95.6%	96.0%	91.6%	2489	2717	94.4%					
	iSPA call response rate within one minute	Chief Operating Officer	80%	92.4%	88.7%	91.3%	91.3%	93.6%	9234	9869	92.0%					
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	128.3%	169.0%	126.0%	129.6%	126.9%	8859	6983	32.7%					
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	40.8%	44.6%	36.6%	38.4%	34.1%	545	1598	36.4%					
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	93.6%	96.3%	88.0%	90.4%	90.8%	833	917	89.7%					
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	1.7%	0.7%	3.2%	3.5%	2.6%	42	1598	3.1%					
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	134.9%	157.8%	128.6%	127.4%	130.4%	13905	13876	38.0%					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	42.5%	43.9%	43.4%	41.4%	44.4%	870	1960	43.0%					
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	2.0%	1.1%	1.7%	2.3%	2.2%	197	8845	2.1%					
	A&E - Time to treatment (median)	Chief Operating Officer	-	50	49	60	56	58	58		58					
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	77.2%	82.0%	75.0%	72.4%	71.5%	6324	8845	73.0%					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	89.5%	91.3%	87.4%	88.3%	87.1%	3383	3884	87.6%					
	A&E - Time to Initial Assessment	Chief Operating Officer	-	16	15	16	17	18	18		17					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	18	5	17	8	9	9		34					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	5.4%	4.7%	4.5%	4.7%	4.8%	415	8576	4.7%					
	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	62.0%	60.4%	61.5%	63.1%	64.2%	21474	33436						

Quality of care, access and outcomes		Responsible Director	Standard	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	**16234**	33981	33764	33530	33931	33436	*33436*							
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	664	756	815	825	849	*849*							
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	151	81	95	100	58	*58*							
	Referrals (GP/GDP only)	Chief Operating Officer	**0**	7437	7046	7495	7688	6603	*6603*							
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	**106% 2019/20 Outturn**	125.8%	130.6%	123.9%	116.5%	115.4%	*8720*	*7558*	**30.1%**					
	Outpatient Activity - Total	Chief Operating Officer	**2019/20 Outturn**	**113.3%**	**116.8%**	**118.6%**	**112.8%**	**109.0%**	***34232***	***31415***	**28.1%**					
	Elective Activity	Chief Operating Officer	**106% 2019/20 Outturn**	121.1%	141.6%	123.6%	121.1%	108.2%	*3281*	*3031*	**28.9%**					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	**75%**	81.7%	82.2%	84.2%	83.6%	83.2%	*79056*	*94965*	**83.7%**					
	Elective - Theatre utilisation	Chief Operating Officer	**85%**	86.4%	85.5%	87.3%	87.0%	87.0%	*89276*	*102585*	**87.1%**					
	Cancelled Operations on day of Surgery	Chief Operating Officer	**0.8%**	0.00%	0.00%	0.00%	0.00%	0.00%	*0*	*98430*	**0.00%**					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**120% 2019/20 Outturn**	209.7%	300.4%	147.2%	104.5%	106.0%	*794*	*749*	**32.7%**					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**120% 2019/20 Outturn**	138.3%	150.1%	163.4%	140.3%	128.7%	*776*	*603*	**35.0%**					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**120% 2019/20 Outturn**	151.9%	220.3%	297.4%	330.7%	308.5%	*1706*	*553*	**62.0%**					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**95%**	74.5%	78.1%	79.4%	87.0%	87.0%	*7910*	*9095*						
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	**70%**	96.7%	69.4%	88.5%	77.4%	71.3%	*119*	*167*	**79.4%**					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	**-**	25.2%	23.7%	21.1%	24.8%	28.7%	*78*	*272*	24.8%					
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	**-**	23	22	32	34	23	*23*		89					
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	**90%**	91.1%	87.5%	89.3%	87.9%	89.0%	*203*	*228*	**88.8%**					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	18.4%	20.0%	18.5%	19.6%	20.6%	*52*	*252*	19.6%					
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	**-**	30.7%	31.4%	31.3%	33.2%	34.4%	*78*	*227*	32.9%					
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	90.5%	90.9%	91.2%	91.4%	91.3%	*242*	*265*	91.3%					
	Maternity Activity (Deliveries)	Chief Operating Officer	**PLAN**	114.2%	89.2%	105.0%	118.4%	110.7%	*268*	*242*	**27.5%**					
	Midwife to birth ratio	Chief Nursing Officer	**1:27**	1:23	1:22	1:25	1:24	1:24	1:24		TBC					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q4)	Chief Nursing Officer	**46%**						*670*	*1392*	48.1%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q4)	Chief Nursing Officer	**46%**						*524*	*929*	56.4%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q4)	Chief Nursing Officer	**46%**						*239*	*456*	52.4%					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	**81%**	89.2%	91.4%	87.8%	90.4%	89.0%	*242*	*272*	**89.1%**					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	**3.35%**	5.6%	5.6%	5.6%	6.1%	5.9%	*1048*	*17706*	**5.9%**					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**95%**	76.8%	73.4%	81.6%	83.3%	83.4%	*15157*	*18183*	**82.7%**					
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	**46%**	51.5%	49.8%	51.2%	50.8%	52.6%	*13895*	*26401*	**51.5%**					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	**85% OP/112% OPP 2019/20 Outturn**	119.5%	122.3%	125.8%	120.6%	113.8%	*17681*	*15538*						
	Outpatients Activity - Virtual Total	Chief Operating Officer		**21.6%**	**20.6%**	**21.6%**	**21.8%**	**20.5%**	***4345***	***21226***	**21.3%**					
Pre ven tio	Maternity - Smoking at Delivery	Chief Nursing Officer	**8%**	1.8%	4.8%	3.3%	4.4%	2.4%	*7*	*295*	**3.4%**					
	Occupancy Acute Wards Only	Chief Operating Officer	**92%**	98.4%	97.5%	96.1%	96.5%	96.6%	*9923*	*10272*	**96.4%**					
	Bed occupancy - Community Wards	Chief Operating Officer	**90%**	121.0%	126.4%	116.5%	118.5%	108.8%	*1273*	*1170*	**114.7%**					
	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	**0**	0	0	0	0	0	*0*		**0**					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	**2%**	1.4%	0.8%	1.4%	1.1%	0.9%	*27*	*2929*	**1.1%**					
	ALoS – D2A Pathway 2	Chief Operating Officer	**>28 days**	32	45	33	40	41	*32*	*1306*	**37**					

Quality of care, access and outcomes		Responsible Director	Standard	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Safe, high quality care	ALoS - Adult Emergency Inpatients	Chief Operating Officer	**6.0**	7.1	6.6	7.1	7.4	7.0	*6983*	*994*	**7.2**					
	ALoS – Elective Inpatients	Chief Operating Officer	**2.5**	2.2	2.5	2.0	2.2	2.4	*790*	*329*	**2.2**					
	Medically fit for discharge - Acute															
	Medically fit for discharge - Community															
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	**0**	10.0%	11.1%	11.3%	10.7%	9.6%	*232*	*2410*	**10.53%**					
	HSMR - Rolling 12 months Mar 23 - Feb 24	Chief Medical Officer	**100**						*113.0*		**113.0**					
	Mortality SHMI - Rolling 12 months Dec 22 - Nov 23	Chief Medical Officer	**89-112**						*1.0*		**1.0**					
	Never Events	Chief Nursing Officer	**-**	0	0	0	0	0	*0*							
	MRSA Bacteraemia	Chief Nursing Officer	**0**	1	0	0	0	0	*0*		**0**					
	MSSA Bacteraemia	Chief Nursing Officer	**0**	3	2	1	2	0	*0*		**3**					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	**29**	1	1	0	5	5	*5*		**10**					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	**1.14**	1.09	0.87	1.23	0.67	1.48	*52*	*12802*	**0.00**					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	**10**	1	0	2	0	1	*1*		**3**					
	Serious Incidents	Chief Nursing Officer	**-**	0	0	0	0	0	*0*							
	VTE Risk Assessments	Chief Nursing Officer	**95%**	88.8%	90.7%	-	-	TBC			**0.0%**					
	WHO Checklist	Chief Nursing Officer	**100%**	98.9%	99.2%	98.6%	99.0%	0.0%	*0*		**98.8%**					
	zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	**80%**	-	-	-	-	-								
	Stroke - thrombolysis	Chief Operating Officer	**-**	-	-	-	-	-								
	zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	**80%**	-	-	-	-	-								
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**95%**	98.3%	98.3%	98.4%	98.3%	98.4%	*75*	*76*	**98.3%**					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**95%**	98.1%	98.0%	98.2%	98.9%	98.2%	*20*	*20*	**98.4%**					
	No. of Complaints received	Chief Nursing Officer	**0%**	12	12	27	12	15	15	0	**54**					
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	**0%**	1	1	0	0	1	1	0	**1**					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	57.1%	70.0%	61.5%	77.8%	73.3%			**70.3%**					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	84.1%	87.0%	83.3%	84.2%	82.0%	*1383*	*1686*	**83.2%**					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	90.2%	92.8%	94.3%	95.5%	91.8%	*10770*	*11730*	**93.9%**					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	99.3%	100.0%	99.6%	99.6%	98.4%	*182*	*185*	**99.3%**					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	0.0%	66.7%	0.0%	0.0%	94.5%	*52*	*55*	**94.5%**					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**>12.8%**	40.1%	40.4%	35.1%	30.5%	33.4%	*1686*	*5041*	**33.0%**					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**>25%**	6.3%	6.1%	8.7%	5.7%	7.4%	*386*	*5223*	**7.2%**					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**>23.4%**	0.0%	1.1%	0.0%	0.0%	0.0%	*0*	*289*	**0.0%**					
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	**>30%**	0.0%	0.0%	0.0%	0.0%	0.0%	*0*	*7598*	**0.0%**					

People		Responsible Director	Standard	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking	Agency - expenditure as % of total pay	Chief Finance Officer	**-**	3%	1%	2%	3%		*3%*							
Finance and Use of Resources		**Responsible Director**	**Standard**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Numerator**	**Denominator**	**Year to Date**	**Trend - Apr 2019 to date**	**National or Regional**	**Pass/ Fail**	**Trend Variation**	**DQ Mark**
	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**-**	1388	1981	-2535	-885		*-885*							
	I&E - Margin (%)	Chief Finance Officer	**-**	0%	0%	-7%	-5%		*-5%*							

Quality of care, access and outcomes		Responsible Director	Standard	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E variance from plan (£)	Chief Finance Officer	-	1388	1981	-2535	-885		*-885*							
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A		N/A							
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	-159	2091	-1662	-1570		*-1570*							
	Agency - expenditure (£k)	Chief Finance Officer	-	693	310	611	630		*630*							
	Agency - expenditure as % of cap	Chief Finance Officer	-	84%	38%	77%	79%		*79%*							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4774	5018	4479	4612	4795	*4795*							
	Capital - Variance to plan (£k)	Chief Finance Officer	-	-882	12508	-1	-98		*-98*							
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	21322	23625	17828	13553		*13553*							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	96%	94%	96%	91%		*91%*							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	94%	96%	94%	94%		*94%*							
	Agency - expenditure as % of cap	Chief Finance Officer	-	84%	38%	77%	79%		*79%*							

Worcestershire Acute Hospitals NHS Trust

Trust Key Performance Indicators (KPIs) - up to May-24 data

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

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

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

Example

Data Quality Assurance Questions

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

NHS Worcestershire Acute Hospitals 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 (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	71.5%	72.6%	72.8%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	-	2,128	2,660	76.5%		76.4%	May-24			
	2 Week Wait all cancers	Chief Operating Officer	93%	93.4%	86.3%	68.5%	81.5%	95.0%	95.6%	85.7%	87.9%	88.9%	86.0%	86.0%	89.0%	-	2,358	2,652	87.4%		78.0%				
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	89.2%	55.9%	86.5%	96.6%	99.0%	93.7%	80.0%	77.8%	32.0%	16.8%	35.0%	27.4%	-	32	117	31.1%		62.3%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	94.0%	94.7%	89.5%	87.7%	84.7%	90.0%	90.9%	87.2%	88.5%	87.2%	85.3%	87.1%	-	317	364	86.2%		92.4%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	93.4%	92.9%	88.6%	89.4%	86.9%	89.4%	89.7%	87.3%	90.5%	87.5%	84.5%	86.8%	-	512	590	85.6%		91.8%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	54.9%	54.0%	51.8%	46.1%	52.6%	49.0%	42.3%	42.3%	44.1%	50.6%	57.9%	54.4%	-	121	222	56.3%		59.9%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	48.4%	40.0%	51.4%	48.4%	45.7%	58.8%	83.3%	44.4%	67.8%	61.9%	65.8%	59.4%	-	19	32	62.9%		68.1%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	99.1%	98.3%	98.4%	95.2%	71.4%	78.2%	77.8%	78.1%	81.9%	79.5%	82.7%	77.2%	-	71	92	79.8%		76.4%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	62.3%	61.1%	60.9%	59.3%	55.1%	57.5%	54.1%	51.4%	56.7%	58.4%	63.6%	60.9%	-	212	348	62.3%		65.8%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	332	286	300	321	391	389	379	409	366	141	159	176	145									
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	84.0%	87.3%	83.6%	84.8%	84.0%	84.3%	82.9%	82.6%	82.3%	84.7%	85.6%	85.5%	85.4%	2,711	3,173	85.5%		92.2%	Feb to Jan			
	A&E Activity (any type)	Chief Operating Officer	Plan	19,177	18,735	17,957	18,427	18,564	17,403	16,960	17,647	17,190	18,537	18,677	19,875	19,293			57,845						
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	66%	70%	62%	57%	48%	56%	53%	53%	55%	64%	64%	60%	64%	2,295	3,606	63%		73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	0	779	732	863	1,046	1,272	1,064	1,166	1,072	1,029	869	836	922	784			2,542		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	97.3%	99.0%	99.6%	96.5%	98.8%	99.9%	99.9%	115.8%	110.8%	112.4%	130.5%	119.3%	103.8%	4,702	4,529	124.5%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	37%	39%	38%	38%	39%	39%	37%	43.8%	41.3%	41.9%	42.2%	41.7%	38.2%	1,772	4,636	40.8%		36%	Feb to Jan			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.3%	67.9%	13,093	19,293	66.2%		74%	May			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	13.1%	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	19.3%	18.5%	15.8%	16.6%	16.3%	15.4%	2,020	13,102	16.1%		5%	Feb to Jan			
	A&E - Time to treatment	Chief Operating Officer	-	145	126	128	151	155	152	167	161	166	143	158	150	146			151		01:41	Feb to Jan			
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	17	15	16	17	19	16	16	16	16	14	14	15	15			14.72		00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	286	295	300	256	211	203	260	316	304	301	248	271	307			826						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	7.3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	6.7%	7.2%	7.5%	6.8%	7.4%	7.5%	987	13,102	7.3%		8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	49.6%	48.6%	50.3%	50.5%	53.2%	56.3%	55.6%	56.6%	56.0%	54.3%	54.8%	55.9%	56.1%	34,889	62,152			59.1%	May-24				
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		64,956	62,700	61,008	59,842	58,046	58,058	59,242	59,900	61,458	61,753	61,740	62,118	62,152					7,600,000					
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	5,515	5,328	5,152	4,399	3,593	3,194	2,968	2,746	2,672	2,536	2,204	2,089	1,980					307,500					
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1,419	1,396	1,534	1,404	1,211	1,064	1,048	891	766	587	472	464	402					55,955					
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	22	43	61	88	100	119	125	109	68	27	13	14	4					4,597					
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	3	3	4	3	3	1	0	0	0	0	0	0	0					259					
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	**2019/20**	9,603	8,910	8,878	8,670	8,873	8,970	7,206	9,156	9,374	8,711	9,438	9,533	8,546										
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	121%	104%	118%	113%	126%	124%	107%	110%	120%	136%	118%	112%	117%	18,279	16,637	115%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	109%	107%	101%	109%	113%	111%	98%	105%	104%	103%	105%	86%	83%	18,279	22,121	91%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	113%	94%	111%	103%	117%	113%	102%	104%	116%	123%	108%	103%	108%	54,302	50,333	109%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	109%	107%	103%	108%	111%	113%	103%	111%	111%	107%	117%	96%	92%	54,302	59,089	104%							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	103%	90%	106%	96%	95%	100%	101%	105%	107%	129%	110%	105%	109%	7,534	6,888	108%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	95%	89%	95%	91%	94%	101%	99%	101%	102%	104%	94%	98%	94%	7,534	8,037	95%							
	BADS Daycase rates (3 months to month end)	Chief Operating Officer	**Actual**	84%	85%	85%	85%	85%	85%	87%	88%	87%	86.6%	-	-	-	4,605	5,319	-		81%	Dec				
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	84%	84%	83%	82%	81%	84%	81%	82%	81%	82%	82%	83%	82%			82%		78%	February				
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	87%	87%	87%	85%	84%	88%	84%	84%	83%	85%	84%	86%	85%			85%		82%					
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	**-**	53	43	40	66	55	63	45	59	40	57	37	49	40			126		21,053	Q4 23-24				
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	104.9%	107.1%	105.2%	101.5%	108.5%	109.4%	112.4%	117.0%	115.0%	117.6%	115.2%	119.4%	114.9%	7,217	6,279	117%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	96.9%	94.7%	100.1%	79.7%	89.4%	104.2%	91.3%	92.0%	96.0%	84.5%	115.9%	111.6%	96.5%	1,297	1,344	114%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	85.4%	86.1%	87.7%	86.1%	89.3%	91.9%	102.6%	97.0%	86.0%	89.3%	99.6%	104.7%	96.3%	2,205	2,290	102%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<15%**	17.4%	18.3%	18.9%	22.5%	14.2%	15.8%	18.4%	25.2%	19.5%	25.8%	27.4%	29.7%	38.0%	5,090	13,392			22.1%	May-24				
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	81%	84%	85%	88%	84%	85%	86%	87%	88%	87%	83%	88%	86%	328	382	85%							
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	**TBC**	5.0%	5.0%	5.4%	5.8%	5.6%	5.1%	4.4%	4.4%	4.4%	4.7%	5.5%	-	-										
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	**TBC**	54.7%	55.8%	56.8%	58.2%	59.2%	59.6%	60.0%	59.5%	59.6%	59.2%	59.3%	-	-										
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	**TBC**	82.3%	82.3%	82.3%	81.9%	81.9%	82.4%	81.7%	81.4%	81.3%	81.8%	82.9%	-	-										
	Maternity Activity (Deliveries)	Chief Nursing Officer		384	404	387	392	393	357	358	396	372	413	372	410	356			1,138							
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	**<4%**	5.2%	5.5%	5.3%	5.5%	5.6%	5.8%	5.8%	5.5%	4.8%	5.0%	4.8%	5.2%	5.3%	3,019	53,914	5%		6.9%	May-24				
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	88%	88%	89%	89%	88%	89%	89%	90%	91%	91%	89%	90%	89%	34866	39025	89%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	109%	90%	108%	99%	112%	109%	100%	101%	114%	118%	104%	99%	104%	36,023	34,688	106%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	109%	106%	104%	107%	110%	114%	106%	114%	114%	110%	124%	102%	97%	36,023	36,968	111%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	18%	18%	18%	18%	18%	18%	18%	18%	18%	17%	16%	17%	15%	8,395	54,757	16%		18%	Feb to Jan				
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer	**-**	10%	8%	9%	5%	8%	8%	7%	9%	9%	7%	7%	8%	7%	26	356	7.5%							

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	94%	95%	93%	95%	96%	96%	96%	97%	96%	96%	96%	96%	95%	774	813	96%		93%	May-24		
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	41	57	51	52	70	65	63	75	102	82	69	67	59			195		4,322	May-24		
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	7.6	7.1	7.7	7.3	7.4	7.9	7.5	8.1	8.2	8.1	7.8	7.9	7.7	2705	20871	7.8		4.4	Feb to Jan		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	2.8	3.8	2.9	3.7	3.4	3.4	3.5	3.0	3.7	3.2	3.3	3.1	3.3	468	1540	3.2		3.1			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	12%	13%	10%	12%	16%	15%	15%	14%	14%	12%	12%	13%	14%	3140	23070	13.0%		23.1%	Dec		
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	6.1%	6.0%	6.2%	7.3%	6.5%	6.6%	7.2%	7.1%	7.9%	8.5%	7.5%	8.2%	7.2%	894	12314	7.7%		7.5%	Jan to Dec		
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	**100**	104.2	103.5	102.9	104.3	103.9	104.5	105.8	104.0	103.0	-	-	-	-				As expected				
	Never Events	Chief Nursing Officer	**0**	1	2	0	0	0	0	0	0	0	0	0	0	0			0					
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	1	1	0	0	0	0	0	1	1	0	0	0			0					
	MSSA Bacteraemia	Chief Nursing Officer	**17**	3	3	5	2	0	4	5	2	4	2	3	3	3			9					
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**78**	15	9	15	10	7	14	8	8	15	9	11	10	14			35					
	Number of falls with moderate harm and above	Chief Nursing Officer		3	3	3	5	6	3	1	4	2	5	3	6	5			14					
	Serious Incidents	Chief Nursing Officer	**Actual**	9	10	15	4	1	0	0	2	1	0	1	1	0			2					
	VTE Risk Assessments	Chief Medical Officer	**95%**	93.4%	93.5%	93.5%	92.7%	92.4%	93.6%	91.0%	93.3%	93.0%	92.2%	93.2%	92.6%	93.8%	11289	12036	93%					
	WHO Checklist	Chief Medical Officer	**100%**	97.7%	98%	98%	96.1%	97%	97%	98%	98%	97%	98%	98%	98%	99%	1339	1348	98%					
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	**60%**	80%	82%	87%	76%	86%	85%	86%	83%	61%	66%	45%	62%	69%	64	93	58%					
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	90%	88%	44%	45%	67%	50%	50%	50%	75%	75%	33%	57%	57%	4	7	50%					
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	**80%**	70%	75%	74%	74%	79%	70%	81%	77%	75%	82%	78%	69%	73%	46	63	73%					
	Number of complaints	Chief Nursing Officer	**2022/23 (747)**	48	60	64	71	63	71	51	88	77	75	80	66	73			219					
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	**0**	1	0	0	0	1	0	0	0	0	0	0	0	0			0					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**85%**	63%	70%	76%	64%	44%	42%	62%	63%	82%	69%	48%	62%	73%	37	50	59%					
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	**95%**	89%	91%	90%	87%	86%	87%	84%	74%	71%	77%	76%	75%	75%	1864	2488	75%		79%	Apr-24		
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	**95%**	97%	97%	97%	96%	97%	98%	96%	94%	93%	94%	94%	94%	94%	4193	4445	75%		95%			
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	**95%**	100%	86%	84%	89%	94%	70%	94%	33%	94%	100%	100%	88%	92%	43	47	93%		93%			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**20%**	23%	22%	25%	22%	17%	21%	14%	23%	23%	23%	22%	23%	21%	2488	11715	21%					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	41%	40%	39%	35%	30%	36%	25%	35%	37%	37%	35%	37%	38%	13391	36311	37%					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	1%	2%	5%	2%	3%	6%	12%	1%	9%	1%	4%	9%	8%	47	536	9.2%					

People		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	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional	SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6%**	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.8%	8.6%	9.0%	7.9%			8.5%					
	Appraisals - Non-medical	Chief People Officer	**90%**	80.0%	80.0%	78.4%	81.0%	79.0%	79.0%	80.0%	79.0%	79.0%	79.0%	79.0%	80.0%	80.0%	4,463	5,592	79.7%					
	Appraisals - Medical	Chief People Officer	**90%**	90.0%	91.0%	91.0%	91.0%	92.0%	94.0%	96.0%	93.0%	93.0%	93.0%	94.0%	96.0%	94.0%	509	540	94.7%					
	Mandatory Training	Chief People Officer	**90%**	90%	90%	89%	88%	88%	88%	88%	90%	90%	91.0%	91.0%	91.0%	91.0%	76,073	83,434	91.0%					
	Overall Sickness	Chief People Officer	**4$%**	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%	10,431	198,542	5.6%					
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**11.5%**	12%	12%	12%	12%	11%	11%	11%	11%	11%	11%	11%	11%	10%	610	5,814	10.8%					
	Vacancy Rate	Chief People Officer	**7.5%**	12%	12%	11%	10%	9%	8%	8%	8%	7%	7%	10%	9%	9%	679	6,636	9.5%					

Finance and Use of Resources		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	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional	SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£2,873	-£2,962	-£2,672	-£201	-£2,331	£2,279	-£4,897	-£5,562	-£4,361	-£3,361	-£7,799	-£4,672	-£5,283			-£17,754					
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-5.0%	-5.3%	-4.6%	-0.3%	-4.1%	3.7%	-8.7%	-9.8%	-7.5%	-4.7%	-14.0%	-7.8%	-9.1%			-10.2%					
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£1,342	-£1,709	-£1,816	£863	-£3,822	£528	-£5,177	-£7,277	-£6,677	-£4,954	£971	-£836	-£635			-£500					
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	53.0%	42.0%	32.0%	529.0%	-64.0%	77.0%	-6.0%	-31.0%	-53.0%	-47.0%	-11.0%	22.0%	14.0%			97.0%					
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£159	-£891	-£1,082	-£1,145	-£2,603	-£1,772	-£2,195	-£2,510	-£2,741	-£1,323	-£643	-£193	-£297			-£1,133					
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	-£3,862	-£3,112	-£3,717	-£3,456	-£3,272	-£3,581	-£3,049	-£3,505	-£3,098	-£3,158	£3,186	£3,406	£2,965			£9,557					
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	11.1%	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.0%	8.6%	9.0%	8%			8.5%					
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	£92	-£3,269	£632	£2,138	-£2,607	-£2,467	£757	£401	-£925	£25,631	£0	£0	-£2,314			-£2,314					
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£17.093m	£11.021m	£5.121m	£4.723m	£7.736m	£1.019m	£1.303m	£7.862m	£20.333m	£11.384m	£1.125m	£1.712m	£1.182m			-					
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	88.5%	91.7%	86.1%	86.6%	80.0%	79.4%	88.2%	83.1%	88.5%	95.6%	95.1%	87.9%	£83			-					
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	94.4%	96.3%	94.4%	91.3%	82.6%	78.6%	88.2%	85.9%	89.8%	93.3%	87.4%	89.3%	71.5%			-					

NHS
Wye Valley
NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25

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

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

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

Example

Data Quality Assurance Questions

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

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

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month Numerator	Latest Month Denominator	Year to Date v Standard	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	77%	72.9%	72.4%	78.6%	80.8%	79.0%	77.2%		781	1010	78.1%			76.4%				
	2 Week Wait all cancers	Chief Operating Officer	93%	88.3%	90.1%	96.9%	95.8%	86.9%	93.4%		969	1038	90.2%			78.4%				
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	90.5%	95.8%	83.3%	79.3%	47.6%	32.1%		9	28	38.8%			62.3%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	73.8%	69.1%	80.8%	89.2%	84.8%	85.5%		100	117	85.2%			92.4%	May			
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	74.3%	71.6%	82.1%	88.4%	84.3%	82.2%		106	129	83.0%			91.8%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		8	12	4	12	14	11				25							
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	59.2%	51.7%	71.1%	63.0%	64.5%	75.7%		58	76	71.0%			59.9%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	100.0%	60.0%	100.0%		80.0%	100.0%		1	1	85.7%			68.1%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	73.9%	48.1%	76.9%	61.8%	72.4%	63.3%		16	25	66.7%			76.4%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	70%	60.9%	50.3%	70.9%	62.6%	63.9%	75.5%		79	104	70.7%			75.7%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	117	142	121	58	51	63	55										
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2022/23	107%	122%	115%	103%	112%	114%	100%	28914	28849	109%							
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	Data being verified							61	134	97.7%							
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%								30	35	83.3%			85%	May			
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	91.1%	90.0%	89.7%	90.3%	85.6%	83.0%	83.9%	1282	1528	84.2%			92.4%	Apr to Mar			
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	103%	103%	109%	104%	108%	107%	100%	6175	6199	105%							
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	73.6%	64.4%	65.8%	71.4%	73.3%	72.7%	66.4%	956	1439				73%				
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	13.2%	20.1%	17.0%	12.2%	10.2%	10.5%	15.4%	221	1439	10.4%			12%	July			
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	114%	117%	123%	120%	115%	112%	113%	1528	1358	113%							
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	41%	43%	46%	45%	47%	46%	46%	1158	2461	46.4%			36%	Apr to Mar			
	A&E - % of patients seen within 4 hours	Chief Operating Officer	78%	53.6%	53.2%	54.9%	65.5%	68.8%	68.1%	66.4%	4868	7328	67.8%			74.6%	June			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		17.3%	19.1%	16.9%	12.2%	11.9%	11.7%	12.3%	899	7328	11.8%			5%	Apr to Mar			
	A&E - Time to treatment	Chief Operating Officer		01:53	01:43	01:46	01:31	01:31	01:36	01:41						01:43				
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	In development																
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:26	00:25	00:25	00:24	00:26	00:25	00:28						00:22	Apr to Mar			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	230	305	306	250	292	318	291			610							
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	8.7%	7.7%	8.5%	8.2%				107	5309	8.2%			9%	Mar to Feb			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**92%**	57.9%	57.2%	56.3%	55.4%	54.5%	55.6%	55.8%	13829	24761				59.1%	May			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	**95%**	65.5%	66.8%	67.6%	68.3%	67.8%	68.2%	70.0%	3092	4418								
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		27031	26837	27256	27780	28130	28574	29179										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1636	1446	1287	1152	1171	1198	1285						307500	May			
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	478	448	342	112	137	170	196						55955				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	16	7	16	9	6	13	15						4597				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	3	1	1	0	1	2	3						259				
	GP Referrals	Chief Operating Officer	**2019/20**	98%	104%	120%	134%	116%	103%	90%	3933	4348	102%							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	101%	112%	116%	129%	113%	114%	111%	5507	4970	113%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	121%	114%	113%	83%	110%	106%	85%	5507	6465	99%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	101%	109%	109%	124%	116%	118%	114%	17331	15183	116%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	133%	126%	120%	89%	113%	112%	88%	17331	19648	103%							
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	**46%**					44%	43%	44%	10991	25127	44%							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	92%	99%	106%	121%	112%	110%	99%	2716	2757	107%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	112%	104%	113%	84%	119%	113%	86%	2716	3170	104%							
	BADS Daycase rates	Chief Operating Officer	**Actual**	76.9%	78.7%	80.4%	79.6%				0	0	78.0%			80%	2023 / 24			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	77.8%	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%			78.3%			78%	March			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	82.3%	82.8%	84.1%	84.7%	82.0%	82.4%	83.0%			82.5%			83%				
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	**10 per month**	31	65	36	31	32	24	39			95			21053	Jan to Mar			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	119%	125%	111%	107%	112%	127%	129%	3179	2455	122%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	158%	143%	150%	99%	130%	98%	77%	641	837	99%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	148%	114%	95%	149%	120%	131%	119%	1497	1256	123%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<5%**	13.2%	17.9%	15.6%	21.5%	24.7%	24.8%	22.3%	2008	6642				22.1%	May			
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	92.2%	91.3%	92.1%	93.8%	94.4%	93.9%	90.6%	126	139	93.0%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	**<15%**	23.8%	24.3%	24.3%	19.5%	19.0%	16.0%	16.3%	21	129	16.3%							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	**<34%**	64.9%	63.8%	64.6%	62.9%	60.6%	55.5%	54.7%	110	201	54.7%							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	**<60%**	92.5%	88.4%	88.2%	87.0%	85.5%	87.3%	86.3%	113	31	86.3%							
	Maternity Activity (Deliveries)	Chief Nursing Officer	**v 2022/23**	95%	141%	115%	99%	99%	84%	113%	148	130	98%							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:24	1:24	1:22	1:25	1:23	1:25											
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development							0	0								
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<4%**	6.9%	6.5%	6.2%	6.0%	6.2%	6.3%	6.5%	1781	25555	6.4%			7.1%	Apr to Mar			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	83.6%	83.3%	86.5%	87.0%	86.7%	88.0%	87.6%	13226	15099	87.4%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	102%	108%	106%	122%	117%	120%	116%	11824	10213	118%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	139%	132%	124%	92%	115%	115%	90%	11824	13184	105%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	20.4%	21.1%	19.8%	19.2%	20.1%	20.2%	19.1%	3306	17331	19.8%			18%	Apr to Mar			
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.1%	11.9%	8.8%	6.3%	11.2%	5.3%	10.1%	14	139								

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	99%	100%	100%	100%	100%	100%	100%	319	319	**100%**			94%	June			
	Bed occupancy - Community Wards	Chief Operating Officer	**<92%**	99%	96%	96%	98%	97%	98%	95%	73	78	**97%**							
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	28	24	65	74	54	99	84			**153**			4322	May			
	Patient ward moves emergency admissions (acute)	Chief Operating Officer		8%	11%	10%	9%	9%	9%	9%	104	1158	9%							
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	6.2	6.8	7.1	6.7	6.5	6.2	6.4	8488	1322	**6.3**			4.4	Apr to Mar			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	2.3	2.4	2.8	2.7	2.6	2.4	2.4	682	286	**2.5**			3.2	Apr to Mar			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	21.0%	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%	1277	7766				23.1%	Dec			
	Medically fit for discharge - Community	Chief Operating Officer	**10%**	43.6%	50.1%	51.6%	50.1%	46.2%	42.6%	47.4%	1193	2515								
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**					4.2%	4.4%		142	3247	**4.3%**			7.6%	Mar to Feb			
	HSMR - Rolling 12 months	Chief Medical Officer	**<100**	111.0	112.21	110.05					740	672				100	Apr to Mar			
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	101.7	102.0	100.3					1375	1370				100	Nov to Oct			
	Never Events	Chief Nursing Officer	**0**	0	0	0	0	1	0	0			**1**							
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	1	0	0	0	0			**0**							
	MSSA Bacteraemia	Chief Nursing Officer		2	1	2	2	1	0	0			**1**							
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**44**	4	3	3	2	6	6	5			17							
	Number of falls with moderate harm and above	Chief Nursing Officer	**2022/23 (30)**	3	2	2	1	1	4	2			7							
	Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	**0**										**0**							
	Serious Incidents	Chief Nursing Officer	**Actual**										0							
	VTE Risk Assessments	Chief Medical Officer	**95%**	88.0%	87.4%	89.2%	89.3%	89.2%	87.4%	87.8%	4235	4821	**88.1%**							
	WHO Checklist	Chief Medical Officer	**100%**	99.4%			99.4%			98.0%										
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	**60%**	48.1%	53.5%	66.7%	63.0%	64.4%	50.9%	63.2%	24	48	**58.7%**							
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	0.0%	66.7%	60.0%	33.3%	0.0%	66.7%	20.0%	1	5	**33.3%**							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	90.6%	80.0%	78.0%	83.1%	77.8%	71.1%	76.5%	26	34	**74.8%**							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**98%**	In development							0	0								
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**98%**	In development							0	0								
	Number of complaints	Chief Nursing Officer	**2022/23 (253)**	24	27	29	38	45	32	32			109							
	Number of complaints referred to Ombudsman	Chief Nursing Officer	**0**	0	0	0	0	0	0	0			**0**							
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	17.6%	34.6%	37.9%	35.3%	44.8%	39.4%	51.7%	15	29	**45.3%**							

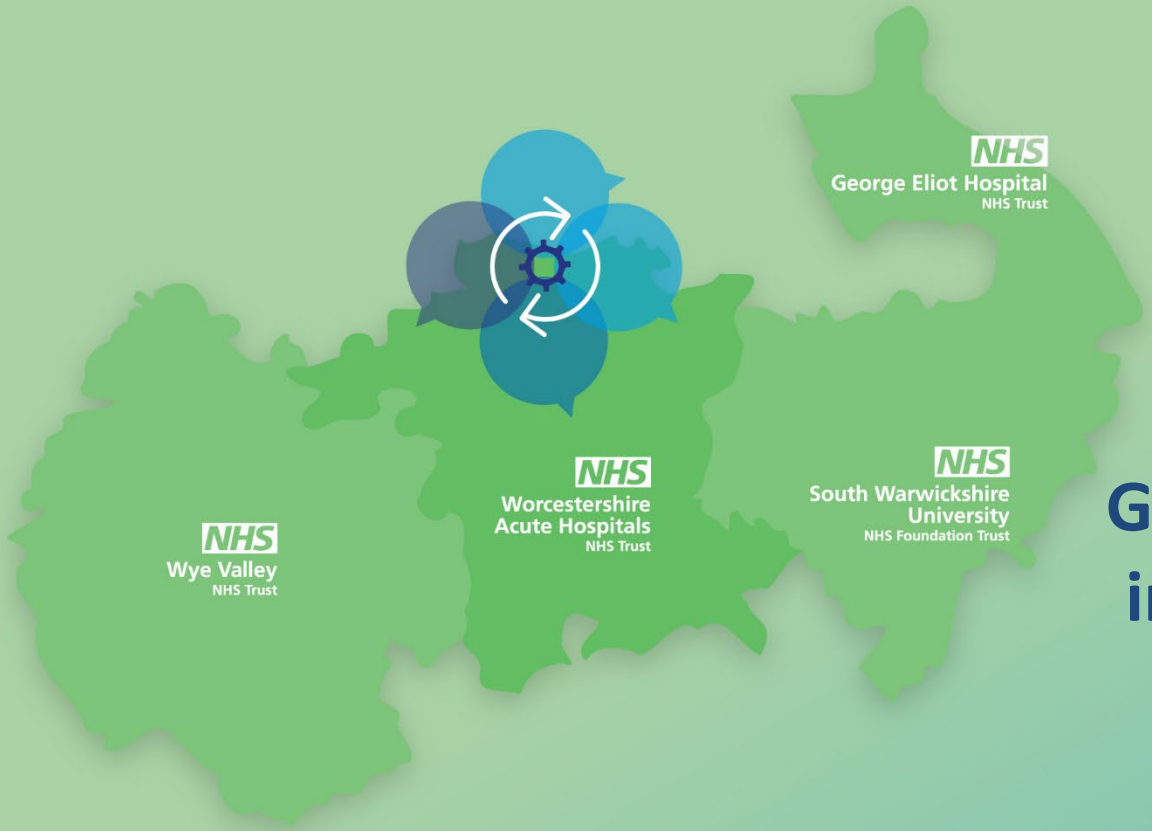
	Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	**30%**								4	5023	**0.0%**								
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**95%**	73%	77%	76%	81%	81%	81%	79%						79%					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	82%	86%	82%	89%	86%	83%	85%	164	194	**84.4%**			94%	April				
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**95%**								4	4	**0.0%**			94%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	87%	97%	93%	91%	97%	86%	97%			**93.0%**			92%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	19%	21%	21%	20%	19%	19%	20%											
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	15%	18%	16%	17%	18%	16%	18%	194	1101	**17.3%**								
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	31%	23%	23%	16%	28%	25%	24%	29	120	**25.7%**								

	People	Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6.4%**	6.1%	7.9%	8.1%	6.0%	5.5%	6.3%	5.5%			6%							
	Appraisals	Chief People Officer	**85%**	72.7%	70.6%	71.8%	70.8%	75.9%	79.2%		2544	3214	**78%**			76%	2021/22			
	Mandatory Training	Chief People Officer	**85%**	89.0%	88.8%	88.8%	88.4%	89.2%	89.8%		35281	39305	**90%**			88%				
	Overall Sickness	Chief People Officer	**3.5%**	5.6%	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5171	107394	**5%**			6%	Jan			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**10%**	10.3%	10.1%	10.1%	10.4%	9.0%	9.2%	9.4%	326	3487	**9%**							
	Vacancy Rate	Chief People Officer	**5%**	3.7%	3.8%	3.9%	3.9%	3.6%	5.5%	5.7%	215	3798	**5%**							

	Finance and Use of Resources	Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£2,906	-£2,430	£9,902	-£9,316	-£3,387	-£3,387	-£3,387			**-£10,161**							
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-11.0%	-7.0%	24.5%	-22.1%	-1.2%	-10.1%	-12.3%	-£3,387	£27,574								
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£208	-£3,427	-£3,019	-£13,529	-£410	-£469	-£524			**-£1,403**							
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	-0.8%	-9.8%	-7.5%	-32.2%	13.0%	12.0%		-£383	-£3,181	**12.5%**							
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£841	-£708	-£830	£906	-£370	-£409	-£566			**-£1,345**							
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	£1,087	£1,482	£1,596	£1,127	£1,069	£1,027	£1,048			£3,144							
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	6.1%	8.1%	8.5%	6.0%	5.9%	5.8%	5.8%	£1,048	£18,127	5.8%							
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	£520	-£2,959	-£689	-£1,572	-£14	£178	-£522			**-£359**							
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£24	£23	£23	£19	£22	£30	£23			£25							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	56.2%	78.6%	95.8%	101.1%	99.4%	99.8%	98.9%	£51,632	£52,228	**98.9%**							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	43.1%	95.9%	96.3%	97.6%	98.7%	99.0%	99.0%	£15,071	£15,225	**99.0%**							

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

Title of Report	Group Finance Update including Productivity
Status of report: (Consideration, position statement, information, discussion)	For information
Author:	Vicky Gunewardena, Head of Financial Information, South Warwickshire University NHS Foundation Trust (SWFT) and Ravi Basi, Deputy Chief Finance Officer (SWFT)
Lead Executive Director:	Kim Li, Chief Finance Officer SWFT, Haq Khan, Chief Finance Officer George Eliot Hospital NHS Trust (GEH), Katie Osmond, Chief Finance Officer Wye Valley NHS Trust (WVT) and Neil Cook, Chief Finance Officer, Worcestershire Acute Hospitals NHS Trust (WAHT).
1. Purpose of the Report	To provide the Foundation Group Boards with an update on Group finances and productivity.
2. Recommendations	The Foundation Group Boards are asked to note the following points: - Group financial position against NHS England plan, - progress in identification of Cost and Productivity Improvement Programmes (CPIPs) (90%) - reduction in agency spend and progress towards NHS England targets - Elective Recovery Fund position, and - Productivity changes since pre Covid-19 and development of national and local productivity indicators.
3. Executive Assurance	Across the NHS the financial position is very challenged requiring all organisations to plan for ambitious levels of cost reduction and productivity improvements. The key challenges impacting the financial position to date are emergency pressures and the delivery of ambitious CPIP targets. There is good progress on planning and delivery against the CPIP targets but there remains some risk to delivery. Work is progressing on use of productivity indicators across the Group and opportunities for sharing learning.



Group Finance Update including Productivity

July 2024

Group Finance Update including Productivity

Content

- Month 3 financial position
- Cost & Productivity Improvement plans
- Agency & Temporary Staffing Analysis
- Elective Recovery Fund (ERF) performance
- Model Health System Productivity metrics
- Internal Productivity metric development
- National Cost Collection

Year to Date (YTD) Month 3 2024/25 (June 2024) Financial Position

YTD Plan is measured against the adjusted NHS England Plan for 2024/25

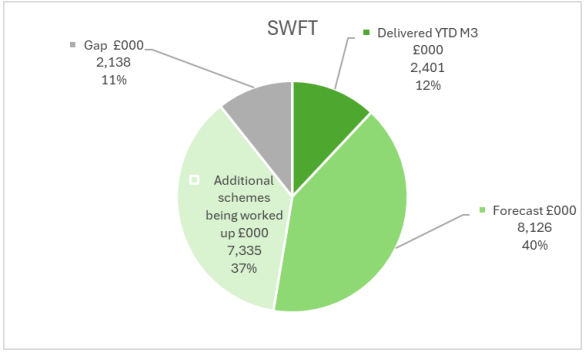
Income & Expenditure M3 YTD	SWFT Plan £000s	SWFT Actuals £000s	SWFT Variance £000s	GEH Plan £000s	GEH Actuals £000s	GEH Variance £000s	WYE Plan £000s	WYE Actuals £000s	WYE Variance £000s	WAHT Plan £000s	WAHT Actuals £000s	WAHT Variance £000s
Patient Income	100,025	102,633	2,608	58,165	58,758	593	75,920	76,650	730	163,065	165,753	2,689
Non Patient Income	11,168	11,349	181	3,595	3,715	121	5,893	6,072	179	7,958	7,873	(85)
Total Income	**111,193**	**113,982**	**2,789**	**61,759**	**62,473**	**714**	**81,813**	**82,722**	**909**	**171,023**	**173,626**	**2,603**
Substantive Pay	(63,972)	(66,410)	(2,438)	(43,035)	(37,088)	5,947	(45,331)	(47,038)	(1,707)	(91,164)	(92,084)	(920)
Bank Pay	(7,442)	(7,969)	(527)	(2,403)	(6,435)	(4,032)	(4,911)	(4,263)	648	(10,866)	(10,904)	(38)
Agency Pay	(1,666)	(1,809)	(143)	(0)	(1,556)	(1,556)	(3,222)	(3,137)	85	(10,591)	(9,557)	1,034
Pay Subtotal	**(73,080)**	**(76,188)**	**(3,108)**	**(45,438)**	**(45,079)**	**359**	**(53,464)**	**(54,438)**	**(974)**	**(112,621)**	**(112,545)**	**76**
Non Pay	(38,604)	(38,603)	1	(19,519)	(21,045)	(1,526)	(27,754)	(29,114)	(1,360)	(69,091)	(72,150)	(3,059)
Total Expenditure	**(111,684)**	**(114,791)**	**(3,107)**	**(64,957)**	**(66,124)**	**(1,167)**	**(81,218)**	**(83,552)**	**(2,334)**	**(181,712)**	**(184,695)**	**(2,983)**
Operating Surplus/Deficit	**(491)**	**(809)**	**(318)**	**(3,198)**	**(3,651)**	**(453)**	**595**	**(830)**	**(1,425)**	**(10,690)**	**(11,069)**	**(379)**
Finance Costs plus other gains/losses incl disposal of assets and share of profit of associates/joint ventures	(857)	(755)	102	(383)	(166)	217	(4,577)	(4,504)	73	(3,791)	(3,830)	(39)
Surplus/(Deficit)	**(1,348)**	**(1,564)**	**(216)**	**(3,581)**	**(3,818)**	**(237)**	**(3,983)**	**(5,335)**	**(1,352)**	**(14,481)**	**(14,899)**	**(418)**
Adjust for impacts of impairments, donated assets/ grants and PFI costs	(1,732)	(1,845)	(113)	39	36	(3)	(4,775)	(4,827)	(52)	(2,773)	(2,855)	(82)
Adjusted Financial Performance	**(3,080)**	**(3,409)**	(329)	**(3,542)**	**(3,782)**	(240)	**(8,758)**	**(10,162)**	(1,404)	**(17,254)**	**(17,754)**	(500)

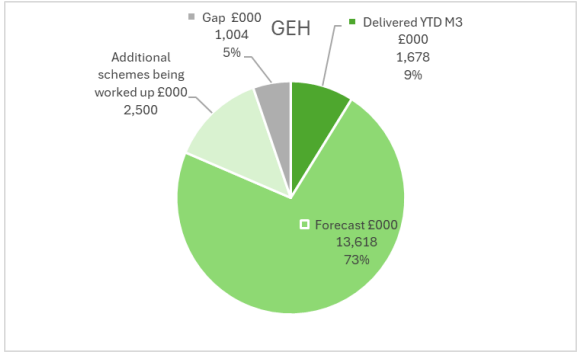
Cost and Productivity Improvement Plans (CPIP)

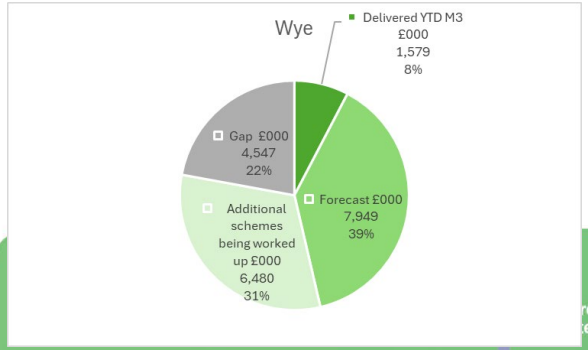
The Group CPIP target amounts to over £104m, of which c. 90% has been identified and 11% delivered year to date. Trusts are in the process of quantifying further schemes being developed.

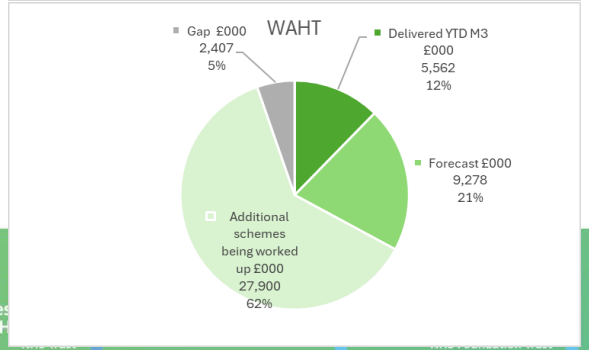
In addition to the budget reduction schemes shown here, Trusts are developing cost reduction and productivity schemes. These do not allow budgets to be removed but are necessary to enable the overall Financial Target to be met.

	Delivered YTD M3 £000	Forecast £000	Additional schemes being worked up £000	*Total identified £000*	Gap £000	Target £000	%age identified	Delivered
SWFT	2,401	8,126	7,335	*17,862*	2,138	20,000	89%	12%
GEH	1,678	13,618	2,500	*17,796*	1,004	18,800	95%	9%
Wye	1,579	7,949	6,480	*16,008*	4,547	20,555	78%	8%
WAHT	5,562	9,278	27,900	*42,740*	2,408	45,148	95%	12%
Group	11,220	38,971	44,215	94,406	10,097	104,503	90%	11%

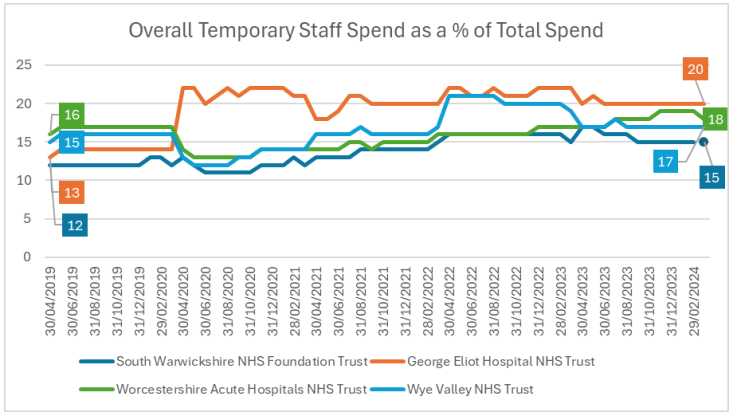


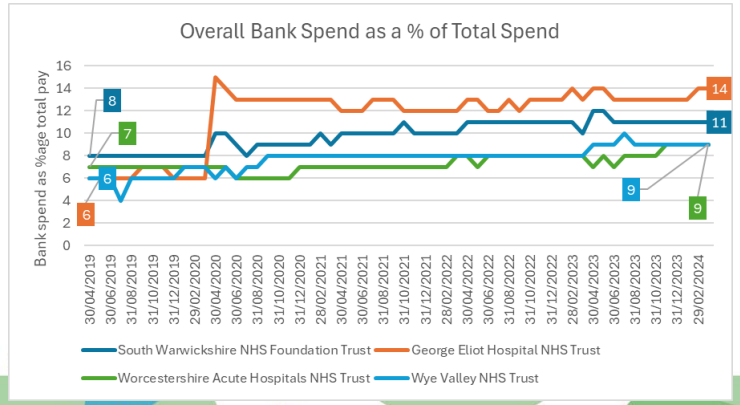


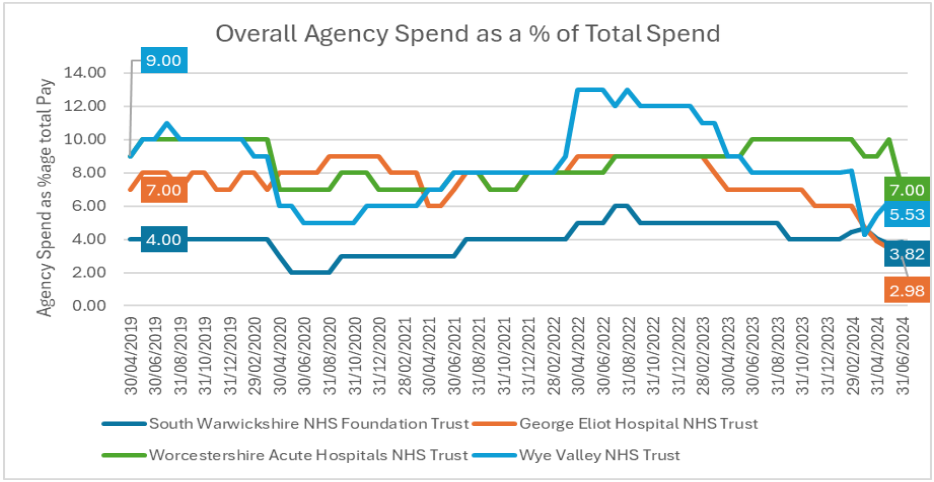




Temporary Staffing as % total pay 2019/20 onwards







Temporary staffing spend as a % of total pay had increased for all Group Trusts up to 31 March 2024. Most of this is in bank spend. All Trusts have reduced agency spend following significant rises during 2022 and over Winter. Not only is GEH now below the agency ceiling target, but it has also reduced overall temporary staffing spend. Includes medical agency through direct engagement contracts.

Worcestershire Acute:

- May 2024 included retrospective shifts
- June 2024 decrease demand due to closure of excess capacity

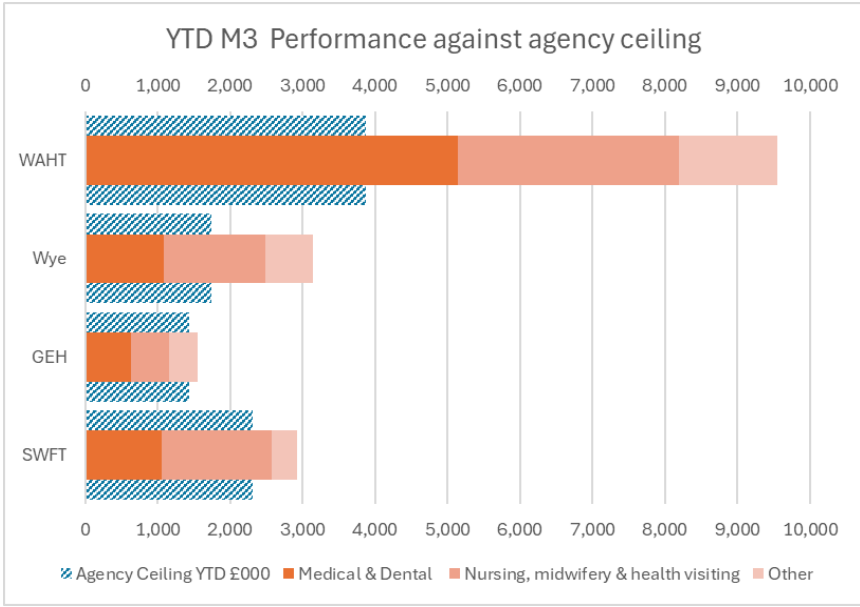
Agency –Year to Date June 2024 (Month 3 2024/25)

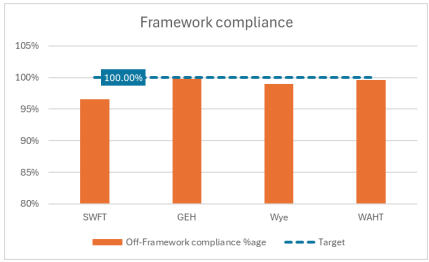
Agency spend incurs a premium for agency commission as well as being at higher rate than internal temporary resource through staff banks or substantive staff.

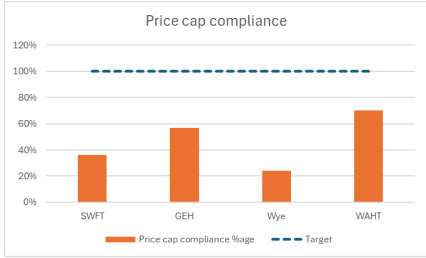
NHS England (NHSE) has set providers targets to limit and control agency usage:

- Maximum agency spend of 3.2% total pay
- Agency must be procured through an approved Framework
- Maximum price caps for individual shifts

		SWFT	GEH	Wye	WAHT
Agency Ceiling YTD £000		*2,305*	*1,443*	*1,743*	*3,870*
Agency Spend YTD £000	Medical & Dental	1,060	628	1,091	5,146
	Nursing, midwifery & health visiting	1,510	526	1,392	3,043
	Other (including Clinical Support, scientific, therapeutic & technical, admin & estates)	354	402	654	1,368
Total		**2,925**	**1,556**	**3,137**	**9,557**
YTD Agency Spend as % total pay Target 3.2%		3.9%	3.5%	5.76%	7.9%
Off-Framework compliance in month %		96.6%*	99.8%	99%	99.6%
Price cap compliance in month %		36.3%	56.9%	24%	70.0%







*SWFT 100% framework compliance from 24 July 24

Elective Recovery Fund

Trust	Trust National Target 2024/25	Internal Planning Target 2024/25	2023/24 Performance	Apr-24	May-24	Jun-24	YTD	Largest ICB Commissioner	Proportion of national Target
South Warwickshire University NHS FT	105.3%	112.0%	113.3%	119.7%	120.2%	113.7%	117.8%	NHS Coventry and Warwickshire ICB	92.8%
George Eliot Hospital NHS Trust	103.6%	130.0%	113.2%	120.0%	130.0%	136.0%	128.6%	NHS Coventry and Warwickshire ICB	85.2%
Wye Valley NHS Trust	105.9%	117.5%	115.1%	128.0%	121.0%	102.0%	111.0%	NHS Herefordshire and Worcestershire ICB	92.6%
Worcestershire Acute Hospitals NHS Trust	104.3%	120.8%	108.0%	113.2%	113.0%	114.5%	113.6%	NHS Herefordshire and Worcestershire ICB	87.0%

ERF Performance measured against the 2019/20 Value weighted activity.

Each Trust's performance cannot be readily compared against others as each Trust had different factors affecting its baseline year and baseline months – E.G Vanguards or other lost capacity. In month performance is monitored against the 19/20 baseline year Working Day adjusted target
Performance can be driven through additional capacity purchases or increased productivity within existing capacity

National targets were set in 2023/24 pre- industrial action – in 2024/25 these original targets have been reinstated
NHSE have not shared their monthly profile 2024/25 therefore Apr24-Jun24 performance has been assessed against 2023/24 phasing
Internal Targets have been reassessed to include NHSE adjustment for movement in working days
During Planning Providers may have built in stretch targets to deliver in excess of these targets to optimise productivity.

In financial terms Wye Valley NHS Trust is ahead of plan at June 2024 as activity was not expected to step up until July 2024 with the opening of the elective surgical hub.

Model Health System Implied Productivity Changes

The Model Health System introduced the concepts of a *Weighted Activity Unit* (WAU) – a measure to allow clinical output to be compared across Trusts and points of delivery by using relative expected cost from the national cost collection. This is used to determine productivity growth and changes in cost per WAU. A positive *implied productivity growth* is good, whereas reductions in *cost per WAU* are good. **Caution needed in interpreting these indicators as certain activity is excluded but all costs and workforce included; however, is a good overall indicator of productivity change.**

	Implied Productivity Growth (year-to-date compared to 2019/20)	Implied Workforce Productivity Growth (year-to-date compared to 2019/20)	In-month Change in Cost per WAU (Feb 24 vs Feb 23)	YTD Change in Cost per WAU (YTD Feb 24 vs YTD Feb 23)
SWFT	+3%	+6%	+9%	-1%
GEH	+5%	-8%	-11%	-13%
Wye	-13%	-12%	-15%	-7%
Worcs Acute	-19%	-18%	+2%	+1%
Provider mean	-14%	-14%	-6%	-2%

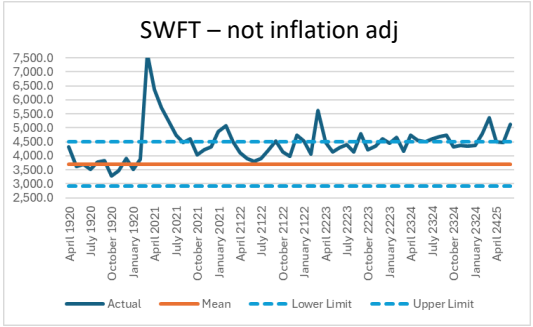
- The NHS as a whole has had a productivity reduction compared with pre-Covid-19 of c.14%. SWFT, GEH and WVT have had a better productivity change than the NHS as a whole, with SWFT and GEH having a positive overall productivity growth. Looking at workforce productivity; only SWFT has implied workforce productivity growth.
- However, compared to the prior year, SWFT and WAHT have either increased cost per WAU or decreased less than the provider mean. GEH and WVT have reduced cost per WAU more than the mean.

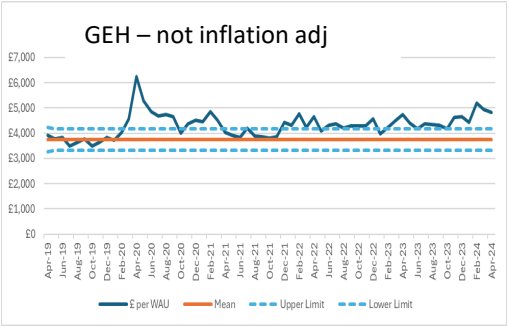
Internal Productivity Measures – Cost per WAU 2019/20 - June 2024/25

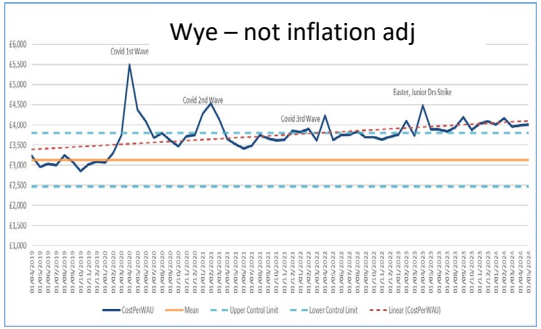
Group Trusts have developed internal productivity metrics "Cost per WAU" and "WAUs per Whole Time Equivalent (WTE)" to understand how clinical productivity has changed over time. These are created locally and differ from the Model Health System Cost per WAU, which is calculated from a full costing methodology with consistent costing standards that are not possible to reproduce on a monthly reporting method. Therefore, the charts should be used to understand trends, rather than compare absolute values across Trusts.

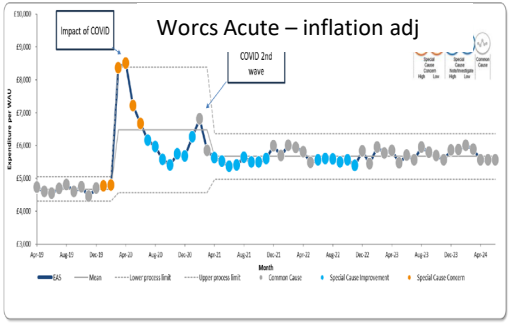
These summary charts show trends in Cost per WAU since 2019/20. All Trusts show an increased Cost per WAU, over and above inflation, implying a productivity deterioration.

Internally, other similar trend charts are used to review productivity changes, for example, SWFT produces monthly specialty level productivity charts, showing how clinical, workforce and non-pay productivity have changed over time, highlighting key productivity drivers such as pay vs clinical output per WTE, or impact of non-pay e.g. drugs or devices.

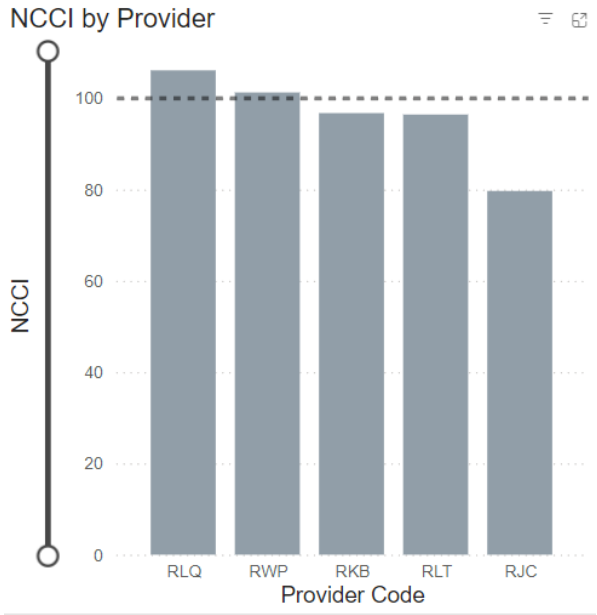








National Cost Collection Index (NCCI) 2022/23 – published July 2023



Trusts	NCCI (MFF Adj)
SWFT (RJC)	80
UHCW (RKB)	97
GEH (RLT)	96
Wye (RLQ)	106
Worcs Acute (RWP)	101
National Average	100

The National Cost Collection compares NHS providers' cost of carrying out patient care activity and publishes an index that measures relative cost of patient care activity, adjusted for case-mix. SWFT's NCCI of 80 remains well below the National Average of 100. GEH's NCCI is also below 100 but Wye & WAHT both above 100. Wye's cost is impacted by rurality (high breadth of services required for small population) which drives a structural deficit and the higher cost index.

2023/24 NCC Submission

The 2023/24 NCC has been recently submitted. Alongside existing use of our costing intelligence and service line reporting, there is an opportunity to deep dive into elements to identify financial improvement opportunities and to learn from best practice across Group.

For example:

Theatres cost per minute: Theatres utilisation is a high priority for productivity improvement. We have started to benchmark pay costs per minute in theatres. We are working through the calculation methodology to ensure consistency across the Group. Initial indications show there may be an opportunity to learn from each other through understanding the drivers of variation in unit costs across the four organisations. The Chief Operating Officers (COOs) are engaged in this piece of work.

Activity Type	Currency	SWFT	GEH	WVT	WAHT
Theatres costs	per theatre minute - pay cost	£14.18	£17.38	£16.66	£9.20

Costing intelligence can signpost to opportunities to increase productivity, utilisation of capacity and to tackle premium cost such as a high reliance on temporary staffing.

Summary

- Across the NHS the financial position is very challenged requiring all organisations to plan for ambitious levels of cost reduction and productivity improvements.

- The key challenges impacting the financial position to date are emergency pressures and the delivery of ambitious CPIP targets.

- There is good progress on planning and delivery against the CPIP targets but there remains some risk to delivery as we do not yet have plans to deliver our full CPIP targets.

- There have been improvements in ERF performance but only SWFT are exceeding their ERF target at the end of the first quarter, but it is worth noting that each organisation will have phased their target differently.

- Costs have increased across the Group ahead of inflation which is also reflected nationally. However, there are significant differences in the impact on productivity between the four organisations with different metrics telling different stories.

- Works is progressing on understanding the differences and using this as an opportunity to focus our attention on a few areas so we can identify good practice and share learning.

NHS South Warwickshire University NHS Foundation Trust

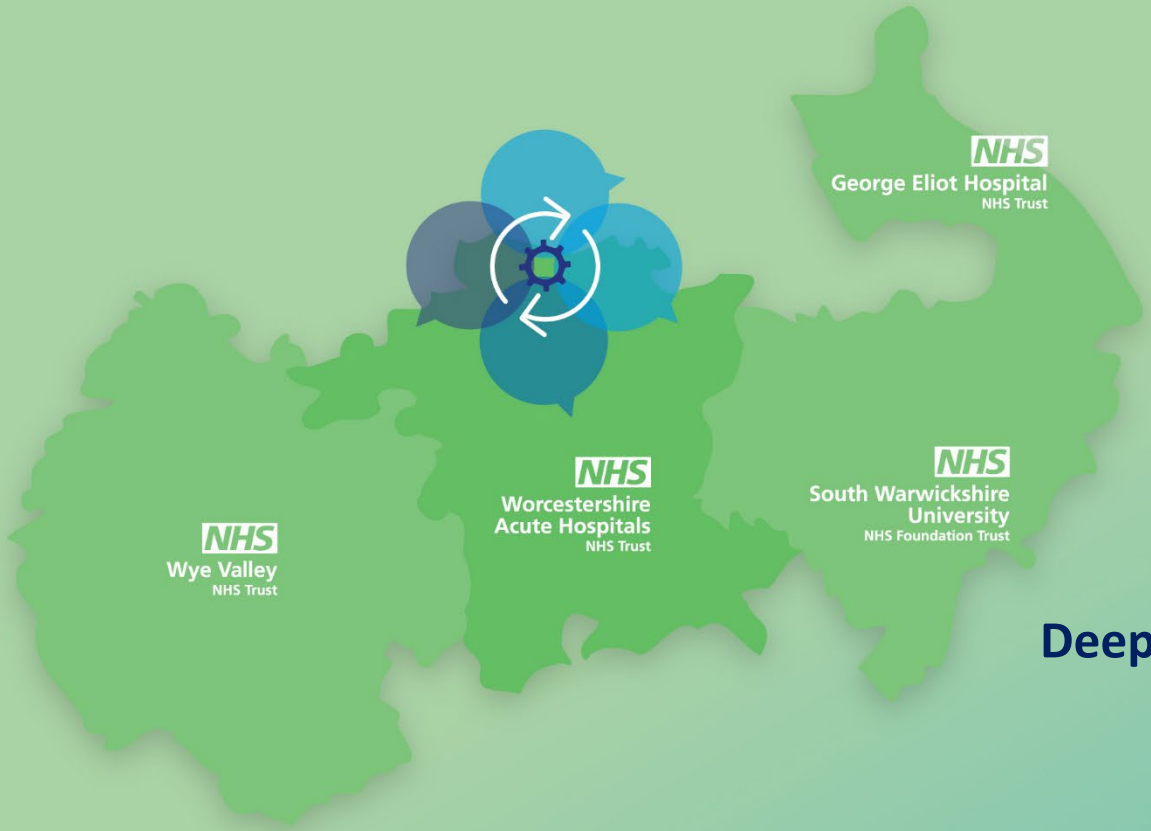
NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.3
Date of Meeting	7 August 2024		

Title of Report	Deep Dive into Elective Productivity
Status of report: (Consideration, position statement, information, discussion)	For information and discussion.
Author:	Harkamal Heran, Chief Operating Officer of South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer of Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer of George Eliot Hospital NHS Trust (GEH), and Helen Lancaster, Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT).
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Helen Lancaster, Chief Operating Officer of WAHT.
1. Purpose of the Report	To provide the Foundation Group Boards with a current update of the position faced across the Foundation Group in the delivery of the Elective Recovery plan. It is recognised that all Trusts across the Foundation Group have experienced issues, drivers and introduced improvement opportunities with focused plans. The report also shows data graphs pulled by the Group Analyst relating to Theatre and Outpatient activity: capped theatre utilisation, cases per list, clinical utilisation, Patient Initiated Follow Up (PIFU) and Did Not Attend (DNA) rates. The Group has identified next-step deep-dive opportunities.
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Foundation Group with regular feedback to future Board meetings.



Deep Dive into Elective Productivity

Foundation Group Boards – 7 August 2024

Introduction

Creating a clear separation between urgent and elective pathways has several benefits and an effective way to ensure cancer and other clinically urgent surgeries continue. The elective recovery plan sets ambitious timelines to bring down long waits for elective care. The plan covers key areas:

- Increasing capacity and efficiency productivity.
- Clinical prioritisation and reduction of the waiting lists.
- Increased use of Patient initiated follow ups.
- Transforming the way we provide elective care.
- Better information and support to patients for self-care.

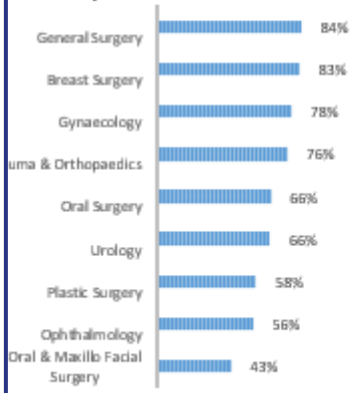
As a Foundation Group, we are making progress.

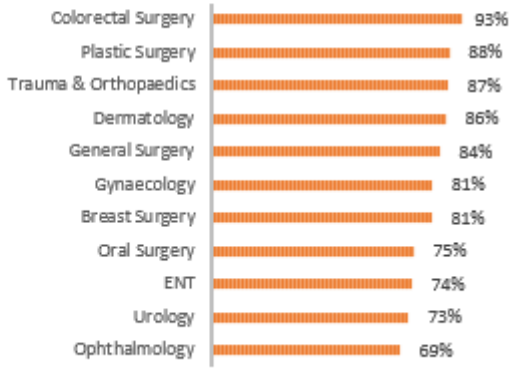
Capped Theatre Utilisation

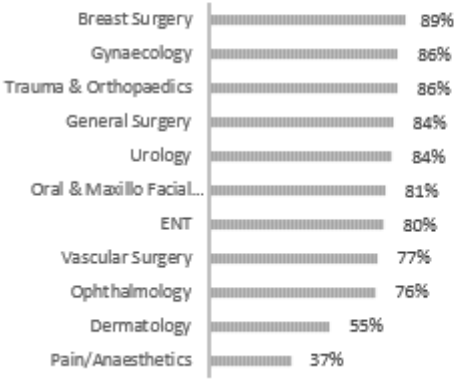
Jun-24

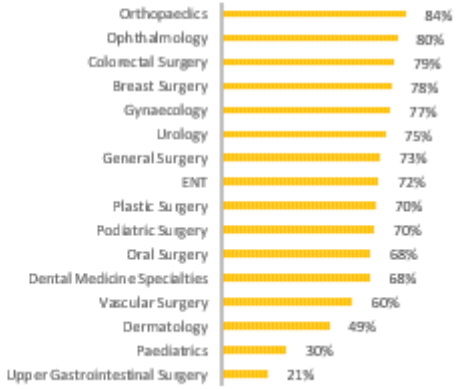
GEH			SWFT			WAH			WVT		
81.0%			83.0%			82.3%			79.7%		
74.6%	80.7%	83.4%	82.7%	84.1%	83.7%	81.6%	81.6%	83.1%	79.8%	77.2%	77.9%
Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24

FY23/24









Capped Theatre Utilisation

GEH

- Now we have improved our reporting on theatres, we are using this data to support the High Volume, Low Complexity (HVLC) metrics. This is focussing on volume of cases through Orthopaedics and General Surgery, and now onto day case rates in Urology and General Surgery.

SWFT

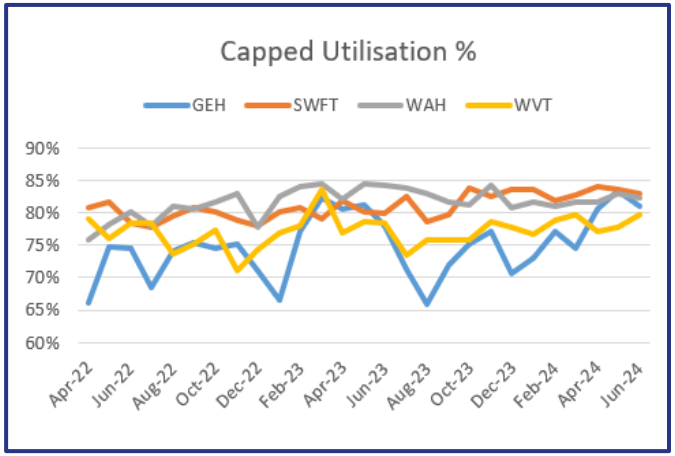
- We have re-launched our Theatre Transformation Group to review and improve theatre productivity. Ear, Nose and Throat (ENT) and Ophthalmology being our focus.

WAHT

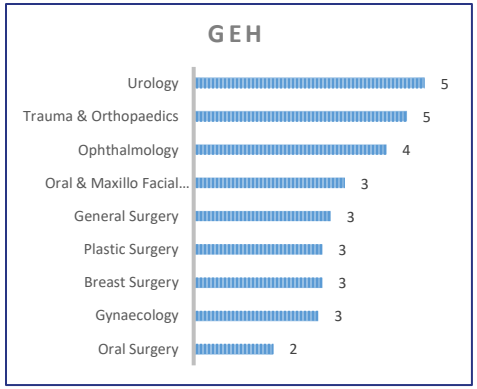
- Trust data includes treatment rooms, resulting in lower utilisation
- Restarted booking Kidderminster Hospital and Treatment Centre (KTC) lists to 110% to improve utilisation
- Rolling out stand-by patients to more specialities and lists
- Developing larger pool of patients who have had pre-op to support cancellations
- Reinstated paediatric 8642 to improve utilisation
- Applied for KTC Adult and Paediatric Elective Hub Accreditation

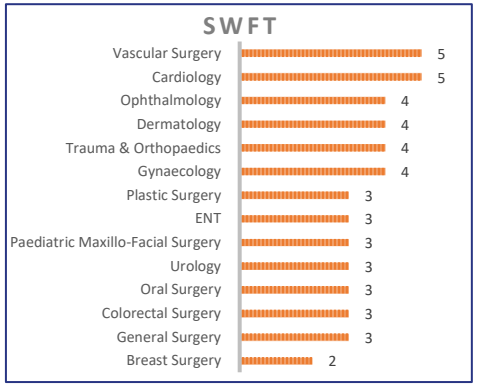
WVT

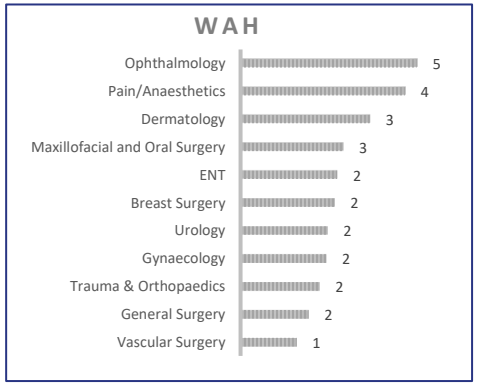
- Gradual improvement since March 2024 to 79.8% last month
- Elective Surgical Hub gone live on 8 July 2024
- Focus on increasing number of cases per list in Ophthalmology
- ENT have moved to higher volume all day's lists – now up to 8 patients on an all-day list
- Increased joints per list in Orthopaedics
- Improved scheduling with support of Foundation Group peer review and learning

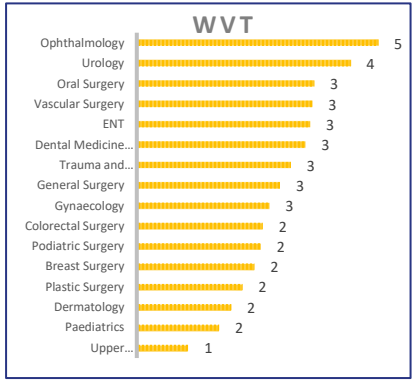


Average number of cases per list 2023-24 (surgical specialities, treatment rooms excluded)









Average number of cases per list 2023-24 (surgical specialities, treatment rooms excluded)

GEH

Focus has been on Trauma and Orthopaedics (T&O), General Surgery and Gynaecology to ensure number of patients on the list aligns to HVLC recommendations, further focus is required on Oral Surgery especially around cancellations on the day leading to low activity on the day.

SWFT

We have a project group set up to review the number of cataracts per lists. We have a plan to run a Plan, Do, Study, Act (PDSA) for high volume low complexity lists at Stratford Hospital which we are hopeful will improve our throughput. We are about to commence the same approach for ENT but have already identified an administrative process that it recording day case as overnight stays, specifically paediatric surgery.

WAHT

More HVLC procedures are moving from theatres to treatment rooms, or outpatient settings. This is contributing to the reduction in number of cases/lists across the sites – the procedures remaining in theatres are the more complex procedures. The Trust case mix may differ from others in the Group.

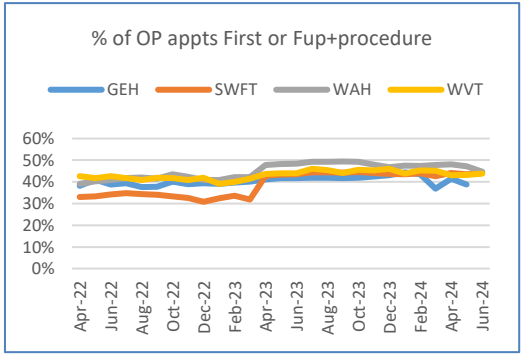
The Theatres Programme Workstream 2.5 sessions/6 day working, will support the cases/list metric: there are some lists where there is not currently theatre time for an additional case. We are trying to move away from adding list fillers (e.g. joint injections, simple skin procedures) to General Anaesthetics (GA) theatre lists to improve utilisation. By extending these lists to an additional evening session, additional cases will be able to be added.

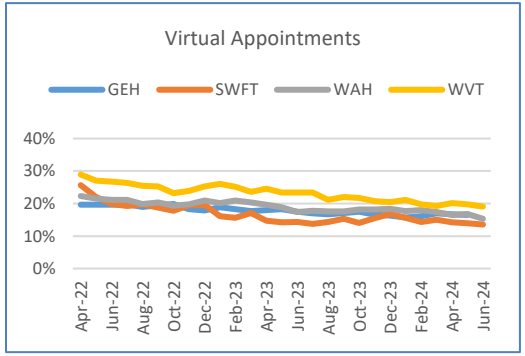
WVT

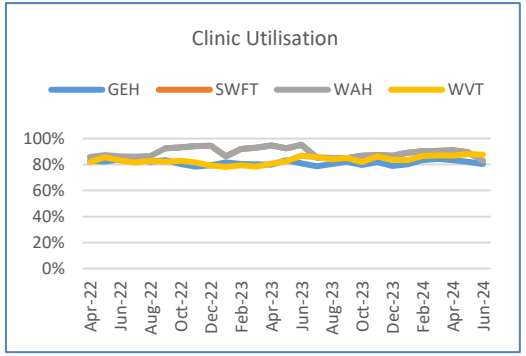
We are averaging around 3.0-3.2 per list. New Day Surgery Unit opened in July 2024 to support high volumes. First couple of weeks have seen overall average number of cases per list increase to 3.4. We are focusing on improving theatre scheduling:

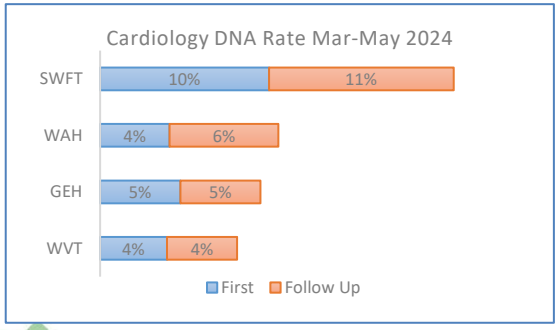
- Revising scheduling meeting
- Monitoring 6-4-2 compliance and driving adherence to this
- Improvement in percentage of lists assigned at 5 weeks: May 30% with no surgeon assigned, July 8% of lists with no surgeon assigned at 5 weeks
- Improvement in percentage of lists locked at 2 weeks: May 60% of lists booked at 2 weeks, rising to 79% July

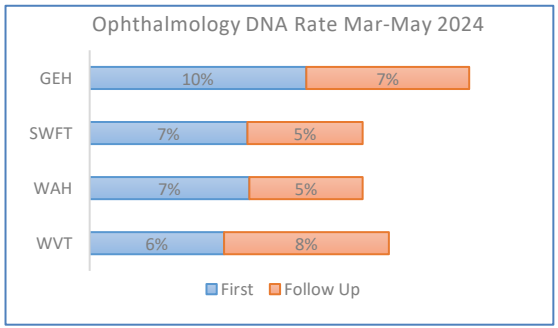
Additional data (Outpatient Productivity)

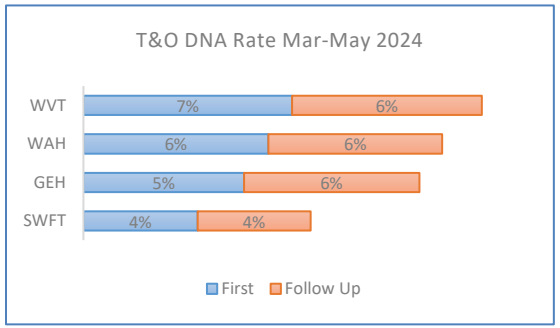




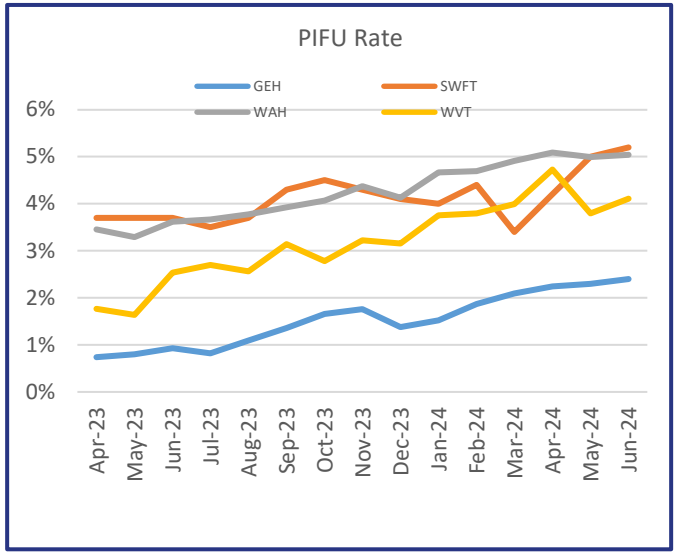








Patient Initiated Follow Up (PIFU)



Challenges:

GEH:
- Buy-in from clinical teams to implement Patient Initiated Follow Up (PIFU).
- Different reports from informatics provide different numbers so challenging to target areas.

WAHT:
- Buy-in from some clinical teams

WVT:
- MAXIMs (Patient Administration System) does not currently lend itself to managing PIFU pathway and some specialities reluctant to use it

SWFT:
- Understanding that not all follow ups are PIFU suitable, we require clinical support to see further improvements. Programme is being supported by OPMU.

Opportunities:

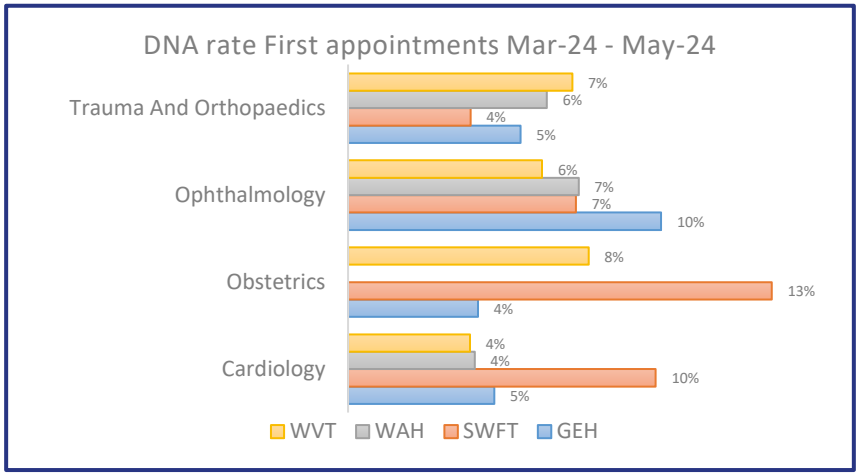
GEH:
- Exploring digital PIFU with Accurx and ongoing support form Deputy Chief Medical officer

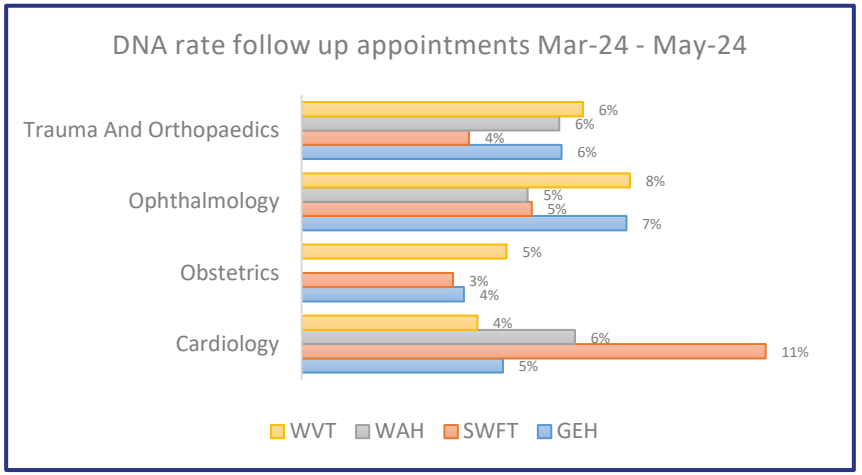
SWFT:
- Exploring PIFU2* platform through Consultant Connect

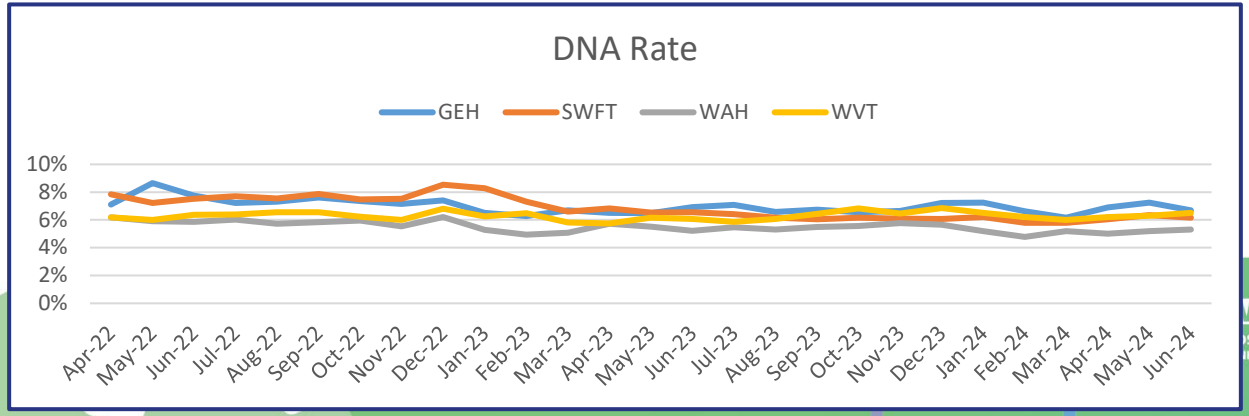
WAHT:
- Ongoing promotion and focus on the opportunities recommended by Getting it Right First Time (GiRFT) have supported this improving trend.

WVT:
- Some high-volume specialties will commence recording PIFU outcomes in the Autum

DNA Rate


DNA rate First appointments Mar-24 - May-24
Trauma And Orthopaedics
7%
6%
4%
5%
Ophthalmology
6%
7%
7%
10%
Obstetrics
8%
13%
4%
Cardiology
4%
4%
10%
5%
WVT
WAH
SWFT
GEH


DNA rate follow up appointments Mar-24 - May-24
Trauma And Orthopaedics
6%
6%
4%
6%
Ophthalmology
8%
5%
5%
7%
Obstetrics
5%
3%
4%
Cardiology
4%
6%
11%
5%
WVT
WAH
SWFT
GEH


DNA Rate
GEH
SWFT
WAH
WVT
10%
8%
6%
4%
2%
0%
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
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Mar-24
Apr-24
May-24
Jun-24

DNA Rate

GEH Increasing the use of Accurx, but this is a challenge in terms of the admin time to review and increasing volunteer calls to other specialties.

WAHT – Has the lowest Trust Did Not Attend (DNA) rate of the four Trusts. This is driven by a two-way text messaging reminders and active phone calls for some patients, who meet pre-defined criteria as 'potential DNAs'. The Trust is undertaking a full DNA audit, with over 2000 patients who did not attend being contacted. The outcome of the audit will drive further improvement actions to support patient attendance and clinic utilisation. Specific focus on paediatric DNA and those patients who regularly DNA appointments.

WVT DNA rate has stubbornly stayed at around 6.5% for a number of months now despite targeted action on certain clinics. There are improvements being progressed including immediately discharging patients who DNA whilst giving them the option to rebook themselves and ensuring all DNA patients are phoned during clinic time. The timing of text reminders has been changed to reflect best practice at 4 and 14 days for routine appointments. The Trust will also pursue the WAHT policy of phoning patients meeting the criteria for most likely to DNA.

SWFT – We are rolling our NETCALL validation, so we expect some improvements. We also have a programme running with Deep Medical and our Volunteers that on initial review of the data has improved the DNA rate in the pilot specialities.

GEH

Issues

- Challenges are around accuracy of reporting and useable data.
- ENT capacity at GEH and the impact that this is having on SWFT theatres.
- Opthalmology service is in the early stages of re-forming.
- Lack of capacity in specialist areas for issues identified at pre-assessment clinics
- Agency consultant provision support Oral surgery due to University Hospitals Coventry and Warwickshire NHS Trust (UHCW) not being able to recruit into a role supporting the Service Level Agreement (SLA) with GEH.
- Theatre planning tool under development, currently it is a manual exercise and not live.
- Recruitment into specialties that have moved into Community Diagnostic Centre (CDC) areas to allow for back fill into vacated space.
- Staffing challenges in outpatients

Drivers of these issues:

- Lack of flexibility in consultant job plans to back fill into theatre sessions
- Compliance of patients on pathways, e.g. high DNA rates and adherence to preoperative preparation regimes (smoking cessation, medications etc)
- Delays of recruitment into specialist roles such as ophthalmology
- Increase cancer referrals

Improvements

- Improvement in coding/reporting and scheduling for theatres.
- Routinely 4 x joints on arthroplasty lists
- Increase in volume of cases per lists in urology and general surgery
- Our 65/52 weeks are reducing
- Providing mutual aid for the system

SWFT

Issues

- Orthodontic long waits are reducing but remains an issue for the Trust
- ENT remains a concern with a rising waiting list and clearance of long waits has slowed.
- Acute surgical admission numbers have risen by 30% in last 12 months, and although this has not impacted on the ring fencing of elective beds there is added pressure on the workforce who are more reluctant to undertake additional work to support elective recovery.
- Cataract numbers are below GiRFT expectations, bringing the team along with the process to improve productivity is a long journey.

Drivers

- Increased referrals for cancer (27%) and routine (10%) is placing pressure on all elective services.
- Capacity. particularly recruitment into specialist roles, is struggling to meet the rapid rise in demand.

Improvements

- We have improved and maintained all our theatre metrics for utilisation and productivity, we remain top quartile.
- Our endoscopy unit continues to see +95% utilisation placing in the top quartile nationally
- Our waiting list backlog is reducing, and we hope to meet the 65-week clearance by 30 September 2024
- Orthodontic backlog remains but this has reduced significantly, and we expect to see clearance of all 78 week waits and a reduction of 65 week waits by the end of quarter 3.
- PIFU has reached over 5%

WAHT

Issues

- Pre-op capacity and existing backlog resulting in pre-ops close to 'To Come In' (TCI) and contributing to late cancellations.
- Lack of visibility for specialties regarding outpatient physical space that could be used to run additional clinics.
- Improved levels but continuing reliance of reinvestment of Elective Recovery Fund (ERF) monies to meet performance targets and reduce waiting lists.
- large volume of patients on follow up waiting lists, requiring three-stage validation (technical, administrative and clinical)
- Management of patient on active monitoring

Drivers

- Inpatient and Day Case - Lack of pre-screening and limited capacity within pre-op, resulting in increased demand which limits ability to book timely pre-ops to allow patients to be optimised.
- Inpatient and Day Case - Proportion of patient-attributable and hospital-attributable cancellations. Audit underway and action plan in development to support improvements.
- Inpatient, Day Case and Outpatient - Services and case mix across the sites is not enabling the most efficient throughput of services.
- Focus on optimising elective recovery programme to reduce waiting lists and maximise revenue opportunities

Improvements

- Theatres Programme with workstreams covering: Elective Hub Accreditation; 2.5 sessions/6 day working; Anaesthesia and Perioperative Medicine (APOM); Equipment; Productivity; and Right Procedure, Right Place
- Outpatient Programme covering Further Faster, and the development and roll-out of the Trust Outpatient Room Booking System, OCTOPUS, which exposes cancelled outpatient clinics and unutilised physical space.

WVT

Issues

- Ability to meet 65- and 52-week targets whilst at the same time reducing reliance on premium cost activity namely Waiting List Initiatives (WLIs); insourcing and outsourcing to the private sector. Zero 65 week waits at risk (mainly orthopaedics and ophthalmology)
- Upgrades to MAXIMs can take time and hinder progress in some key initiatives such as PIFU and Pre-operative.
- Productivity gains / improvement in processes in Pre-Operative

Drivers

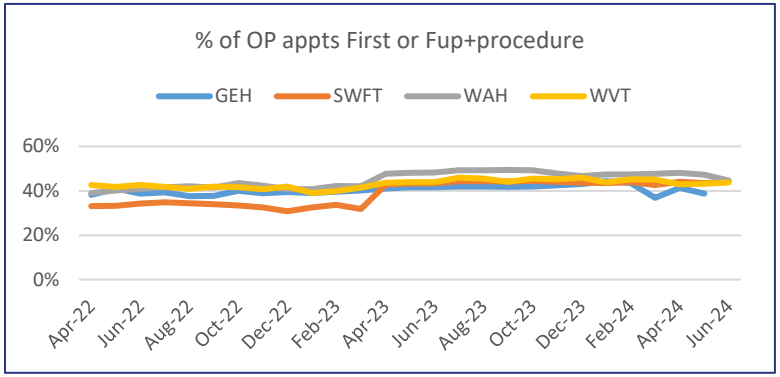
- National Statutory waiting list and local cost efficiency targets
- Maximising Elective Recovery Fund (ERF) income
- Reducing unnecessary follow up appointments
- Long waiting patients in Orthopaedics, Ophthalmology and ENT

Recent Improvements

- Trust now using Allocate job planning software to maximise the clinical output from consultant job plans and this will be rolled out to other senior clinicians
- Reviews being undertaken on the role of clinical nurse specialists
- Upskilling of non-specialist nurses to support clinics
- Mutual Aid continues across the group especially for long waiting patients
- Bedding in of new Elective Surgical Hub
- 6-4-2 scheduling for outpatient appointments now underway and benefits being realised
- Day case rates overall
- Desk top validation of long waiters becoming a more routine activity
- Renewing secondary/primary care interface to focus on leftward shift of patients

What's next?

- With Group-level analytics, there is an opportunity to support Deep-dive focus on percentage of outpatient appointments, first and follow-ups.



- To continue shared learning from shadowing opportunities
- To understand productivity re: Advice and Guidance

NHS South Warwickshire University NHS Foundation Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.4
Date of Meeting	7 August 2024		
Title of Report	Foundation Group Objectives Update		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Glen Burley, Foundation Group Chief Executive		
Lead Executive Director:	Glen Burley, Foundation Group Chief Executive		
1. Purpose of the Report	To provide the Foundation Group Boards with an overview of each Trust's objectives and identification of common themes so that relevant Executive leads can collaborate to improve delivery.		
2. Recommendations	The Foundation Group Boards are asked to: (a) receive and note the Foundation Group Objectives Update, and (b) Executive leads are asked to liaise through their regular meetings to ensure effective delivery of Trust objectives through sharing approaches and learning.		
3. Executive Assurance	This report provides good assurance of the Foundation Group's objectives and goals. These are in line with each Trust's Strategy and the Group's Big Moves.		

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

Report to Foundation Group Boards – 7 August 2024

Foundation Group Objectives Update

Introduction

We do not overtly set out to agree common objectives across the Foundation Group. However, we are very strategically aligned, highlighted by the strategy refresh incorporating the Big Moves that the three original Foundation Group members agreed last year. Part of the rationale for WAHT joining the Group last August was their similar strategic alignment. Staff engagement is underway at WAHT to more fully test alignment with the Group strategy and Big Moves.

One of the benefits of the Group is the ability to make connections between teams and individuals to share learning and operational delivery effort. To assist with this, I have reviewed each Trust's 2024/25 Objectives and grouped them under themed headings. This will assist the respective Executive leads to work together on their delivery. Despite the separate Trust-level processes that have been undertaken to create this year's objectives, it is reassuring to see the level of alignment.

I have appended the objectives that have been signed off by the individual Trust Boards. These have each been numbered and the colour coded numbers are referenced below each of the themed headings below. The colour coding is as follows:

GEH (Appendix A) - Red
SWFT (Appendix B) - Blue
WAHT (Appendix C) - Purple
WVT (Appendix D)- Green

Improving Acute flow
1.1, 3.1, 3.2, 3.3

Improving System/Place flow
1.2, 5, 8, 1.2, 1, 2

Supporting Fragile Services
7, 4.2, 3, 7

Digital Maturity and Productivity
2, 1.3, 4, 5, 6, 7.1, 6

Prevention and Tackling Health Inequalities
8.1, 4.1, 4.3, 9

Leading on Carbon Reduction
10, 11, 6.1, 9, 4.4

Elective Productivity
2.1, 2.2, 2.1, 2.2, 13, 14

Improving Diagnostics and Cancer Performance
14, 2.3, 2.3

Lead Provider at Place
4, 15, 5.1,

Developing Research and Teaching Capability
17, 16, 17,

Flexible Employer and Retention
13, 1.3, 1.2, 3.1, 3.2, 10, 11, 12,

Continuous Improvement
15, 16, 4.1

Recommendations

The Foundation Group Boards are asked to:

(a) receive and note the Foundation Group Objectives Update, and
(b) Executive leads are asked to liaise through their regular meetings to ensure effective delivery of Trust objectives through sharing approaches and learning.

Glen Burley
Foundation Group Chief Executive

Appendix A

George Eliot Hospital NHS Trust

George Eliot Hospital NHS Trust (GEH): Annual Objectives for 2024/25

Introduction

The Annual Trust Objectives signal the Board's key priorities for the coming year. These take account of the Trust strategy, local priorities and the 2024/25 national planning guidance. Once approved, the objectives will be communicated across the Trust and relevant stakeholders. They will be used to support objective setting for our colleagues as part of the annual Personal Development Review process as well as being used to support divisional level objective setting. The Annual Trust Objectives will also be used to support completion of the Board Assurance Framework for 2024/25.

The annual objectives support the delivery of organisational priorities reflecting the annual planning cycle and the Big Moves. All objectives have key performance indicators embedded within them.

Objectives

1. **Reduce Vacancies**
   To excel at patient care we need to attract and keep the right number of people. We must continue to find new ways to achieve this as well as focussing on our existing processes.

   1.1 Increasing access to flexible working
   Executive Lead: Chief People Officer

   Development of a manager support package is underway along with the roll out of team rostering to all clinical teams the autumn of 2024.

   Link to Big Moves: Be a very flexible employer

   1.2 Improving the retention of staff
   Executive Leads: Chief People Officer

   This can be achieved by using fresh eyes feedback along with Directorate staff survey actions plans to improve the staff experience ad a people promise action plan to improve retention.

   Link to Big Moves: Be a very flexible employer

   1.3 Reducing sickness and improve wellbeing
   Executive Leads: Chief People Officer

   Development of Manager support packages and focussed health and wellbeing support interventions.

   Link to Big Moves: Be a very flexible employer

2. Reduce waiting times

Excellent care is timely care.

We will keep our focus on being more efficient in providing services so we can treat as many people as we can – reducing their wait for care.

2.1 Increasing the number of day case and inpatient operations

Executive Lead: Chief Operating Officer

The opening of two new 30 bedded surgical wards in 2024 to allow ringfencing of elective surgical activity along with the delivery of and increase of 85% in session capped theatre productivity.

Link to Big Moves: Embed prevention in every service

2.2 Increasing the number of new outpatient appointments

Executive Lead: Chief Operating Officer

Reduce follow up appointments by 25% and convert slots to new patient appointments along with increasing Patient Initiated Follow Up (PIFU) rates to >5%.

Link to Big Moves: Embed prevention in every service

2.3 *Reducing time waiting for diagnostic tests and treatments for those with suspected cancer*

Executive Lead: Chief Operating Officer/Chief Medical Officer

The Opening of the Community Diagnostic Centre (CDC) phase 2 in 2024 along with the Delivery of the 28-day Faster Diagnosis standard recovery trajectory to 75%.

Key performance indicators: Faster diagnosis standard, cancer treatment standard

Link to big moves: Embed prevention in every service

3. Reduce Bed Occupancy

To provide excellent care we must reduce pressure on our wards and in our Emergency Department. We will continue to work together to help people go home when ready or be treated at home if appropriate. We will continue to grow and invest in services that helps people avoid the need for a hospital bed.

3.1 Increasing the number of patients cared for in ambulatory care and virtual wards

Executive Lead: Chief Operating Officer

Increase the capacity of the virtual ward to >50 patients through the introduction of new pathways. E.g. Pain/Frailty/Respiratory along with the

long-term designated location for Surgical Assessment Unit (SAU) and Same Day Emergency Care (SDEC) to be established.

Link to Big Moves: Home first supported by technology and collaboration

3.2 Implementing a robust frailty assessment service
Executive Lead: Chief Operating Officer

Successful recruitment of a new Clinical Service Lead in 2024 along with the Implementation of a flexible model of care with the Emergency Department (ED) delivering a discharge rate of >80%.

Key performance indicators: turnover rate, staff survey results

Link to Big Moves: Home first supported by technology and collaboration

3.3 Agreeing and implementing internal professional standards for all clinical areas
Executive Lead: Chief Operating Officer

Senior Clinicians to agree a revised/updated set of internal professional standards for all clinical areas along with the implementation of the IBox ward system to provide a measurable approach to the delivery of the SAFER Bundle in every clinical area.

Link to Big Moves: Home first supported by technology and collaboration

4. **Prevention**
As well as treating unwell people, we also must help then to avoid becomming ill in the first place. We need to work together and with outside partners to make this happen. We must also think about prevention when we plan and grow our services.

4.1 Embed prevention focus, Vaccination Update and a prevention focus within plans
Executive Lead: Chief operating Officer/Chief Strategy, Improvement and Partnerships Officer

Embed a prevention focus in our clinical and Research clinical strategy embedding prevention focus along with Increase screening and vaccination uptake and a prevention focus within Directorate Business delivery Plans, business cases and improvement programme.

Link to Big Moves: Embed prevention in every service

5. Deliver Place Partnerships

Joined up care is excellent care. That's why we must continue to work closely with our local health and care partners across Warwickshire North – our "Place" – to provide the best integrated care.

5.1 Lead and co-ordinate Integrated delivery at Place

Executive Lead: Chief Strategy, Improvement and Partnerships Officer

Identify integration and partnership collaboration opportunities that improve access and quality of care for our community in collaboration with place partners – focusing on opportunities within Working with Place partners ensure community services (community integrator) and recommissioning of urgent and emergency care pathways, meet the needs of our local population.

Link to Big Moves: Embed prevention in every service/Home first supported by technology and collaboration

6. Reduce Carbon Emissions

The NHS has set itself ambitious targets to reduce carbon emissions and protect the environment. We can play a big part in this by being more sustainable in how we plan and delivery our services.

6.1 Installation of Solar panels, green champion recruitment, waste and deliverables

Executive Lead: Chief Strategy, Improvement and Partnerships Officer

Install solar panels across the site (subject to CALIX bid)**,** Increase the number of green champions and expand coverage across departments**,** focus on reducing waste and achieve our 2024/25 green plan deliverables.

Link to Big Moves: Lead the NHS in carbon reduction

7. Embrace Digital

Transforming how we use technology play a central part in providing excellent care. Embedding the use of the iBox system across our wards is a priority. Implementing a new Electronic Patient Record system to replace Lorenzo is more than a new IT system – it will revolutionise how we work. We must work together to embrace this and future digital change.

7.1 Electronic Patient Record (EPR) and iBox Systems

Executive Lead: Chief Operating Officer

Get ready to make the most of EPR maximising engagement and ownership along with embedding the use of IBOX across our wards to support efficiency and patient safety.to support discharge.

Link to Big Moves: Home first supported by technology and collaboration

8. Tackling Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they live with and how accessible care is for them. We can play a part in reducing these differences. Excellent patient care means understanding our community's health inequalities as we plan and deliver services.

8.1 Targeted Health Inequalities (HI) preventions, Core 20 and Trust Health Inequalities Improvement Plan

Executive Lead: Chief Operating Officer/Chief Nursing Officer/Chief Strategy, Improvement and Partnerships Officer

Deliver targeted health inequalities interventions benefiting our most deprived neighbourhoods improving HI within the 5 national clinical priorities and diabetes, implement core 20 plus 5 targeted HI initiatives and develop and implement Trust Health Inequalities improvement programme reflecting NHS duties and Inclusion Health Group guidance.

Link to Big Moves: Embed prevention in every service

South Warwickshire University NHS Foundation Trust (SWFT): Annual Objectives for 2024/25

Introduction

The Annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust Strategy, local priorities, and national planning guidance.

A strategy refresh was completed in 2022 and five Big Moves identified for the Trust. These big moves are supported through six enabling areas.

During our annual refresh of the Trust Strategy, it was proposed that we move to four big moves. This relates to the 'Supporting Domiciliary Care' Big Move. Whilst this is still important, the work programmes over the past year have made several improvements to the situation which mean that this can now probably be subsumed within the 'Home First' Big Move.

There is also a steer for Boards to focus on productivity this year and this has been incorporated into the objectives and the measures that will be used to determine progress.

Objectives

Objective 1: Embed our Trust values as an inclusive Employer.
Executive Lead: Chief People Officer

Measures: Staff work in a compassionate, caring, inclusive, flexible, and supportive teams where diversity is celebrated, and they are enabled and empowered to speak up.

Link to Big Moves: Be a very flexible employer.

Objective 2: Use technology and information to help our people have more effective jobs.
Executive Lead: Managing Director

Measures: Establish and deliver a programme of work relating to the use of technology to drive efficiency and quality as part of the Excel in Everything Programme. This will include reduction in printing and postage, increased use of the patient portal, voice recognition and automation tools. Commence implementation of the Cerner Electronic Patient Records system. Deliver a refreshed strategy for the development of digital innovation and the digital hub/

Link to Big Moves: Be a very flexible employer.

Objective 3: Train, retain and grow our workforce and volunteers to meet current and future demands.
Executive Lead: Chief People Officer

Measures: A localised workforce plan in response to the national workforce plan, linked to Trust, Foundation Group and System priorities.

Link to Big Moves: Be a very flexible employer.

Objective 4: Together with partners progress Warwickshire's Community Integrator programme (previously out of hospital contract).
Executive Lead: Chief Commissioning Officer

Measures: Successful delivery across Warwickshire of all contracts in scope.

Link to Big Moves: Home First (including Domiciliary care) supported by technology and collaboration.

Objective 5: Together with partners progress Warwickshire's Community Integrator programme (previously out of hospital contract).
Executive Lead: Chief Medical Officer

Measures: Successful delivery of Strategic Innovation Board work stream on Cardiology, Cancer, and Frailty

Link to Big Moves: Home First (including Domiciliary care) supported by technology and collaboration.

Objective 6: Scope requirements from community teams and partners for an Electronic Patient Record (EPR) system.
Executive Lead: Chief Operating Officer

Measures: Carry out scoping exercise to understand current EPR and requirements moving forward. These will be captured in risk assessments as required.

Link to Big Moves: Home First (including Domiciliary care) supported by technology and collaboration.

Objective 7: Champion children and young people's services.
Executive Lead: Chief Nursing Officer

Measures: Set up Children and Young People Assurance Group. Improve the information pack for all Children services to support quality and operational performance is monitored. Set up a Community Paediatrics Digital Workstream. Review commissioning arrangements for all of the community children's services including Warwickshire section 75 work. Strengthen our patient feedback systems across all Children's services. Strengthen the AHP leadership structures across Childrens services.

Link to Big Moves: Embed prevention in every service.

Objective 8: Reduce readmissions of frail patients through integration of hospital and community teams.
Executive Lead: Chief Medical Officer
Measures: Frailty readmissions as a proportion of activity

Link to Big Moves: Embed prevention in every service.

Objective 9: Apply a lens on prevention opportunities for all projects.
Executive Lead: Chief Strategy Officer

Measures: 100% of investment cases to complete the contribution to prevention section of the case. 100% of Plan Do Study Act (PDSA) to explain link to prevention. Deliver against prevention objectives identified in Excel in Everything workstreams.

Link to Big Moves: Embed prevention in every service.

Objective 10: Reduce estate related carbon emissions.
Executive Lead: Chief Strategy Officer

Measures: Work with Inspired to identify adaptation measures derived from climate model assessment of site and establish risks to buildings, changes in patient numbers, and adaptation measures. Interventions to be prioritised for delivery using risk-based approach.

Link to Big Moves: Lead the NHS on Carbon Reduction

Objective 11: Support staff to focus on small behavioural changes to contribute to delivery of the Green Plan.
Executive Lead: Chief Finance Officer

Measures: Develop and monitor measurable Key Performance Indicators (KPIs)

Link to Big Moves: Lead the NHS on Carbon Reduction

Objective 12: Work with partners and suppliers to identify wider opportunities to address climate change.
Executive Lead: Chief Strategy Officer

Measures: Integrated Care Board (ICB) Climate Change Adaptation Plan to be delivered to us by November 202. Interventions to be prioritised for delivery using risk-based approach.

Link to Big Moves: Lead the NHS on Carbon Reduction

Objective 13: Up skill teams with technical skills to deliver improved productivity and a better experience for staff.
Executive Lead: Chief Finance Officer

Measures: Successful rollout of Service Level Reporting and productivity information/improvement to enable specialities to operate as business units

Link to Big Moves: Strategic Pillars: Digital, Research, Workforce, Quality, Sustainability and Productivity

Objective 14: Develop an investment case for development of new day surgery theatres, diagnostics department, and additional capacity for planned care to provide sustainable services.
Executive Lead: Chief Strategy Officer

Measures: Investment case to be developed end Q4 2024-25

Link to Big Moves: Strategic Pillars: Digital, Research, Workforce, Quality, Sustainability and Productivity

Objective 15: Deliver the benefits of the 'Excel in Everything' programme, which focuses on quality, productivity, and finance.
Executive Lead: Managing Director

Measures: Establish and deliver a year two Excel in Everything programme to Further embed quality, efficiency, and operational initiatives, supporting delivery of the Trust's cost and Productivity Improvement Programme (CPIP) plan for 2024/25 with regular reporting to Trustwide forums and sharing of best practise initiatives. Delivery of the Trust's CPIP programme for 2024-25

Link to Big Moves: Strategic Pillars: Digital, Research, Workforce, Quality, Sustainability and Productivity

Objective 16: Maintain outstanding quality of care whilst balancing operational performance and financial constraints.
Executive Lead: Chief Nursing Officer

Measures: Support Executive Leads and Triumvirate to undertake a gap analysis against all Key Lines of Inquiry and develop associated Quality Improvement Plans.
Quality Impact Assessment to be documented for each significant decision and financial decision made.

Link to Big Moves: Strategic Pillars: Digital, Research, Workforce, Quality, Sustainability and Productivity

Objective 17: Develop our university status through research.
Executive Lead: Chief Medical Officer

Measures: Delivery of Research Strategy

Link to Big Moves: Strategic Pillars: Digital, Research, Workforce, Quality, Sustainability and Productivity

Appendix C

Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust (WAHT): Annual Objectives for 2024/25

Introduction

The Annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and the 2024/25 national planning guidance. Once approved, the objectives will be communicated across the Trust and relevant stakeholders. They will be used to support objective setting for our colleagues as part of the annual Personal Development Review process as well as being used to support divisional level objective setting. The Annual Trust Objectives will also be used to support completion of the Board Assurance Framework for 2024/25.

The objectives are presented under four headings which relate to the key priorities from our 10-point plan: Flow and discharge, elective care, workforce, and sustainability.

Objectives

1. Flow and discharge

1.1 Improve flow by improving current services and introducing new services and approaches

Executive Lead: Chief Operating Officer

Our key priority is improving patient flow through our emergency care services. We will use demand and capacity modelling to model and deliver co-location of Same Day Emergency Care (SDECs), the closure of the Pathway Discharge Unit and to develop a site plan which concentrates day case at Kidderminster Treatment Centre and relevant services in community settings. Developing and delivering new models of care for frailty, implementing and embedding seven days working and reviewing the site management staffing model will also support delivery of this objective. We will also strengthen pathway working to prevent front door attendances by embedding the Single Point of Access model.

Key performance indicators: Emergency Department (ED) performance

Link to 10 Point Plan: Focus on Flow
Link to Big Moves: Home First supported by technology and collaboration

1.2 *Work with our partners to reduce delays in discharge and optimise the use of beds across place*

Executive Leads: Chief Operating Officer / Chief Nursing Officer

Reviewing the full discharge pathway, including resetting the 'discharge to assess' model and delivering the discharge transformation programme will be the focus of reducing discharge delays. We will also work with partners to review the way in which we utilise the bed stock across Worcestershire to

optimise the use of beds to enable timely discharge. This will ensure that the right patient is in the right bed at the right time, supporting reduction in discharge delays and long length of stay. This objective also encompasses the development and implementation of virtual hospital and/or virtual wards.

Key performance indicators: reduction in 21-day length of stay, bed occupancy

Link to 10 Point Plan: Focus on Flow, Home First Mindset
Link to Big Moves: Home First supported by technology and collaboration

1.3 Implement strategic digital and estates programmes to support flow
Executive Leads: Chief Digital Information Officer / Chief Operating Officer

We have invested in digital and estate infrastructure in the last 12 months, including opening of our new ED at Worcestershire Royal Hospital, two new theatres at the Alexandra Hospital and commenced the implementation of our Electronic Patient Record. In 2024/25 we will implement the next phase of our Electronic Patient Record (including in emergency and urgent care), introduce voice recognition software and an outpatient room booking system, all of which will support flow and improvements in the care that we provide. We will also agree and implement a strategic estates programme with a focus on equipment replacement, initially addressing replacement of our MRI scanner and Cardiac Cath Labs at Worcestershire Royal Hospital.

Key performance indicators: implementation of programmes in line with plan

Link to 10 Point Plan: Focus on Flow, Home First Mindset
Link to Big Moves: Home First supported by technology and collaboration

2. Elective Care

2.1 Deliver productivity improvements in outpatients and theatres to increase elective activity and reduce waiting times
Executive Lead: Chief Operating Officer

Our outpatients and theatres transformation programmes have been implemented over the last 12 months and have delivered productivity improvements, particularly within theatres. We will continue to drive productivity improvements in theatres, and also focus on 'Right Procedure, Right Place' and implementing 2.5 session days/6 day working. Implementation of the electronic room booking system and increasing clinic utilisation will enhance productivity in outpatients, as will roll out of the 'Further Faster' programme.

Key performance indicators: Theatre and outpatient productivity, Referral to Treatment (RTT)

Link to 10 Point Plan: Elective Care
Link to Big Moves: Productivity strategic pillar

2.2 *Achieve Elective Surgical Hub accreditation for Kidderminster Treatment Centre*

Executive Lead: Chief Operating Officer

Our expression of interest for the cohort 5 Getting it Right First Time (GiRFT) Elective Hub Accreditation for Kidderminster Treatment Centre was approved by NHS England (NHSE) in March 2024. This will support us to ring-fence planned surgery and reduce waiting times for routine operations and procedures. We will be preparing a formal application for accreditation to submit to NHSE in early summer, prior to an NHSE accreditation visit in July when will receive a formal assessment against a defined set of criteria. This will support an increased level of productivity and efficiency that will help improve patient waiting times.

Key performance indicators: achieve elective hub accreditation in line with plan.

Link to 10 Point Plan: Elective care
Link to Big Moves: Productivity strategic pillar

2.3 *Reduce cancer backlogs, initially focusing on fragile pathways*

Executive Lead: Chief Operating Officer

We will continue to reduce the time that patients referred for suspected cancer wait for diagnosis and, for those who have a confirmed diagnosis of cancer, wait for treatment. We will initially focus on fragile cancer pathways including Urology and Dermatology.

Key performance indicators: Faster diagnosis standard, cancer treatment standard

Link to 10 Point Plan: Elective Care

3. Workforce

3.1 *Progress our plans for a right-sized, cost-effective workforce with the skills for success*

Executive Lead: Chief People Officer

Our key focus is to reduce our spend on agency staff by building and retaining a permanent workforce with the skills for success. We will undertake reviews of clinical and nonclinical staffing models and the capability needed to deliver the improvements in care required. This will include a review of divisional structures and of job planning for medics and Clinical Nurse Specialists. We will also improve retention by enhancing professional career development support for staff across the Trust; further developing and embedding opportunities for flexible working and improving staff engagement.

Key performance indicators: agency rate, vacancy rate, turnover rate, staff survey results

Link to 10 Point Plan: Staff experience, leadership and structures
Link to Big Moves: Be a very flexible employer

3.2 Improve facilities for staff to improve their experience of coming to work
Executive Lead: Chief Operating Officer

We have listened to our colleagues and this objective acts on their feedback whilst also supporting an improvement in staff retention. We will continue working with our suppliers to improve our catering offer by enhancing the range of food on offer and its availability. We will also implement the staff car parking plan and work with relevant partners to improve car parking facilities, including securing some quick wins.

Key performance indicators: turnover rate, staff survey results

Link to 10 Point Plan: Staff experience
Link to Big Moves: Be a very flexible employer

4. Sustainability

4.1 Continue our drive towards financial sustainability
Executive Lead: Chief Finance Officer

In order to continue our drive towards financial sustainability, we will implement our Financial Strategy which focuses on tackling the drivers of our underlying deficit and delivering our medium-term Cost and Productivity Improvement Programme (CPIP). We will work collaboratively with our Integrated Care System partners to deliver a financially sustainable health and care system for Herefordshire and Worcestershire. We will also focus on reducing waste using our improvement system and improving productivity to release more time to care for our patients.

Key performance indicators: Delivery of key financial improvement trajectories

Link to 10 Point Plan: Improvement system
Link to Big Moves: Productivity strategic pillar

4.2 Develop sustainable models of care which meet the needs of our population
Executive Lead: Chief Strategy Officer

We aim to be a lead provider within Worcestershire and will work to develop and implement a new Place Partnership with integrates the current Worcestershire Executive Committee and the Home First Delivery Board. We will undertake a review of fragile services as part of the refresh of our Clinical Services Strategy and will continue to develop and deliver the lead provider models for Dermatology, Oral Maxillofacial Surgery (OMFS), Haematology and Stroke. In addition, we will work to develop our pathways of care with specialist tertiary providers, initially developing frameworks for lung, head and neck cancer, and specialist pathways for stroke and renal patients.

Key performance indicator: models of care developed and implemented

Link to 10 Point Plan: think and act as a lead provider/partnership with large specialist (tertiary) providers

4.3 ***Develop strategies in selected specialties for embedding prevention and reducing health inequalities to reduce secondary care activity***
Lead: Chief Medical Officer

Work completed with our system partners indicates that prevention strategies for some long-term conditions can prevent referral of patients for secondary care or can prevent further exacerbation of acute conditions. We will work with our partners to develop and embed prevention strategies for selected long term conditions to avoid urgent admissions and elective referrals. We will target activities to reduce health inequalities using a population health management approach.

Key performance indicator: implementation of strategies

Link to 10 Point Plan: think and act as a lead provider
Link to Big Moves: embed prevention in every service

4.4 Leverage our role as an anchor institution to lead the NHS on carbon reduction
Lead: Chief Strategy Officer

Our Trust Board signed off our Three-Year Green Plan in April 2022 which is consistent with our strategic priorities around healthier communities and service sustainability as an anchor institution. It is also informed by and aligned with regional and Integrated Care System (ICS) objectives. The Plan identifies ten workstreams for sustainable healthcare services and requires a balance between environmental, economic and social values to deliver optimal outcomes for our patients and communities now and in the future. We will continue to implement the workstreams in line with the plan for 2024/25.

Key performance indicator: implementation of green plan priorities

Link to Big Moves: Lead the NHS in carbon reduction

Appendix D

Wye Valley NHS Trust (WVT): Annual Objectives for 2024/25

Introduction

The Annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and national planning guidance.

Once approved, the objectives are communicated across the Trust, used to shape the individual objectives of Executive Directors and of teams. Divisional objectives are developed to support the delivery of the Trust objectives, and these are approved at Trust Management Board.

These objectives are also used to develop underpinning action plans and measures which populate our Board Assurance Framework. The communications teams across the Foundation Group also create a consistent approach for communicating them to all stakeholders to maintain the shared themes, whilst reflecting the local essence of them. The objectives are presented under each of the six pillars of the Trust Strategy: Quality, Digital, Workforce, Sustainability, Productivity and Research.

Objectives

Quality

1. ***Develop a business case and implement our blueprint for integrated urgent and emergency care with our One Herefordshire partners***
   Lead: Chief Transformation and Delivery Officer

   Urgent and emergency care is a key priority for the One Herefordshire Partnership (1HP) and therefore for the Trust. Partners have developed a blueprint for urgent and emergency care in Herefordshire that will require approval through an Integrated Care Board (ICB) process linked to the tender of urgent and emergency services. The Trust will work with partners to develop a business case that delivers the blueprint for improved care at lower cost and will hopefully be granted permission to deliver this scheme.

   Key Performance Indicators: Development and delivery of the business case

2. ***Work with partners to ensure that patients can move to their chosen destination rapidly, reducing discharge delays***

   Lead: Chief Transformation and Delivery Officer

   Linked to the delegated management of the Better Care Fund (BCF), the Trust will work with partners through the Integrated Care Executive to review the performance, spend and outcomes of integrated services that support discharge. This will encompass Hospital at Home, developing a sustainable and affordable solution for Discharge to Assess and technological solutions to support people in their own homes for longer.

   Key Performance Indicators: Stranded (7 & 21 Day); Criteria to reside

   Links to Big Move 5: Home First Supported by Technology and Collaboration

3. ***Work with partners to deliver the improvement plan for Children's services***
   Lead: Chief Nursing Officer

   Children's services have been an area of increasing focus for all 1H partners, as embodied in the health and wellbeing Board's strategic priority of 'Best Start in Life'. Delivery of the associated implementation plan is crucial to delivering a transformed approach and improving the offering for children.

   Key Performance Indicators: Delivery of the Implementation Plan

Digital

4. ***Implement an electronic record into our Emergency Department that integrates with other systems***
   Lead: Chief Finance Officer

   Part of the Trust's Digital Strategy: the current IT system within the Emergency Department (ED) has limited interoperability with other Trust systems. The Trust's main electronic record has ED functionality, and the Trust is proposing to migrate to this system for improved interoperability, integration and functionality in order to improve care to patients.

   Key Performance Indicators: IT project performance reports

5. ***Deliver the final elements of our paperless patient record plans in order to improve efficiency and reduce duplication***

   Lead: Chief Finance Officer

   Part of the Trust's Digital Strategy and a continuation of a similar objective from last year: great strides have already been made to eradicate paper records and these are expected to continue with the further roll out of the strategy.

   Key Performance Indicators: Outpatient and Inpatient noting roll-out (%), % reduction in transport of patient notes

6. ***Maximise the functionality of EMIS with 1H partners and the shared care record***
   Lead: Chief Transformation and Delivery Officer

   A key 1HP priority in order to reduce waste and duplication in the management of patient care pathways. Shared records have been adopted in a small number of settings and the usage continues to increase, benefitting patients. The Trust plans to continue to support both developments in the functionality of patients records and increase the usage of shared records.

   Key Performance Indicators: Shared record utilisation, shared record settings

Sustainability

7. ***Work with Group partners to identify fragile services and develop plans to make them more sustainable utilising the scale of the group and existing networks***
   Lead: Chief Medical Officer
   The Trust will review its existing analysis of fragile services, completed alongside Worcestershire Acute Trust in 2022, and refresh this, working at System and

Foundation Group level to seek sustainable solutions that provide a stronger footing for some of our smaller specialities.

Key Performance Indicators: Services provided through a lead provider approach, volume of mutual aid

8. ***Redesign selected services to focus more on prevention in order to reduce secondary care activity***
   Lead: Chief Transformation and Delivery Officer

   Work completed to date has shown that for some long-term conditions, outpatient referrals can be avoided by working closely with Primary Care Networks (PCNs) and general practice. The Trust intends to review whether some services can shift their capacity into the community to avoid hospital referrals.

   Key Performance Indicator: Implementation of LTC strategies

9. ***Build our Integrated Energy Solution on the County Hospital site to reduce carbon emissions***
   Lead: Chief Strategy and Planning Officer

   Subject to planning permission being granted, the Trust will complete its phased Integrated Energy Solution plans with the building of centre on the Orchard Site at the County Hospital. The build will continue through 2024 and be functional in autumn 2025 and this major infrastructure scheme will impact across the Trust providing significant carbon reduction benefits on completion.

   Key Performance Indicator: Project progress reports

   Links to Big Move 3: Lead the NHS on carbon reduction

Workforce

10. ***Deliver plans for 'grow our own' career pathways that provide attractive roles for applicants***
    Lead: Chief People Officer

    A continuation of previous objectives that forms the long-term delivery of the Trust's Workforce Strategy, aligned to the NHS Workforce Plan.

    Key Performance Indicators: Vacancy rate; turnover rate; staff survey results

    Links to Big Move 2: Be a very flexible employer

11. ***Increasing the number and quality of green spaces for staff and improve the catering offer at the County Hospital in order to improve the working environment for staff***
    Lead: Chief Strategy and Planning Officer

    This objective is very much in response to feedback from our workforce and reflects an ambition in the Trust's Green Plan. Access to green spaces and catering options are known to be important for staff health and wellbeing. The Trust has plans to review and improve its green spaces and is working with partners to improve the catering offer.

    Key Performance Indicators: Staff survey results, staff engagement feedback

12. ***Embed EDI objectives in our performance appraisals in order to make a demonstrable improvement in EDI indicators for patients and staff***
    Lead: Chief People Officer

    Following a review of the Trust's performance against Equality, Diversity and Inclusion (EDI) objectives it has been proposed that the Trust should integrate its EDI objectives into everyday working for all staff to deliver tangible improvements rapidly.

    Key Performance Indicators: Staff survey results

Productivity

13. ***Deliver our Elective Surgical Hub project and associated productivity improvements in order to increase elective activity and reduce waiting times***
    Lead: Chief Operating Officer

    The Elective Surgical Hub (ESH) opens in July 2024 and is not just a significant capital scheme but also signifies a major change in the way elective activity is managed both clinically and operationally. This dedicated building should herald an increased level of productivity and efficiency that will markedly improve patient waiting times. This is therefore of crucial importance to the Trust and the way it delivers into the future.

    Key Performance Indicators: Theatre productivity and utilisation, patient cancellations, pre-operative pathway productivity

14. ***Continue our Community Diagnostic Centre project in order to improve access to diagnostics for our population***
    Lead: Chief Strategy and Planning Officer

    Our Community Diagnostic Centre (CDC) will be minimally operational in March 2025 and fully open in the summer. As with the ESH, the CDC represents a significant departure from current practice, streaming high volume, lower complexity patient diagnostics away from the main hospital in order to drive up productivity and reduce waits. The CDC is therefore a top priority for the Trust in terms of pathway development, staff recruitment and patient preparation. Progress on this and the ESH scheme will be monitored through the Capital Programme Board and reported through to the Board.

    Key Performance Indicators: Project progress reports

15. ***Create system productivity indicators to understand the value of public sector spending in health and care***
    Lead: Managing Director

    Following on from the devolving of responsibility of the BCF to the 1HP under a memorandum of understanding, part of the work plan for 1H partners is to fully understand the system productivity across Herefordshire rather than in organisational silos. The 1HP has been considering for some time how it might measure system productivity, and, to this end, an investment has been made in a 1HP system analysis function.

    Key Performance Indicators: Set of indicators agreed and routinely reported at 1HP and associated governance.

Research

16. ***Increase both the number of staff that are research active and opportunities for patients to participate in research through our academic programme in order to improve patient care and be known as a research active Trust***
    Lead: Chief Medical Officer

    Essentially finalising, approving and delivering the Trust's Research Strategy. The aim is to foster a culture of research, innovation; working in partnership with others so that the Trust can offer the best, most efficient, and patient-centred ways of delivering care. The Trust will build on existing successes to improve patient care by developing an academic programme that will grow participation in research, increasing both the number of departments that are research active and opportunities for patients to participate.

    Key Performance Indicators: Research participation; Number of studies open, number of staff and patients participating in research.

17. ***Continue to progress our plans for an Education Centre in order to develop our workforce and attract and retain staff***
    Lead: Chief Strategy and Planning Officer

    A key element of the Academic Programme is to build up the Trust's educational facilities in order to meet the future training needs, in volume, breadth and quality. The Trust is developing a business case for a building on the County Hospital site that not only meets the needs of future learner but acts as a community asset for local residents. With support from Herefordshire Council, the project should take off in 2024 with delivery anticipated in 2026.

    Key Performance Indicators: Business case development and approvals

Report to	Foundation Group Boards	**Agenda Item**	6.5
Date of Meeting	07 August 2024		

Title of Report	Equality Update Report
Status of report: (Consideration, position statement, information, discussion)	For information
Author:	Gemma Davies, Equality, Diversity and Inclusion (EDI) Business Partner, George Eliot Hospital NHS Trust (GEH), Olaniyi Ayena, EDI Lead, South Warwickshire University NHS Foundation Trust (SWFT), Rich Luckman, Assistant Director, People and Culture, Worcestershire Acute Hospitals NHS Trust (WAHT), and Daniela Locke, Deputy Chief People Officer, Wye Valley NHS Trust (WVT).
Lead Executive Director:	Sara MacLeod, Interim Chief People Officer, GEH/SWFT, Alison Koeltgen, Chief People Officer WAHT, and Geoffrey Etule, Chief People Officer WVT.
1. Purpose of the Report	The Trusts within the Foundation Group are due to publish their EDI)Annual Reports on their respective websites. This report provides an overview of the key EDI achievements over the past year and the priorities for the coming year.
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.
3. Executive Assurance	The Foundation Group Boards can be assured that all four Trusts publish their EDI reports annually. All four Trusts are committed to ensuring an equitable and inclusive workplace and will continue to work through actions to address any gaps identified.

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

Report to Foundation Group Boards – 7 August 2024

Equality Update Report

Executive Opinion and Assurance

The Trusts within the Foundation Group publish their Equality, Diversity and Inclusion (EDI) reports on their website on an annual basis. The Foundation Group Boards can be assured that all four Trusts have completed their annual reports and that these will be published in August 2024.

Executive Summary

This report outlines the key EDI achievements in 2023/24 for each of the four Trusts within the Foundation Group.

The report gives an overview of the key actions for 2024/25 and provides assurance that all four Trusts have clear action plans in place to ensure their workplaces are equitable and inclusive.

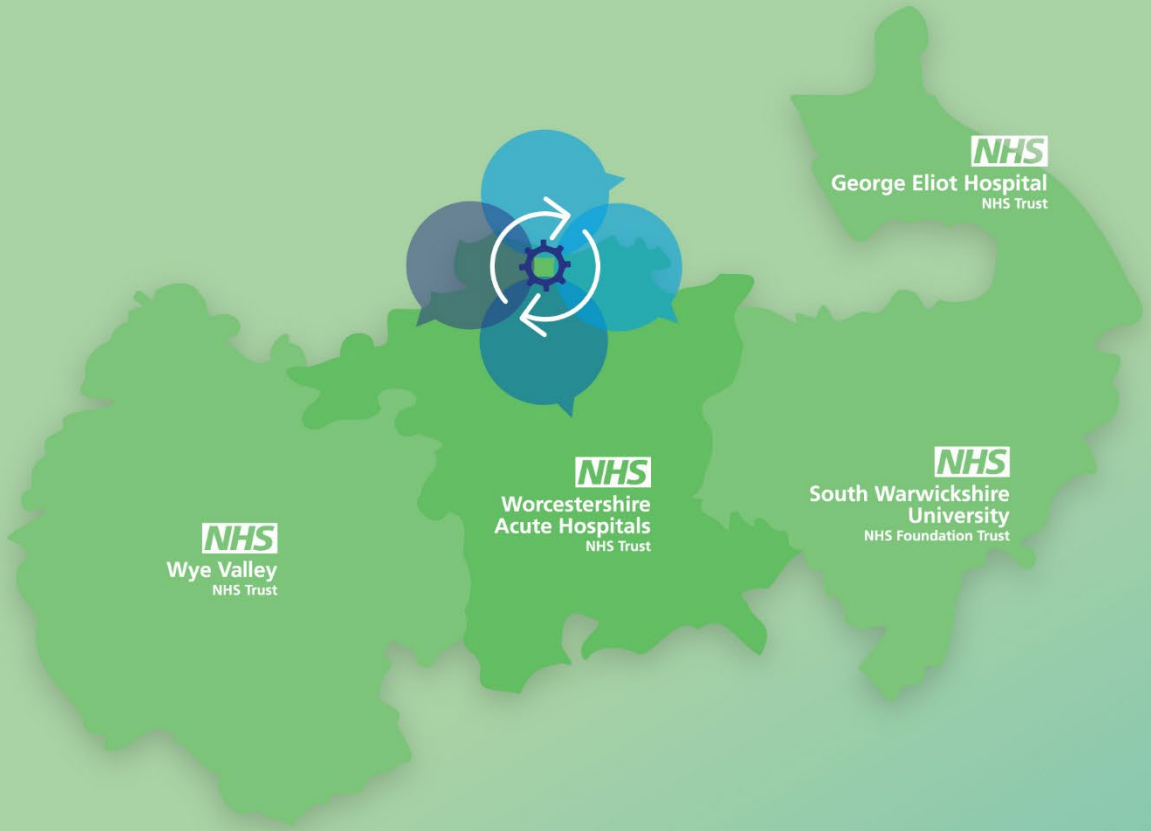
Recommendation

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

Sara MacLeod
Interim Chief People Officer GEH/SWFT

Alison Koeltgen
Chief People Officer, WAHT

Geoffrey Etule
Chief People Officer, WVT



Equality Update Report

Annual Equality, Diversity & Inclusion
Report Summaries

Chief People Officers

Key Points & Achievements - GEH

Key Points	Achievements
➢ Age Network	• Regular bi-monthly menopause/andropause newsletters sent to all staff • Mental Health Awareness Training held in May and June 2024 • Apprenticeships information stand that was held in June 2024
➢ Armed Forces Community Network	• Achieved Silver Award for Defence Employer Recognition Scheme • Rolled out a new Training package covering Armed Forces and Health for all staff • Supported a cohort of staff to achieve Armed Forces Champion Status • Completed Veteran Aware 1 year review with high praise for the Networks achievements. • Established recruitment channels with Career Transition Partnership (CTP) and Step into Health • Worked closely with organisations such as the Soldiers, Sailors & Airmen's Families Association (SSAFA), Veterans Contact Point and the Royal British Legion (RBL) • Held a D-day restaurant takeover in Raveloe's working with SSAFA to provide awareness and support for their work
➢ Disability and Carers Network	• Engaged with the Carers Trust to promote Carers Rights Day in November 2023 with a stand, resources, and training. • Signed up to Employers for Carers

Key Points & Achievements - GEH

Key Points	Achievements
➢ EmbRace Network	• Appointed two co-chairs to support key pieces of work for the EmbRace Network, including supporting the improvement of Workforce Race Equality Standard (WRES) data and experience of ethnic minority staff at GEH, along with inclusive recruitment.
➢ Faith, Spirituality and Belief Network	• Celebration events throughout the year including Diwali/Bandi Chhor Divas; Christmas; World Hijab Day; Eid and Vaisakhi • Offered robust support for fasting brothers and sisters during Ramadan. • Created a WhatsApp Group for Network members to contribute ideas, encouragements, and non-time-pressured ability to engage with the work of the network • Placed artwork in the corridors of the chaplaincy centre displayed from staff donations as an expression of our community's spirituality.
➢ LGBT+ Network	• Became a Pride in Veterans Standard organisation • Hosted Pride month for Coventry and Warwickshire Integrated Care System (ICS). Activities included providing trans and gender awareness training virtually across the ICS. The LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, or another diverse gender identity) Network held an ICS wide Pride event with guest speakers including Fighting with Pride, Warwickshire Pride and National Speak Up Guardian. • Worked with SWFT to review gender normative language within women and children's health.

Next Steps - GEH

- Inclusive Recruitment – Supporting Individuals Programme
- Too Hot to Handle task and finish review
- Sexual Safety in the Workplace
- Civility & Kindness Campaign
- Active Bystander training
- Say My Name
- EDI Strategy
- Equality Impact Assessment toolkit and rollout
- Safe to Share Campaign
- Full EDI Annual Report to be published on the Trust website

Key Points & Achievements - SWFT

Key Points	Achievements
➢ Increased Staff Engagement Activities	• Staff-Led engagement sessions on key EDI celebration days. • Staff listening sessions on bullying, harassment and discrimination has led to the development of a dedicated SWFT anti-discrimination helpdesk to address discrimination concerns • EDI Quarterly Check-ins with International Educated Nurses (IENs) on culture shocks and integration, career conversations, ward experience etc. This approach has supported two Band 5 IENs to progress to Band 6 in the first half of 2024 • Board to Ward Psychological Safety and EDI Visits to the wards led by the Chief Nursing Officer (CNO). • EDI Quarterly Newsletter (First edition published in April 2024)
➢ Addressing and Eliminating Discrimination	• Anti-Discrimination Toolkit developed to serve as practical guide to support staff and managers in addressing cases of discrimination. • The Trust will on 30 July 2024 tentatively be launching the SWFT Anti-Discrimination Helpdesk, an intervention aimed at addressing discrimination concerns in real time.
➢ Staff Recognition	• EDI Personalities of the Month recognition on Epulse (electronic staff newsletter) for deserving staff members • Handwritten 'Thank You Cards' to colleagues who have shown our value of inclusion in their teams

Key Points & Achievements - SWFT

Key Points	Achievements
➢ Empowering our Staff	• Roll out of Cultural Competence and Equality Impact Assessment trainings empowering staff to live our value of inclusion • The Freedom to Speak Up (FTSU) team continues to deliver the civility and microaggression trainings
➢ Inclusive Recruitment	• EDI Integrity tests introduced for Band 7 and above roles to ensure fairness and equity in appointment and recruitment into senior leadership roles.
➢ Staff Networks	• Our Workforce Disability Staff network won the Midlands Inclusivity and Diversity Award Scheme (MIDAS) award for the network of the year in the Midlands region. • Adam Carson, Managing Director, produced a video for training resources on barriers faced by the LGBTQ+ community. • The LGBTQIA+ staff network introduced pro-nouns into emails signatures and on yellow “my name is” badges – staff can choose.

Next Steps - SWFT

- Psychological safety in the workplace training to be introduced Trust Wide in August 2024
- Our SWFT Anti- Discrimination Helpdesk to be launched in July 2024
- A management-led campaign against discrimination to be launched in July 2024
- The Neurodiversity Staff Network and the Non-Registered Clinical Workforce Forum to be launched.
- Neurodiversity Awareness sessions to be rolled out Trust wide
- SWFT to host the ICS for the Disability History Month in November/ December 2024
- Speak Up Month 2024 in October
- Full EDI Annual Report to be published on the Trust website

Key Points & Achievements - WAHT

Key Points	Achievements
➢ New Values for our Trust ➢ A new Supported Internship Programme ➢ Reciprocal Mentoring for our staff ➢ Strong Staff Network engagement	➢ Funding agreed for a Multi Faith Hub ➢ Inclusive Recruitment Practice ➢ Rainbow Badge Initiative ➢ 'Speak Up' training for all colleagues ➢ Supported Internships Programme Project Search Year 1

Opening Doors For Young People with Learning Disabilities

DFN Project | SEARCH

- 16 to 24-year-old students who hold an Education Health and Care Plan (EHCP)
- To gain valuable work experience within the hospital setting, empowering them to take their first positive steps into the world of work.
- A collaboration with Worcestershire Children First, Worcestershire County Council, and Hft, the learning disability charity and supported employment provider
- 4 interns have gained employment as a result. 3 of which are within our Trust.

Next Steps - WAHT

- Co-producing new **Values** with teams
- **Early Resolution** and **feedback** approach
- Work toward improving the experience of staff in addressing **reasonable adjustments**
- 2nd year of Supported Internships - **Project Search**
- The creation of a new **Multi-Faith Hub** at our Hospitals
  - Increasing the number of volunteers from **diverse communities** in Worcestershire.
  - More chaplaincy support for our **Patients and Staff**
- Annual EDI Annual Report and Equality Delivery System (EDS) published on the Trust website

Key Points & Achievements - WVT

Key Points	Achievements
➢ Inclusive Leadership	➢ EDI Objectives includes in Board Members appraisals ➢ EDI key focus in Management & Leadership programme ➢ Drive and leadership from WVT in ICS EDI priorities – Chief People Officer (CPO) is Senior Responsible Officer (SRO) for EDI in the ICS ➢ Full participation in CorePlus20 Health Inequalities Ambassador programme ➢ WVT Strategic EDI Group – senior leaders signed up to the NHS Inclusive Leadership pledge ➢ Walk the Floor and Open-Door sessions ➢ Clear link to FTSU strategy
➢ Staff Networks	➢ Refresh of 3 staff networks, all of which have Exec Sponsorship ➢ Cultural Ambassadors ➢ Staff Side Chair and FTSU Guardian involvement

Key Points & Achievements - WVT

Key Points	Achievements
➢ Education & Training	➢ Mandatory EDI training for all staff ➢ High take up of Civility & Respect training ➢ Domestic Abuse Awareness training roll out ➢ NHS Leaders Health & Wellbeing train the trainer completed in conjunction with ICS ➢ Active Bystander Programme agreement through ICS
➢ Recruitment, Selection & Induction	➢ Armed Forces Covenant (Silver Award) ➢ Onboarding support for international recruits and Pastoral Care Charter, International Staff Charter, use of Cultural Ambassadors ➢ Department for Work and Pensions (DWP) recognition for work with Jobcentre plus
➢ Culture	➢ Annual EDI calendar of events ➢ Trust signed up to Sexual Safety Charter ➢ Close link and work with FTSU Guardian recognising the key interdependencies ➢ Staff Mental Health & Wellbeing nurse, Schwartz Rounds, Wellbeing Champions

Next Steps - WVT

EDI actions 2024/25

- Meeting the NHS People Promise
- InTouch staff engagement actions
- Review processes and approaches in line with learning from the ‘Too Hot to Handle’ report
- FTSU and cultural change initiatives (BAME champions, disability champions, civility & respect training, active bystander training, line manager training including cultural competency)
- NHS EDI requirements – including Pay Gap reporting by Ethnicity and refresh Equality Impact Assessment (EIA) approach
- Full EDI Annual Report to be published on the Trust website

NHS South Warwickshire University NHS Foundation Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	7.1
Date of Meeting	7 August 2024		
Title of Report	Foundation Group Strategy Committee Report from the Meeting on 16 July 2024 (including the Foundation Group Strategy Committee Annual Report for 2023/24 and Annual Review of Self-Assessment of Effectiveness)		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on 16 July 2024, including the Foundation Group Strategy Committee Annual Report.		
3. Executive Assurance	N/A		

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

Report to Foundation Group Boards – 7 August 2024

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

1. **Digital Update Including Group Analytics Update**
   The Group Strategic Chief Digital Data and Technology Officer updated the Committee on the work of the Group Analytics Board (GAB). The programme had been split into workstreams for each Trust which were, Structure, Analytics Capability and Capacity, Reporting, and Analytical Development. The GAB provided feedback on the programme content at the June 2024 meeting which included ensuring achievable timescales, understanding the impact of the new framework on resources, ensuring the correct pace of change, and ensuring that the benefits were clear for the Group and individual Trusts. The work of the GAB was going well with the positive impact of that work already being seen as part of the 'deep dive' methodology at Foundation Group Boards. The next steps were to relook at the timescales of the programme of work against the Group's priorities, and to also re-assess the order of the projects based on the outcome of that.

   The Committee also received an update on Digital Innovation that highlighted the fortunate position of the Group to have two digital innovation spaces. However, it was felt more could be done at scale and therefore alongside Innovate Healthcare Services Ltd (Innovate) Chief Executive, Dan Milman, a Digital Innovation Framework was being established for the Foundation Group. The Committee was all in support of enhancing digital innovation and further information on what that would look like was being provided at the September 2024 meeting.

2. **Procurement Service Future Model**
   The Committee received an update on Procurement Services. Procurement's key focus areas were collaboration with agencies, embedding the single e-Commerce platform Atamis, spend analytics, NHS Supply Chain/Integrated Care System (ICS) Collaboration, Corporate and Non-Medical Spend, Inventory Management, and Social Value and Sustainability. The Head of Procurement highlighted the future Procurement Operating Model, and how to increase the procurement contribution and value through transformative change. At the last meeting the procurement function was discussed and changes that may need to be made, these included Governance, business partnering by Trust, and looking at demand and capacity. A Chief Finance Officer and Procurement Partnership Board had been created and was meeting monthly to establish what was important in terms of delivery.

   As part of the Procurement Service Future Model, The Managing Director of SWFT presented an informative update in relation to subsidiary companies and specifically SWFT Clinical Services Ltd (SWFT CS). He explained that legislation allowed Foundation Trust's to establish subsidiary companies, and SWFT currently wholly owned one subsidiary company – SWFT CS and also Innovate Healthcare Services Ltd (Innovate) was a joint venture between SWFT and GEH. The benefits of subsidiary companies included flexibility on employment terms, greater ability to access commercial opportunities, greater leadership focus through a dedicated Company Board, and financial opportunities. Given the challenging financial situation everyone was exposed

to, SWFT had reviewed further opportunities. One of the current challenges was that some Estates and Facilities was managed by SWFT CS and some by the Trust, which was creating an inefficiency but also missed financial opportunities. At April 2024's SWFT Board of Directors meeting, the Board approved the transfer of Estates and Facilities to SWFT CS, with a transfer date of 1 September 2024. The transfer will include 180 staff, buildings and equipment, novation to SWFT CS existing third-party contracts and changes to the SWFT CS Structure and Operation to account for the increased size of the company.

The Managing Director of SWFT informed the Committee that as part of this work, there was also a potential further opportunity to transfer part of Procurement Services into the subsidiary and that would allow access to financial benefits. This was currently being worked through to understand what could and could not be done, but currently it was looking likely that the most straightforward approach would be to move materials management to SWFT CS initially. With that said, he explained that there would be an additional opportunity to then move the full Procurement Service into the subsidiary, if all members could access the benefits, and that was being worked through further with Chief Finance Officers.

3. Prostate Cancer Pathways and Haematology Update

The Group Chief Medical Advisor provided an insightful presentation to the Committee on Prostate Cancer Pathways which had been requested by the Group Chief Executive. He explained that he initially surveyed all clinical Cancer Leads across the Group, and all Cancer managers across the Group. This provided four key pathways of concern which were Gynaecological Cancer, Lung Cancer, Colorectal Cancer and Prostate Cancer. Out of the four key pathways of concern, the top of each Trust's list was Prostate Cancer. A Prostate Cancer pathway meeting was initially set up for all Urologists, Urology General Managers and the Cancer Leads across the Foundation Group. At the meeting they discussed the current Prostate Cancer Pathway, and the NHS Standards. This was then split by Trust looking at common problems which outlined that access to MRI, MRI to Prostate Biopsy (particularly GEH) and Histopathology turnaround times. The presentation included a list of recommendations including improving access to MRIs and reporting turnaround times. The Committee fully supported the need to improve the Prostate Cancer Pathway, which was a national area of concern. It was agreed that the Group Chief Medical Advisor would provide the Committee with a project scope at a future meeting.

4. Aseptics Services Review

The Clinical Director of Pharmacy of WVT provided a position overview of the Aseptic Services across the Group. It was agreed originally to look at the assembly of the services within the Foundation Group plus University Hospitals Coventry and Warwickshire NHS Trust (UHCW). He explained that he had become aware that Coventry and Warwickshire (C&W) and Herefordshire and Worcestershire (H&W) had different needs as far as Aseptic Services were concerned. C&W were focused on workforce and contingency plans, whereas H&W were focused on facilities, with some overlap around quality assurance services and Chemotherapy prescribing systems. Going forward it was suggested that both the Integrated Care Systems (ICSs) work on the Aseptic projects separately. Nationally there were conversations taking place about implementing Mega Hubs for Aseptic production. There would be one within each region, with the potential for two within the Midlands due to its size. Realistically it was felt these would take another five years before they were implemented, and national advice was to proceed with local plans for the time being.

5. **Pathology Network Expansion**
   The Group Chief Executive provided the Committee with an overview of opportunities to improve productivity in Pathology. Locally there had been arrangements in C&W for a few years, and it was then recommended to have a Network that worked across C&W and H&W, which is what had been developed over the last few years. Richard Oosterom, previous Non-Executive Director of WAHT, had been Chairing a piece of work on behalf of the Network to look at how to bring together all the services across the two ICSs. The Group Chief Executive explained that a meeting had recently taken place for a position update and looking at the scale of the work across all Trusts in the region. He continued that following several years of background work, there had now been a decision to accelerate, and as part of that a set of principles would be developed and an intention to create a business case for bringing the networks together. The cost savings for doing so would be around £5m across the patch. The Group Chief Executive informed the Committee that a business case would be presented at a future Board meeting.

6. **Research Update**
   The Group Director for Research and Development provided the Committee with an overview of the Group's recent Research and Development work. The main points to note were that the Foundation Group plus UHCW had submitted a £6m bid to the National Institute of Health and Care Research (NIHR) for a Commercial Trials and Research Hub and Spoke Network. Successful Trusts would be announced in October 2024. C&W and H&W had developed an ICS level Research and Development Strategy, with focus being on broader alliance across sub-regions. All four Trusts within the Foundation Group were in negotiations with local medical schools to support long-term workforce plans, which included doubling medical school placements.

7. **Foundation Group Strategy Committee Items for Approval and Review**
   The Committee approved its annual report for 2023/24 which is attached (Appendix A) for information. The Committee also approved its proposed 2025/26 calendar of meetings, reviewed its self-assessment of effectiveness which is attached (Appendix B), and the schedules of business for both the Committee and the Foundation Group Boards.

Recommendation

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

Chelsea Ireland
Foundation Group EA

Appendix A

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Strategy Committee	**Agenda Item**	6.2
Date of Meeting	16 July 2024		

Title of Report	Foundation Group Strategy Committee Annual Report for 2023/24 for Approval
Status of report: (Consideration, position statement, information, discussion)	For Approval
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)
Lead Executive Director:	Russell Hardy, Foundation Group Chair
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.
2. Recommendations	The Foundation Group Strategy Committee is asked to consider its Annual Report for 2023/24, prior to submission to the Foundation Group Boards in August 2024.
3. Executive Director Assurance	The report provides an overview of the Committee's business during 2023/24. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly. The last Foundation Group Strategy Annual Report was scheduled for the Committee meeting in August 2023, but the meeting was cancelled and then due to sickness absence was presented in January 2024. It was agreed that reporting would be brought back in line with the Committee's Schedule of Business for the 2023/24 report.

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

Report to Foundation Group Strategy Committee – 16 July 2024

Foundation Group Strategy Committee Annual Report 2023/24

1. Introduction

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

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

During 2023/24, the Committee consisted of the Group Chair, Group Chief Executive, a Non-Executive Director (NED) from each Trust, Managing Director from each Trust, Chief Medical Officer from each Trust, Chief Strategy Officer from each Trust, the Group Strategic Financial Advisor and Group Medical Advisor. Other officers from each Trust may be invited to attend for appropriate agenda items.

The Committee has met on three occasions during 2023/24 due to the cancellation of the August 2023 meeting. Meetings continue to be held on a quarterly basis. In August 2022 the Foundation Group Boards Workshop and Foundation Group Boards meeting replaced the previous twice yearly development sessions. These meetings bring together the full members within the Foundation Group to share best practice and performance data. A schedule of attendance at meetings during 2023/24 is attached (Appendix A).

The Group Chair reports in writing to each Trust's Board via the Foundation Group Boards on key issues considered by the Committee following every meeting. In addition to this, the approved Minutes of the meetings are also submitted to the confidential section of the Foundation Group Boards.

As part of the annual review of the Terms of Reference, amendments were approved by each Board at the Foundation Group Boards meeting in May 2024.

2. Principal Areas of Review

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

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

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

3. FGSC – Review of Effectiveness

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

The Committee has undertaken a formal review of its effectiveness during 2023/24 and a separate report has been submitted to the Committee on the responses received, which was subsequently submitted to the Foundation Group Boards in August 2024. It can be confirmed that the Committee met on three occasions during April 2023 to March 2024 and achieved an attendance rate of 79%. It should be noted that 80% is considered to be a good rate of attendance. The Committee's attendance average has slipped slightly during 2023/24 compared to last year's 80% attendance rate. It's important to note this could be due to a number or role changes throughout the year, one less meeting within the year and the addition of Worcester resulting in required attendance being higher.

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

4. Areas of Particular Note

During the year the Committee has had the opportunity to consider strategic financial and operational planning opportunities as part of collaborative working across the Foundation Group. Examples of these are detailed below but it should be noted that the list is not exhaustive:

- Quality Improvement;
- Levelling Up;
- Ward Accreditation;
- Clinical Teaching and Training;
- Group Procurement;

- Group Analytics Board;
- Robotics;
- Research;
- Provider Collaborative Innovators;
- Electronic Patient Records;
- Aseptics;
- Group Financial Challenges and Opportunities

Looking forward into 2025/26, the Committee continues to focus on development opportunities for strategic financial and operational planning. Also identifying and sharing best practice at pace across the Foundation Group and externally.

5. Conclusion

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

6. Recommendation

The Foundation Group Strategy Committee is asked to consider its Annual Report for 2023/24, prior to submission to the Foundation Group Boards in August 2024.

Chelsea Ireland
Foundation Group EA

Appendix A

Foundation Group Strategy Committee
Attendance 2023/24

	23 May 2023	17 October 2023	16 January 2024
Members			
Russell Hardy (Group Chair)	✓	✓	✓
Chizo Agwu (Chief Medical Officer at WVT as of January 2024 meeting)			✓
Charles Ashton (Chief Medical Officer at SWFT)	x	✓	x
Christine Blanchard (Chief Medical Officer at WAHT)	x	✓	
Julian Berlet (Acting Chief Medical Officer at WHAT as of January 2024 meeting)			✓
Glen Burley (Group Chief Executive)	✓	✓	✓
Adam Carson (Managing Director at SWFT)	✓	✓	✓
Stephen Collman (Managing Director at WAHT)			x
Andrew Cottom (NED at WVT until October 2024 meeting)	x		
Alan Dawson (Chief Strategy Officer at WVT)	✓	✓	✓
Catherine Free (Managing Director at GEH)	✓	x	✓
Sophie Gilkes (Chief Strategy Officer at SWFT)	x	x	x
Matthew Hopkins (Chief Executive at WAHT until October 2024 meeting)	x		
Julie Houlder (NED representative at GEH)	✓	✓	✓
Jane Ives (Managing Director at WVT)	✓	✓	✓
Frances Martin (NED representative at WVT as of October 2023 meeting)		✓	✓
David Moon (Group Strategic Financial Advisor)	✓	✓	✓
David Mowbray (Chief Medical Officer at WVT until October 2023 meeting and then Group Medical Advisor)	✓	x	✓
Simon Murphy (NED representative at WAHT)	✓	✓	✓
Jo Newton (Chief Strategy Officer at WAHT)	✓	✓	✓
Jenni Northcote (Chief Strategy Officer at GEH)	✓	✓	x
Simon Page (NED at SWFT)	✓	✓	✓
Naj Rashid (Chief Medical Officer at GEH)	✓	✓	✓
Committee Attendance Rate	74%	83%	80%

Appendix B

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Strategy Committee	**Agenda Item**	7.2
Date of Meeting	16 July 2024		

Title of Report	Annual Review of Self-Assessment of Effectiveness
Status of report: (Consideration, position statement, information, discussion)	For discussion and information.
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)
Lead Executive Director:	Russell Hardy, Foundation Group Chair
1. Purpose of the Report	To review the Committee's effectiveness via the use of the self-assessment tool.
2. Recommendations	The Committee is asked to receive and note this report and reflect on any comments.
3. Executive Director Assurance	The self-assessment tool is circulated to Committee members for completion, responses are collated and fed back at the next Committee meeting. The detail should also be reported to the Board of Directors of each respective organisation to provide assurance around the effectiveness of the Committee.

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

Report to Foundation Group Strategy Committee – 23 May 2023

Annual Review of Self-Assessment of Effectiveness

1. Introduction

The inaugural meeting of the Foundation Group Strategy Committee (FGSC) was held on 23 January 2018.

It is good governance for the Committee to undertake an Annual Self-Assessment to assess its effectiveness which will be presented to the Board of each respective organisation, along with an Annual Report.

The Committee's 2023/24 Annual Report will be considered by the Committee under a separate agenda item at the August 2024 meeting.

2. Effectiveness Self-Assessment Tool

The Committee Administrator circulated the self-assessment tool on 25 June 2024 with a return date of 8 July 2024. As of 10 July 2024, 9 responses were received which have been captured in the self-assessment tool attached. All narrative contributions have also been included.

3. Recommendation

The Committee is asked to consider the responses received for its Annual Effectiveness Self-Assessment for 2024 which will subsequently be submitted to the respective Boards of each Trust at the next Foundation Group Boards meeting for information.

Chelsea Ireland
Foundation Group EA

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2023/24

Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer	Comments / Action
Theme 1 – Committee Focus						
The Committee is clear on its core purpose and objectives.	✓✓	✓✓✓✓✓✓	✓			
The Committee's business covers matters of importance relevant to its Terms of Reference.	✓	✓✓✓✓✓✓✓				- Should it take a review of its full scope and progress once in a while?
The Committee reviews its activities against those delegated to it in the Terms of Reference	✓	✓✓✓✓✓✓	✓		✓	
The Committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business.	✓✓	✓✓✓✓	✓✓		✓	- Not sure on this one. I think it is still developing.
There is appropriate detailed discussion focused on decisions required and decision making is clear and transparent.	✓✓✓✓	✓✓✓✓✓				
The frequency of meetings is appropriate and enables the Committee to effectively carry out all of its duties.	✓✓✓	✓✓✓✓✓	✓			
If you have rated any of the above aspects as a 1 or a 2, please give your reasons below:						
- I think the Group is at a crucial stage in it's development – transitioning from four separate hospitals into a joint, collaborative entity. This transition, in my view, needs more opportunity for discussion and reflection.						

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2023/24

Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer	Comments / Action
Theme 2 – Committee Team Working						
The Committee has the right balance of experience, knowledge and skills.	✓✓✓✓✓	✓✓✓✓				
The membership and attendance of the Committee as set out in the Terms of Reference is appropriate.	✓✓✓	✓✓✓✓✓✓				
The Committee ensures that the relevant director /manager attends meetings to enable it to secure the required level of understanding of the reports and information it receives.	✓✓✓	✓✓✓✓✓	✓			
Members are properly prepared for the meetings.	✓✓	✓✓✓✓✓✓				
All members of the Committee behave with courtesy and respect, and views of others are respected and heard non-judgmentally.	✓✓✓✓✓✓	✓✓✓				
If you have rated any of the above aspects as a 1 or a 2, please give your reasons below:						
- I think we can sometimes be still confused between ideas generation and responsibility for delivering.						

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

FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2023/24

Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer	Comments / Action
Theme 3 – Committee Effectiveness						
Papers are received in sufficient time to allow proper consideration and understanding.	✓✓✓	✓✓✓✓✓✓				
The quality of Committee papers received allows me to perform my role effectively.	✓✓✓✓	✓✓✓✓✓				
Sufficient time is given to the proper debate and understanding of business items.	✓✓✓✓	✓✓✓✓✓				
Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	✓✓✓	✓✓✓✓✓	✓			
The business is appropriately prioritised, and debate is allowed to flow and conclusions reached without being cut short or stifled due to time constraints etc.	✓✓	✓✓✓✓✓✓✓				
Each agenda item is 'closed off' appropriately so that I am clear the conclusion, who is doing what, when and how and how it is being monitored.	✓✓	✓✓✓✓✓✓✓				
The Committee has a tracker system to ensure others are acting on and completing actions allocated to them and I feel confident that it will be implemented as agreed and in line with the timescale set down.	✓✓	✓✓✓✓✓✓✓				
Assess the impact of the Foundation Group arrangement and overall performance of the four Trusts.		✓✓✓✓✓✓✓✓			✓	
If you have rated any of the above aspects as a 1 or a 2, please give your reasons below:						

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FOUNDATION GROUP STRATEGY COMMITTEE

SELF-ASSESSMENT OF EFFECTIVENESS – 2023/24

Statement	Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	Unable to Answer	Comments / Action
Theme 4 – Committee Leadership and Administration						
The Committee Chair has a positive impact on the performance of the Committee.	✓✓✓✓	✓✓✓✓✓				
Committee meetings are chaired effectively and with clarity of purpose and outcome (e.g. keeping agenda on time, checking for consensus between members before decisions are made)	✓✓✓✓✓	✓✓✓✓				
The Committee has adequate administrative support.	✓✓	✓✓✓✓✓✓			✓	
Minutes clearly identify debate, actions and who is responsible for them.	✓✓✓	✓✓✓✓✓✓				
If you have rated any of the above aspects as a 1 or a 2, please give your reasons below:						