Foundation Group Boards

Wed 06 November 2024, 13:30 - 16:05

via Microsoft Teams

Agenda

1. Apologies for Absence

Adam Carson (Managing Director SWFT), Tony Bramley (Non-Executive Director WAHT), Fiona Burton (Chief Nursing Officer SWFT, Ellie Ward deputising), Lucy Flanagan (Chief Nursing Officer WVT), Harkamal Heran (Chief Operating Officer SWFT, Jack Foster deputising), Helen Lancaster (Chief Operating Officer WAHT, Tracy Pearson and Chris Douglas deputising), Zoe Mayhew (Chief Commissioning Officer SWFT), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Emma King deputising) and Katie Osmond (Chief Finance Officer WVT, Suzi Joberns deputising).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 7 August 2024

13:35 - 13:40 *Russell Hardy*

Agenda Item 3 - Minutes of the Meeting held on 7 August 2024.pdf (17 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

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

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:15 *Managing Directors*

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

6.2. Winter Preparedness Update and Use of Temporary Escalation Spaces

14:15 - 14:40 *Chief Operating Officers / Chief Nursing Officers*

Agenda Item 6.2 - Winter Preparedness and Use of TES.pdf (15 pages)

6.3. Deep Dive into Workforce Productivity

14:40 - 14:55 *Chief People Officers*

Agenda Item 6.3 - Deep Dive into Workforce Productivity.pdf (13 pages)

6.4. Gender Pay Gap Update

14:55 - 15:10 *Chief People Officers*

Agenda Item 6.4 - Gender Pay Gap Update.pdf (12 pages)

7. Items for Approval

7.1. Foundation Group Boards 2025/26 Calendar of Meetings

15:10 - 15:15 *Russell Hardy*

Agenda Item 7.1 - Foundation Group Boards 2025-26 Calendar of Meetings.pdf (2 pages)

8. Any Other Business

15:15 - 15:25

9. Questions from Members of the Public and SWFT Governors

15:25 - 15:30 *Sarah Collett*

Adjournment to Discuss Matters of a Confidential Nature

10. Apologies for Absence

Adam Carson (Managing Director SWFT), Tony Bramley (Non-Executive Director WAHT), Fiona Burton (Chief Nursing Officer SWFT, Ellie Ward deputising), Lucy Flanagan (Chief Nursing Officer WVT), Harkamal Heran (Chief Operating Officer SWFT, Jack Foster deputising), Helen Lancaster (Chief Operating Officer WAHT, Tracy Pearson and Chris Douglas deputising), Zoe Mayhew (Chief Commissioning Officer SWFT), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Emma King deputising) and Katie Osmond (Chief Finance Officer WVT, Suzi Joberns deputising).

11. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

12. Confidential Minutes of the Meeting held on 7 August 2024

15:50 - 15:55 *Russell Hardy*

Agenda Item 12 - Confidential Minutes of the Meeting held on 7 August 2024 .pdf (3 pages)

13. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

Please note there are no outstanding confidential matters arising.

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

14. Any Other Confidential Business

16:00 - 16:05

15. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 5 February 2025 at 13:30 via Microsoft Teams.

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

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

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

Present:

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Charles Ashton	(CAs)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Group Strategic Chief Digital Data and Technology Officer
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Julie Moore	(JM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Simon Page	(SP)	NED and Vice Chair SWFT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
David Spraggett	(JR)	NED WVT
Nicola Twigg	(DS)	NED SWFT
Sue Whelan Tracy	(NT)	NED WVT
Robert White	(SWT)	NED SWFT
Umar Zamman	(RW)	NED SWFT
	(UZ)	NED GEH

In attendance:

Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
Julian Berlet	(JBe)	Interim Chief Medical Officer WAHT
Rebecca Bourne	(RB)	Head of Communications WAHT

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In attendance continued:

Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBu)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CD)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Fiona Gurney	(FG)	Communications Officer WVT (present from minute 24.063)
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH/SWFT
Alex Moran	(AMo)	ANED WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Lisa Peaty	(LP)	Deputy Director of Strategy and Planning WAHT (deputising for Chief Strategy Officer WAHT)
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Alison Robinson	(AR)	Deputy Chief Nursing Officer WAHT (deputising for Chief Nursing Officer WAHT)
Jo Rouse	(JR)	ANED WVT
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist

There were four SWFT Governors and two members of the pubic also in attendance.

MINUTE		**ACTION**
24.057	**APOLOGIES FOR ABSENCE** Apologies for absence were received from: Phil Gilbert, NED SWFT; Paramjit Gill, Nominated NED SWFT, Richard Haynes, Director of Communications WAHT; Julie Houlder, NED and Vice Chair GEH; Ian James, NED WVT; Simone Jordan, NED GEH; Rosie Kneafsey, ANED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Jo Newton, Chief Strategy Officer WAHT; Sarah Shingler, Chief Nursing Officer WAHT; and Jules Walton, Interim Chief Medical Officer WAHT. **Resolved – that the position be noted.**	

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24.058	**DECLARATIONS OF INTEREST** Anil Majithia, NED GEH, declared that he had completed his term with Canal and River Trust and had been appointed as NED for Health Inequalities and Communities at Leicester, Leicestershire and Rutland Integrated Care Board (ICB). Sarah Raistrick, NED GEH, declared that she was a practicing General Practitioner (GP) in the Coventry and Warwickshire ICB. This was not a new declaration but was reiterated due to the nature of the discussions taking place on the agenda. Robert White, NED SWFT, declared that there had been accountancy advice provided to SWFT from RSM UK, where his son was an accountant. He assured the Foundation Group Boards that his son did not work for the public sector of the organisation. **Resolved – that the position be noted.**	
24.059	**PUBLIC MINUTES OF THE MEETING HELD ON 2 MAY 2024** **Resolved – that the public Minutes of the meeting held on 7 February 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
24.060	**CHAIR'S REMARKS** The Group Chair welcomed the new ANEDs of WAHT, Alex Moran and Catherine Driscoll, and the new NED of SWFT, Robert White, to the Foundation Group. The Group Chair acknowledged and thanked the Chief Transformation and Delivery Officer of WVT and the Group Strategic Chief Digital Data and Technology Officer for their contributions to the Foundation Group Boards and wished them well in their future endeavours. The Group Chair took the time to thank the volunteers across the Foundation Group for their work, contribution and fundraising efforts. The Group Chair informed the Foundation Group Boards that he and the Group Chief Executive had reached out to the Chairs of the Black, Asian and Minority Ethnic (BAME) Network to confirm their unwavering support to all colleagues feeling anxious following the distressing events taking place across the country. He added that communications had also been sent around to all staff reiterating each Trust's support and values. A copy of the messages were available upon request. **Resolved – that the Chair's Remarks be received and noted**.	

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24.061	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.061.01	Foundation Group Performance Report (Minutes 23.058, 23.080.01, 24.007.02 and 24.034.01 refers) The Managing Director for GEH confirmed that the cancer diagnosis following Emergency Department (ED) attendance data had been received. She shared this with the Foundation Group Boards and explained that GEH was an outlier. The next piece of work was to understand why GEH was an outlier and where any adjustments needed to be made. This work was taking place in August 2024 and an update would be provided at the November 2024 Foundation Group Boards meeting. **Resolved – that the GEH cancer diagnosis from ED attendance update be provided at the Foundation Group Boards meeting in November 2024.**	**CF**
24.061.02	Group Informatics Proposal (Minute 24.042 refers) The Group Strategic Chief Digital Data and Technology Officer informed the Foundation Group Boards that the Informatics and Business Analytics leadership would sit with the WAHT team. The digital data and technology portfolio would be worked through alongside the Group Chief Executive to determine what that should look like in the future. **Resolved – that the position be noted.**	
24.062	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair provided an overview of the Foundation Group Boards Workshop held earlier that day, which focused particularly on prevention and the work each Trust was doing within their communities. Julian Kelly, Chief Financial Officer and Deputy Chief Executive of NHS England (NHSE) attended the meeting and spoke about the challenges faced across the NHS. The Group Chief Executive added that he was pleased to see the level of activity that had gone into the prevention agenda across the Foundation Group and reiterated the importance of prevention continuing to be embedded in improvement work. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	
24.063	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT presented an overview of the WVT performance to the Foundation Group Boards. She explained that she was quite worried regarding the continued congestion in the ED and hospital. She	

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added that the hospital was averaging around 30 extra patients to the standard bed base which had continued through the summer period. This was the highest risk on the WVT's risk register and therefore the Trust's top priority. The Managing Director for WVT informed the Foundation Group Boards that pressured faced within the hospital would continue and become more challenged between September 2024 and October 2024. This was due to needing to decant the Accident and Emergency (A&E) Department to enable refurbishment work to be completed. The Managing Director for WVT explained that WVT had done a lot of work to understand the drivers to cause the position the hospital was in. She continued that over the last two years demand had increased significantly, however length of stay had remained the same. The Managing Director for WVT confirmed that focus on demand reduction, internal processes and discharge were taking place. She explained that two key pieces of work were taking place to try and help the hospital congestion. One was around increasing the capacity of community services as well as simplifying the model with a Community Referral Hub from September 2024. The other was challenging integrated neighbourhood teams such as Primary Care Networks (PCNs), General Practitioners (GPs), and community services to reduce patients attending the hospital.

The Managing Director for WVT informed the Foundation Group Boards that she was proud of the Trust's mortality indicators decreasing despite demand and were under 100. She emphasised that mortality was an important indicator therefore to see that decreasing despite the congestion was worth celebrating, as it showed staff were continuously working on improving pathway management and mitigating potential problems.

The Managing Director for WVT concluded by explaining that she had a rising concern with the Trust's waiting list size, going up 9% in twelve months. Work was taking place regarding reducing the list especially long waiters and understanding referral patterns.

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

The Group Chief Executive explained that the Elective Recovery Plan Version Two would be published nationally in due course. One of the concerns that people had currently was that within waiting lists there were patients who needed diagnostic tests. With more diagnostic capacity in place with the Community Diagnostic Centres (CDC), there could be the option to provide Primary Care with direct access to those diagnostic tests which would in turn speed up waiting lists.

The Managing Director for SWFT provided the Foundation Group Boards with SWFT's key performance data. He explained that ED and flow remained a focus area with sustained increase in ED demand which was starting to feel like the new normal in terms of level of demand, particularly around type one attendances (more unwell patients). A lot of the demand was driven by out of

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	area, however there had also been significant changes in the Coventry and Warwickshire (C&W) system resulting in taking on more activity then previous which had impacted performance. The Managing Director for SWFT highlighted the work from Outpatient Services particularly the work they had led with Outpatient redesign. SWFT's Did Not Attend (DNA) rates remained in the top quartile nationally, however it was felt there was more possibility for improvement. He explained that work alongside Deep Medical, regarding using Artificial Intelligence (AI) to analyse potential DNAs. This would then be piloted to be coupled with volunteers through Helpforce for direct contact with those potential DNA patients. Work had also taken place regarding analysing potential DNA rates and health inequalities, and whether there was more that could be done to address that. He continued by informing the Foundation Group Boards that Patient Initiated Follow Up (PIFU) remained in a positive place, it needed to be rolled out to more services, however a further increase in PIFU rates was expected over coming months. The Managing Director for SWFT highlighted that his area of concern was Cancer Services. SWFT continued to see a sustained high referral rate that was increasing year on year, however there had been some improvement in the faster diagnosis standard. The 62 day standard remained a challenge for SWFT, particularly in Breast Services and Dermatology Services. SWFT's waiting lists were still higher than ideal, with Orthodontics playing a key part in that. Orthodontics was a National and Regional issue, which SWFT had been working closely with the ICB and NHSE to establish a solution for the backlog. As a result, there had been a reduction in both 78 week waits, and 65 week waits. The Managing Director for SWFT concluded by highlighting the reduction in waiting times for Diagnostic Services, which had been driven mainly by the reduction in non-Obstetric ultrasound waits. The demand in CT and X-Ray demand had been watched as growth levels had increased to 14%. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive noted that SWFT's 52 week wait position looked slightly concerning in comparison to the position of the other Trusts in the Foundation Group. The Managing Director for SWFT agreed, he explained that focus had been on long waiters, however he assured the Foundation Group Boards that he would investigate SWFT's 52 week wait position. The Managing Director for GEH presented the GEH performance data to the Foundation Group Boards. She highlighted GEH's A&E performance and that it was now best in the Foundation Group, however there were still areas to focus on to achieve the 95% performance. GEH continued to see delays within ED, with 51 patients waiting over twelve hours from decision to admitting to then finding a bed in the Trust. There had been improvement from previous months, however remained a focus area. The Managing Director for GEH provided details to why GEH's A&E performance may have improved during June 2024, and it was clear that the work that had taken place around Medically	**AC**

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Fit For Discharge (MFFD) had supported this. This work included holding calls twice a day to follow up on patients and discuss who could leave the Trust's care and ensure community plans were in place to prevent delay. This had let to a reduction from around sixty patients in the Trust MFFD to forty patients. The MFFD number had increased in July 2024 but had improved again by the beginning of August 2024. The Managing Director for GEH noted SWFT's success with keeping ambulance handover delays to a minimum and explained that GEH would continue to focus on these as an area for improvement.

The Managing Director for GEH informed the Foundation Group Boards that she was most proud of was GEH's sickness levels. She explained that when the first Foundation Group Boards met GEH had the highest rate of sickness across all Trust's within the Foundation Group. However, sickness rates were now down to 4.6%, which was still higher than the Trust's target but a significant improvement. This showed the work that had taken place focusing on vacancy reduction, feedback from the Staff Survey and listening to staff was working. Appraisal rates were also at 87% which was the highest they had been.

The Managing Director for GEH explained that Cancer Services 62-day standard remained a challenge, however similarly to SWFT, there had been sustained improvement in the faster diagnostic standard. She concluded by informing the Foundation Group Boards that GEH had seen a slight reduction in the 52-week breaches for Elective Care, and there were meetings in place to try and clear long waiters by the end of September 2024.

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

The Group Chief Executive agreed with the Managing Director for GEH that the 62-day cancer indicator needed to be a focus area. He reassured members of the public that the indicator was triggered when a patient was treated. Therefore, some of the long wait patients included in the figures were being treated, but this would lead to a slight deterioration of the performance. The Group Chief Executive expressed that there was confident the figures would start to improve as patients were treated through the system.

The Managing Director for WAHT provided the Foundation Group Boards with an overview of WAHT's performance data. He started by presenting the Urgent Care performance, and in particular the role that occupancy was playing. The Trust had done a detailed analysis which had been shared at WAHT Board around contributions and impact. WAHT had been working with HealthCare Trust Partners regarding different service offers especially for general medicine patients which had been contributing significantly to the occupancy challenges. Two areas of capacity had also not been used, one area was due to lack of funding, and one was due to site works taking place. However, work to resolve these issues was underway and would continue later into 2024.

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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	The Managing Director for WAHT informed the Foundation Group Boards that work was being completed with Public Health to undertake analysis of emergency admissions, capturing around 300-400 households. The work had allowed WAHT to look at the top ten areas that were contributing to their emergency admissions. There was a programme of work following this with Public Health and Integrated Care System (ICS) colleagues around what could be done differently. He hoped to hold a WAHT Board Development Session around the work. The Managing Director for WAHT explained that productivity was a focus area for WAHT, and improvements were starting to be seen. There was focus on how productivity linked to Elective Care, Cancer Performance and the overall financial performance of the Trust. WAHT continued to drive down high-cost agency spend, as well as providing focus to the Elective Plan. This was being reflected in the number of patients being seen, particularly when looking at the previously most challenged specialties which were Urology and Dermatology, where more recently WAHT had been in the top fifteen Trusts in terms of numbers treated for Urology. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive highlighted the improvements seen at WAHT, especially around the Cancer Performance which WAHT had managed to improve to no longer need national monitoring. He noted that sickness levels across the organisation remained challenged, however assured the Foundation Group Boards that reviewing of the staff support functions and analysing underlying trends was being worked through. The Group Chair thanked the WAHT Board and all WAHT colleagues for their continued work and celebrated the Trust's strong and steady progress. **Resolved – that** **A) the Managing Director for SWFT look into the SWFT's 52 week wait position and report back to the SWFT Board of Directors meeting, and** **B) the Foundation Group Performance Report be received and noted.**	**AC**
24.064	**GROUP FINANCE UPDATE INCLUDING PRODUCTIVITY** The Chief Finance Officer for GEH presented the overall financial position across the Foundation Group. He informed the Foundation Group Boards that all four Trusts had very challenging financial targets, which was reflective of the national picture. All four organisations were reporting deficits at the end of the first quarter, however full year plans for SWFT and GEH were planning and delivering small surplus by the end of the year. WVT and WAHT were planning on delivering deficits of £31m and £57m respectively. Challenges such as	

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Urgent and Emergency Care (UEC) increased capacity would impact cost but also inflationary pressures above funded levels. There had been impacts seen from Industrial Action, Elective Recovery, performance and high Cost and Productivity Improvement Plans (CPIP) targets. WVT had particularly been impacted by some of the challenges faced.

The Chief Finance Officer for GEH presented the CPIP data to the Foundation Group Boards. He explained that delivering a financial plan was very dependent on delivering CPIP targets including percentage of turnover. The Foundation Group had very high CPIP targets, however looking at the historic data all Trusts had done well to identify projects for the vast majority of the target. However, the proportion of developed projects varied quite considerably across all four organisations, showing more work was needed in terms of developing the relevant plans into delivery mode. The Chief Finance Officer for GEH assured the Foundation Group Boards that work was also taking place in each Trust to support and oversee the delivery of CPIP targets whilst also connecting other pieces of work such as improvement programmes. There was also work taking place to share best practice and ensuring efforts were not being duplicated across the Foundation Group.

The Chief Finance Officer for GEH provided the Foundation Group Boards with detail on some of the key elements within the financial plan. He started by presenting the temporary staffing costs, which had increased as a proportion of the total pay bill. However more importantly over the last year, particularly recent months, there had been reductions in temporary staffing spend with GEH reducing it significantly. This showed the actions being taken across the Foundation Group to focus on reducing that cost had been having an impact. There was still work that needed to take place to improve agency spend further following NHSE set targets, particularly around price compliance. Procurement colleagues across the Foundation Group were working to reduce agency rates. The Chief Finance Officer for GEH also explained that there were wide variations against the agency ceiling across the Foundation Group, with SWFT and GEH very close to their ceiling and WVT and WAHT some distance away from theirs. WVT and WAHT agreed plans would not get them below their agency ceiling, so there was more to work on in the financial year. The Chief Finance Officer took the time to celebrate good performance at GEH and WAHT in particular, with GEH below their agency ceiling compared to twelve months ago when they were double their ceiling limit. WAHT was also £1m ahead of their plan.

The Chief Finance Officer for GEH presented the other key element to the financial plan, which was Productivity and Elective Recovery. All four Trusts had set Elective Recovery targets above the national requirement which demonstrated a degree of ambition for the Foundation Group to improve productivity. The targets varied between Trusts due to the variation in baseline productivity levels. The year-to-date performance across the Foundation Group in terms of financial value was good and was higher then pre-Covid-19 levels. Work was still taking place to improve the Elective Recovery Fund (ERF)

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performance further, WVT was expecting performance to improve with the opening of the Elective Surgical Hub and GEH had set an internal stretch target to get to the 143% pre-Covid-19 levels of activity in an attempt to mitigate some of the risks faced.

The Chief Finance Officer for WVT presented the data on productivity to the Foundation Group Boards. She explained that more activity needed to be delivered, without relying on more cost to deliver it and this could only be achieved by being even more productive. The focus needed to be on how to improve performance through productivity, but also how Trusts assessed that they were being productive and whether they were improving or not. There was a range of tools available to look at metrics and trends to support this work. Nationally there were new tools being developed to support Trust's understanding their productivity challenge and both the Chief Operating Officers and Chief Finance Officers were engaged in those discussions. The Chief Finance Officer for WVT presented the Foundation Group Boards with a couple of example metrics alongside national benchmarking using the Model Health System which had some nuances but what it did show was that the NHS had seen a productivity reduction compared to pre-Covid-19 and significant workforce growth. The data also showed that there were some positive areas of performance from some of the Trusts in the Foundation Group, and it also demonstrated some clear areas of opportunity. The Chief Finance Officer for WVT went through some of the different tools such as the Cost per Weight Activity Unit (WAU) which attempted to standardise activity and unit cost so that there was a comparable measure that could be used. For example, as the Foundation Group continued to increase ERF performance and reduce temporary staffing costs, the cost per WAU figure would be expected to decrease and would demonstrate whether a Trust was delivering better value.

The Chief Finance Officer for WVT explained that alongside national tools each Trust had also developed local measures due to national tools not being refreshed as might be needed to support operational delivery. Each Trust had developed their own cost per WAU tool, which included a range of other metrics being linked to it to support the deep dives into performance. Following each Trust developing the tool, it showed each Trust had an increased cost per WAU. This spiked during Covid-19 and was slowly reduced during recovery, however cost per WAU remained higher than pre-Covid-19 which could imply activity deterioration. The National Cost Collection Index (NCCI) was another tool that could be used to look at productivity and it also compared provider's costs of carrying out activity and put it into an index to measure the relative cost and adjusted for case-mix. This showed SWFT and GEH below the national average, therefore performing strongly, WAHT was just about at the average and WVT was above average. WVT however was largely affected by its rurality and the excess costs incurred.

The Chief Finance Officer for WVT explained that there was costing intelligence across the Foundation Group and alignment of consistency with financial returns. This provided opportunity to share learning and best practice across

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	services. One example of this was in theatres cost per minute, and how to work with the Chief Operating Officers to use the theatre cost per minute to understand what was driving variance. The Chief Finance Officer for WVT concluded by explaining that financial positions remained challenged, however there were various tools available to support productivity improvement and areas to focus on to mitigate increased cost. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive highlighted the positive progress on reducing agency spend across the Foundation Group. However, he explained there was still a significant opportunity to improve the reduction further with an approximate £68m being spent across the Foundation Group each year based on month three figures. The Group Chief Executive also noted the £44m worth of schemes being worked up across the Foundation Group and highlighted that the challenge would be how to turn that into delivered schemes. The Chief Finance Officer for GEH explained that discussions were taking place internally with regards to the schemes, which included targeted areas that would provide the biggest values. He added that there was also a need to link in with the improvement programme to ensure efforts were not being duplicated. The Group Chair expressed that he felt CPIPs and income allocations across the Foundation Group were not where they should be so far into the financial year. However, he celebrated the level of performance that was being delivered across the Foundation Group in relation to Elective Recovery despite the ongoing pressures faced in each Trust. The Managing Director for GEH took the time to thank the analytics teams for pulling the data together in a way that enabled comparisons across the Foundation Group. The Group Chief Executive informed the Foundation Group Boards that there would be Learning and Improvement Networks launched across the NHS in due course. These would focus specifically on acute productivity and the Foundation Group would be in a West Midlands Network. **Resolved – that the Group Finance Update including Productivity be received and noted.**	
24.065	**DEEP DIVE INTO ELECTIVE PRODUCTIVITY** The Chief Operating Officer for WVT presented the Deep Dive into Elective Productivity. He introduced the presentation by providing the Foundation Group Boards with the key priorities across the Foundation Group to deliver improved productivity. They focused around working smarter in a more efficient way and continuously sharing learning and best practice. The Chief Operating Officer for WVT added that all four Trusts were part of the Getting it Right First Time	

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(GiRFT) Group B Cohort, where Trusts shared performance and learning. This enabled the Foundation Group to learn from other Trusts as well. The GiRFT Group B also enabled the utilisation and adoption of bed practice from the GiRFT handbooks to ensure transformation, improvement and getting the transactional delivery correct. The Foundation Group was also focused on maintaining a clear divide between Urgent Care and Elective Care pathways.

The Chief Operating Officer for WVT presented the Capped Theatre Utilisation Data to the Foundation Group Boards and explained that it was pleasing to see across the work that had taken place to build and stabilise theatre utilisation. Whilst there was a lot more work to go, all four Trusts were moving in the right direction. When you looked at theatre utilisation by speciality, all Trusts were benchmarking well against General Surgery, however work continued to take place to identify the variation in performance against other specialities such as Urology. The Chief Operating Officer for WVT continued by informing the Foundation Group Boards of the initiatives taking place to improve theatre utilisation across the Foundation Group. Key focus areas moving forward included High Volume, Low Complexity lists and Ear, Nose and Throat (ENT), as well as trying to reduce cancellations by looking at pre-operative planning. The Chief Operating Officer for WVT highlighted the average number of cases per list which showed similar numbers amongst a lot of services, however also areas of shared learning that could still place particularly with Trauma and Orthopaedics for GEH and SWFT. Initiatives had been developed in relation to improving numbers of cases per list, with a common theme for all four Trusts being High Volume Low Complexity cases.

The Chief Operating Officer for WVT provided an overview of the outpatient productivity with ongoing focus on clinic lists and how to maximise productivity. This included job planning and activity reviews around both medical and non-medical staff that delivered outpatient clinics. Work was also taking place in relation to DNA challenges and rolling out PIFU to more services. WAHT had the lowest DNA rate across the Foundation Group and good work was also taking place in SWFT, so there was more work to be done to share learnings to help bring DNA rates down.

The Chief Operating Officer for SWFT presented each Trust's key drivers and improvement areas. GEH had challenges around accuracy of reporting and useable data, ENT capacity which then impacted SWFT, and their theatre planning was a manual process currently due to their planning tool being under development. GEH developing their theatre planning tool would have a significant positive impact and should not be underestimated regarding the benefit it would have. Increased cancer referrals was one of the key drivers across the Foundation Group which caused issues, however there had been improvements shared across the Group including increased volume of cases per list. The Chief Operating Officer for SWFT presented SWFT's key challenges which focused on Orthodontic long waits, Acute Surgical Admission, and Cataracts. SWFT had improved and maintain their theatre metrics for utilisation and productivity which remained a focus area, Endoscopy utilisation

MINUTE		ACTION
	was strong and the waiting list back log was reducing. WAHT's focus areas included pre-operative capacity and follow-up waiting lists. Their drivers included limited capacity within pre-operative assessment, contributing to late cancellations and services and case mix across sites was not enabling the most efficient through put. The key issues for WVT were the ability to meet the 65-week and 52-week targets and their reliance on premium cost agency. Their drivers were the long waiting patients in Orthopaedics, Opthalmology and ENT as well as maximising ERF and reducing unnecessary follow-up appointments. WVT had started using Allocate Job Planning software to maximise clinical output which would continue to have a positive impact. The Chief Operating Officer for SWFT concluded the presentation by explaining the next steps, which included using Group-level analytics to look further at outpatient metrics, continuing shared learning and understanding productivity further. She took the time to thank the Group Informatics Lead for producing the level of data in the operational deep dives, as well as the operational teams from across the Foundation Group for continuously working together for improvements. The Group Chair invited questions and perspectives and of particular note was the following point. The Group Chief Executive thanked the Chief Operating Officers for an informative presentation. He continued that despite good performance, there was still opportunities for improvements, and therefore encouraged the Chief Operating Officers to continue the work they were doing. **Resolved – that the Deep Dive into Elective Productivity be received and noted.**	
24.066	**FOUNDATION GROUP OBJECTIVES UPDATE** The Group Chief Executive presented the Foundation Group Objectives Update report to the Foundation Group Boards. He explained that the report was to mainly ensure all four Trusts within the Foundation Group had sight of each other's objectives. The report also identified potential objectives in common and encouraged lead Chief Officers to share learning and identify common areas. **Resolved – that the Foundation Group Objectives Update report be received and noted.**	
24.067	**EQUALITY UPDATE REPORT** The Chief People Officer for WAHT provided the Foundation Group Boards with detail of the measures put in place to support staff considering recent events within the media. She explained that all four Trusts had a very clear stance against racism and riots, and messages had been sent to all colleagues	

MINUTE		ACTION

expressing the position. Additional conversations with security teams had taken place as well as putting in supportive measures with Trade Unions, Freedom to Speak Up (FTSU) Guardians, Chaplains and Multi-Faith teams.

The Interim Chief People Officer for SWFT/GEH informed the Foundation Group Boards that GEH's Equality, Diversity and Inclusion (EDI) agenda and priorities were driven by their staff networks. GEH had six active staff networks who worked in collaboration with the EDI and Engagement team to identify priorities and create an inclusive workplace. The Chief People Officer for SWFT/GEH took most of the presentation as read, however highlighted the Armed Forces Community Network, which had achieved the Silver Award for Defence Employer Recognition Scheme. She explained the network did a lot of work alongside veteran organisations to support veterans and their families. Also the EmbRACE Network the Faith, Spirituality and Belief Network had been working together to improve staff experience, inclusive recruitment, as well as arrange of celebratory events for diversity throughout the year. GEH hosted Pride Month on behalf of the ICS in June 2024 which had great engagement. Moving forward GEH would be focusing on improving inclusive recruitment and would be launching campaigns such as the 'Say My Name' campaign.

The Interim Chief People Officer for SWFT/GEH presented an overview of SWFT's EDI work and highlighted that SWFT had seen an increase in staff engagement and as a result of that had launched the antidiscrimination helpdesk. SWFT was proud of the Workforce Disability Network who had achieved the Midlands Inclusivity and Diversity Award Scheme award for Network of the year in the Midlands region. Moving forward SWFT would be focusing on launching the Neurodiversity Network as well as running Neurodiversity Awareness Sessions to ensure those staff members felt supported and that they belonged at SWFT. SWFT would also be hosting the Disability History Month in November/December 2024 on behalf of the ICS.

The Chief People Officer for WAHT provided WAHT's EDI work and highlighted that WAHT had just launched new Values and the Networks would be supporting that work moving forward. She continued that WAHT's Rainbow Badge initiative was very positively received and supported training and inclusivity. WAHT had recently launched speak up training to encourage staff to speak up against discriminatory behaviour or concern. The Chief People Officer for WAHT highlighted the Trust's Supported Internships Program which data showed needed to be an area of focus moving forward to support people with various different needs into employment. She informed the Foundation Group Boards that four interns that were on the program had successfully gained employment as a result, three within the Trust. Next steps would also include inclusive recruitment, embedding the new Trust Value's and further enhance the EDI agenda, and continue with charities including the creation of the new Multifaith Hub.

The Chief People Officer for WVT presented WVT's EDI highlights. He expressed that EDI was about winning hearts and minds, and not just about

MINUTE		ACTION
	statutory obligations. He explained that all four Trusts were going above and beyond statutory obligations to try and change culture and set the direction by promoting compassionate and inclusive leadership. WVT had been encouraging all managers to sign up to NHS Inclusive Leadership training, to act as role models within their respective departments and ensue a zero-tolerance approach to any discrimination, bullying, harassment or victimisation. Three Staff Networks had been refreshed and sponsored by Executive Colleagues, they also had Union representation and staff side involvement to encourage good working relationships across the organisation. Through Education, Training, Recruitment and Health and Wellbeing programs, steps were being taken to enhance working environments for staff. He continued that in the previous twelve months WVT had been working with Jobcentre Plus and the Department of Work and Pensions (DWP) and had now been recognised as an exemplar organisation to work for, through that work WVT had also employed fifteen individuals. Moving forward, WVT would continue focusing on EDI and was proud that the Trust had its most diverse workforce it had ever seen. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chair highlighted the importance of keeping EDI at the top of the Foundation Groups agenda despite the other challenges faced. The Group Chief Executive expressed that it was a worrying time for the country, however it was encouraging to see the Foundation Group leading impressive EDI agendas. The Managing Director for GEH took the time to remind members of the public and the rest of the Foundation Group Boards that work on EDI was not in response to recent events taking place in the country, but because it was the right thing to do. However, how the Foundation Group responded to such events was important. She highlighted that a diverse team, was a strong team and the Foundation Group prided themselves on treating everyone equally. **Resolved – that Equality Update Report be received and noted.**	
24.068	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING HELD ON 16 JULY 2024 (INCLUDING THE FOUNDATION GROUP STRATEGY COMMITTEE ANNUAL REPORT FOR 2023/24 AND ANNUAL REVIEW OF SELF-ASSESSMENT OF EFFECTIVENSS FOR 2023/24)** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting held on 16 July 2024 which included the self-assessment of effectiveness and Annual Report for 2023/24.	

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

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

MINUTE		ACTION
	The Chief Strategy Officer for SWFT noted that the attendance record within the Foundation Group Strategy Committee Annual Report needed updating to reflect the Deputy Chief Strategy Officer of SWFT as a member on her behalf. The Foundation Group EA agreed that this would be amended accordingly.	CI
	Resolved – that **A) the Foundation Group EA amend the attendance record within the Foundation Group Strategy Committee Annual Report to reflect the Deputy Chief Strategy Officer for SWFT's membership, and** **B) the Foundation Group Strategy Committee report from the meeting held on 16 July 2024 including the Foundation Group Strategy Committee Annual Report for 2023/24 and Annual Review of Self-Assessment of Effectiveness for 2023/24, be received and noted.**	CI
24.069	**ANY OTHER BUSINESS**	
	There was no further business discussed.	
	Resolved – that the position be noted.	
24.070	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
	There were no questions from members of the public or SWFT governors.	
	Resolved – that the position be noted.	
24.071	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
24.072	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
24.073	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
24.074	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 MAY 2024**	
24.075	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.076	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 APRIL 2024**	
24.077	**ANY OTHER CONFIDENTIAL BUSINESS**	
24.078	**DATE AND TIME OF NEXT MEETING**	
	The next Foundation Group Boards meeting would be held on 6 November 2024 at 1.30pm via Microsoft Teams.	

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

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

Signed _____ (Group Chair) Date: 6 November 2024
Russell Hardy

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

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 6 NOVEMBER 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
24.068 (07.08.2024) Foundation Group Strategy Committee Report from the Meeting held on 16 July 2024 (including the Foundation Group Strategy Committee Annual Report and Self-Assessment of Effectiveness for 2023/24)	The Foundation Group EA amend the attendance record within the Foundation Group Strategy Committee Annual Report to reflect the Deputy Chief Strategy Officer's membership.	C Ireland	Completed and updated report on file.
24.064 (07.08.2024) Foundation Group Performance Report	The Managing Director for SWFT look into the SWFT's 52 week wait position and report back to the SWFT Board of Directors meeting.	A Carson	Completed - The information had been included in the Integrated Performance Report that went to SWFT Board on 4 September 2024.
23.080.01 (01.11.2023), 23.058 (02.08.2023), 24.007.02 (07.02.2024), 24.035.01 (02.05.2024) and 24.061.01 (07.08.2024) Foundation Group Performance Report	The Managing Director of GEH provide an update on why GEH were an outlier for cancer diagnosis from Emergency Department (ED) attendance at the next Foundation Group Boards meeting.	C Free	Completed – the audit was completed, and the report identified that there was an inaccuracy in the GEH data collection process. That led to a revised process being implemented and the subsequent outcomes would be monitored through the GEH Cancer Board as a standing item, for quarterly reporting through the GEH Operational Quality and Safety Group and Quality Assurance Committee.

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS IN PROGRESS			
REPORTS SCHEDULED FOR FUTURE MEETINGS			

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.1
Date of Meeting	6 November 2024		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Vidhya Sumesh, Group Business Information Specialist		
Lead Executive Director:	Catherine Free, Managing Director - George Eliot Hospital NHS Trust (GEH), Sophie Gilkes, Acting Managing Director - South Warwickshire University NHS Foundation Trust (SWFT), Stephen Collman, Managing Director - Worcestershire Acute Hospitals NHS Trust (WAHT), and Jane Ives, Managing Director – Wye Valley NHS Trust (WVT)		
1. Purpose of the Report	Assurance and oversight of Group Performance		
2. Recommendations	The Foundation Group Boards are invited to review this report as assurance.		
3. Executive Assurance	This report provides group, regional and national benchmarking on six key areas of performance. A narrative has been provided by each organisation for the key areas benchmarked.		

Foundation Group Performance Overview

Group Analytics

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

	Indicator	Standard	Latest Data	Benchmark		Latest Data	Wye Valley NHS Trust(WVT) Current Month	Wye Valley NHS Trust(WVT) Year to Date	Wye Valley NHS Trust(WVT) Trend - Dec 2019 to date	Wye Valley NHS Trust(WVT) DQ Mark	South Warwickshire University NHS Foundation Trust(SWFT) Current Month	South Warwickshire University NHS Foundation Trust(SWFT) Year to Date	South Warwickshire University NHS Foundation Trust(SWFT) Trend - Dec 2019 to date	South Warwickshire University NHS Foundation Trust(SWFT) DQ Mark	George Eliot Hospital NHS Trust(GEH) Current Month	George Eliot Hospital NHS Trust(GEH) Year to Date	George Eliot Hospital NHS Trust(GEH) Trend - Dec 2019 to date	George Eliot Hospital NHS Trust(GEH) DQ Mark	Worcestershire Acute Hospitals NHS Trust(WAH) Current Month	Worcestershire Acute Hospitals NHS Trust(WAH) Year to Date	Worcestershire Acute Hospitals NHS Trust(WAH) Trend - Dec 2019 to date	Worcestershire Acute Hospitals NHS Trust(WAH) DQ Mark
Urgent and emergency care	ED 4 hour standard	78%	Sep-24	National	74.2%	Sep-24	65.8%	67.5%			75.3%	74.0%			74.6%	75.0%			68.5%	66.9%		
				Midlands	73.1%																	
	Ambulance Handovers < 30 mins (%)	98%				Sep-24	62.9%	73.0%			95.2%	92.7%			61.4%	63.6%			53.9%	63.0%		
	Ambulance Handovers < 60 mins (%)	100%				Sep-24	81.2%	85.4%			98.9%	97.9%			90.8%	91.7%			69.3%	77.3%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%				Sep-24	44.3%	45.6%			40.7%	41.6%			46.1%	42.6%			29.9%	36.0%		
	General and Acute (G&A) Occupancy(Adult)	< 92%	Sep-24	National	94.6%	Sep-24	99.8%	99.6%			96.3%	94.8%			94.8%	97.9%			94.8%	96.0%		
				Midlands	94.9%																	
MFFD	% of occupied beds considered fit for discharge	5%				Sep-24	14%				28%				19%				15%			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Jun 2023 to May2024	National	1.0	Jun 2023 to May2024	Within expected range	1.003			Within expected range	1.0241			Within expected range	1.0616			Within expected range	1.0343		
Work force	Staff Sickness	3.5%	May-24	National	5.0%	Sep - WVT,GEH, WAH Aug-SWFT	5.0%				4.7%			N/A	5.3%				5.1%			
				Midlands	5.5%																	
Cancer	Cancer 62 days Combined (new standard from Oct 23)	85%	Aug-24	National	69.2%	Aug-24	71.4%	68.5%			61.3%	61.5%			72.9%	63.0%			68.3%	66.3%		
	28 day referral to diagnosis confirmation to patients	77%	Aug-24	National	75.5%	Aug-24	77.8%				76.0%				76.7%				80.4%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				Sep-24	987				605				229				1604			
	RTT 65 week plus waiters (English Only)	0					74				46				0				105			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Aug-24	National	57.3%		55.1%				64.0%				59.2%				56.3%			
Theatres	Theatre Utilisation (Capped)	85%	Aug-24	National	79.4%	Sep-24	80.2%	78.4%			81.5%	83.2%			75.5%	78.5%			84.0%	83.0%		
	Theatre Utilisation (Uncapped)	85%	Aug-24	National	82.6%		82.7%	81.9%			83.0%	85.3%			78.0%	81.5%			86.9%	85.4%		
	% Starting on time (early or within 5 minutes)						60.5%	9.4%			37.0%	39.2%			8.9%	9.7%			19.7%	19.7%		
Outpatients	PIFU Rate	5%				Sep - WVT,GEH, WAH,SWFT Aug-SWFT DNA	3.7%	4.1%			5.3%	5.1%			3.0%	2.6%			5.4%	5.0%		
	DNA rate	<4%					6.4%	6.6%			5.6%	5.5%			7.8%	7.2%			5.2%	5.2%		
	Slot Utilisation	90%					89.3%	88.4%			82.6%	83.3%			84.6%	84.9%			89.1%	89.5%		
	% of OP appointments First or (Fup+procedure)	46%					42.9%	42.6%			43.2%	43.4%			39.7%	40.3%			44.8%	44.4%		

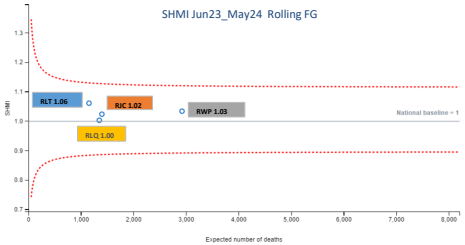
Foundation Group Key Metrics

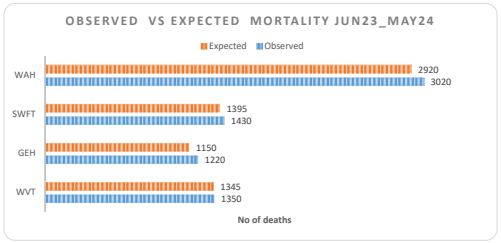
Group Analytics

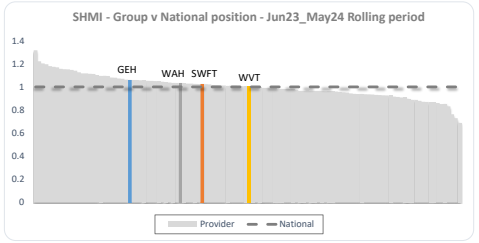
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

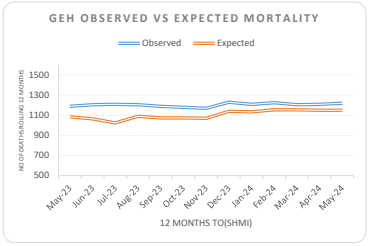
Summary Hospital-level Mortality Indicator (SHMI)- rolling 12 month positions

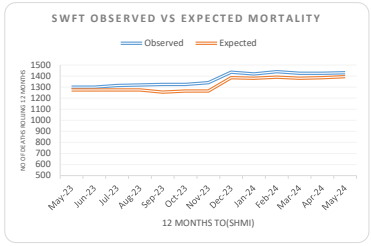
Trust	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
GEH	1.10	1.10	1.10	1.11	1.11	1.13	1.11	1.10	1.08	1.07	1.07	1.08	1.10	1.13	1.18	1.11	1.11	1.10	1.09	1.08	1.06	1.06	1.05	1.06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

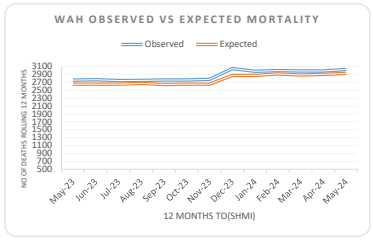


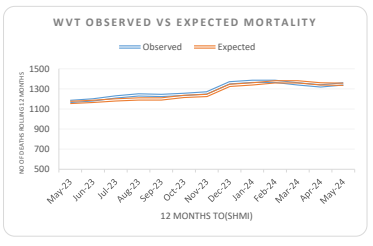












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

The latest Hospital Episode Statistics based Summary Hospital-level Mortality Indicator (HES-SHMI) shows WVT at an encouraging 100.8. The latest month's data has reported a small rise in the data, which will have been impacted by the recent removal of the Same Day Emergency Care (SDEC) activity from the WVT dataset submitted. All NHS Trusts will need to remove SDEC activity by July 2024.

The latest crude mortality rate for September 2024 is 1.81% for all admissions, which equates to 81 deaths. This is a small rise following the low numbers during the summer months. The latest data also continues to report an overall positive quarter for our mortality outlier groups, with many of our key areas reporting reductions and returning to 'as expected' levels.

Fractured Neck of Femur (#NOF) - During this quarter, we received an external outlier alert for our higher than expected #NOF mortality rates from the Healthcare Quality Improvement Partnership (HQIP). In response to the alert, the Trust has conducted a thematic audit of the previous 12 months of deaths, along with several workshops to understand potential issues in the pathway. The findings and feedback from the above will help formulate a clear action plan to improve the pathway. The latest SHMI data shows an encouraging reduction of 8 points to 116.89.

Chronic obstructive pulmonary disease (COPD) and Heart Failure have both reported further consecutive reductions this quarter, with the latest SHMI reporting at 91 and 110 respectively.

Medical Examiner Service – During September, the Medical Examiner Service supported 180 deaths from across the county, following the recent implementation of the new statutory legislation. The service has further developed and streamlined its processes to manage the significant increase in cases within its current capacity.

National Emergency Laparotomy Audit. Results from the latest national audit, reports WVT as 2nd out of 16 in the region for mortality rates for Emergency Laparotomies

George Eliot Hospital NHS Trust (GEH)

The SHMI, and Hospital Standardised Mortality Ratio (HSMR) are within the expected range when compared to England for the latest period. SHMI is 1.06 (May 23-April24), HSMR is 104.5 (June 23-May24).

The diagnosis group identified as an outlier in SHMI was fracture neck of femur. Diagnosis groups in HSMR identified as outliers include pleurisy, pneumothorax, pulmonary collapse, COPD, gastrointestinal haemorrhage and other liver diseases. These diagnosis groups will be reviewed in the first instance by the coding department and reported back through Mortality Deteriorating Patient Group (MDPG). Weekend mortality for the reporting period for HSMR is an outlier at 116.6; this is consistent with the region who are also an outlier. Outcomes from previous weekend mortality analysis have been previously reported and ongoing monitoring of weekend mortality is in progress and reported through MDPG.

In August, there were 64 deaths. The Medical Examiners reviewed 98% of deaths; 2 deaths were referred for a structured judgement review (SJRs). The Medical Examiner Officers contacted 100% of the families. Feedback received from families has been shared with the respective clinical areas. Key learning from deaths includes prompt recognition of deteriorating patients and escalation plans being in place in a timely manner. Areas for further improvement include clarity on learning difficulties and learning disabilities; communication has been shared with directorates for distribution and cascade.

The Community Medical Examiner Service went live on the 9th of September 2024. The Medical Examiners will review all community deaths, and alongside this, the Medical Examiners Officers (MEOs) will also be contacting families of community patients as well as inpatient families. The office has access to all the new documentation required, including the new Medical Certificate of Cause of Death (MCCD) books for adults and live-born children dying within the first 28 days of life, and these are now in use. The Medical Examiner(ME) team is working alongside the GPs to ensure that the new processes run smoothly and efficiently.

South Warwickshire University NHS Foundation Trust (SWFT)

This report covers the period April 2023 to March 2024, inclusive.

The national quarterly SHMI value has remained within national control limits at 1.03, with the May 2024 value being 1.02, so a steady improvement from the high point seen in November 2023. The Mortality Surveillance Committee (MSC) continues to monitor this value and initiates any deep-dives where needed. The coding team continues to work very closely with the clinical team to improve the depth of coding and quality of in-patient clinical coding.

Audits are ongoing to establish if there are any care issues involved in our outlier conditions. Audits are presented at the Deteriorating Patient Group. No care issues have been identified thus far. Our benchmarking partner CHKS continues to monitor any trends in mortality rates, which allows us to act quickly to investigate.

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

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

Worcestershire Acute Hospitals NHS Trust (WAHT)

We are still well within the expected range of the SHMI model (for 58 consecutive months now). Our latest SHMI is 1.04 and in >250 additional/not-expected* deaths below, which would tip us into having a 'higher than expected' SHMI. The Alexandra Hospital (ALX) SHMI continues to be elevated at 1.11 compared to Worcestershire Royal Hospital (WRH) at 1.00. However, both sites have an 'as expected' SHMI banding and do not appear to be worsening at this point. This has been subject to a deep dive analysis.

The proportion of deaths occurring out of hospital and within 30 days of discharge remains higher than the national average (35% vs. 31%). However, this is the lowest this gap has been since prior to the pandemic and has also been subject to a deep dive analysis.

The deep dive analysis into the site differences and out-of-hospital deaths revealed no obvious causes of clinical concern but rather reflected differing services, demography, and limitations of the SHMI model when comparing sites with different specialties and service provision (e.g., hot vs. cold sites). None of the ten SHMI diagnostic groups with an individual SHMI rating are currently described as having an 'above expected' SHMI. In fact, two groups (Acute myocardial infarction+Septicaemia) have 'lower than expected' SHMI bandings.

* Not expected in terms of the SHMI model. Not to be confused with the death being unexpected.

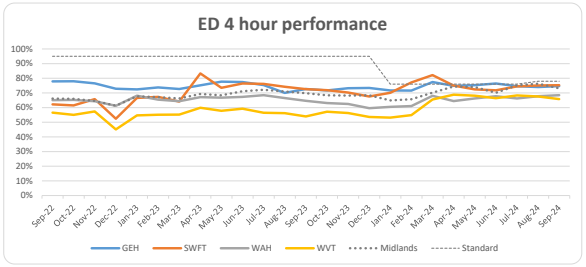
Foundation Group Key Metrics

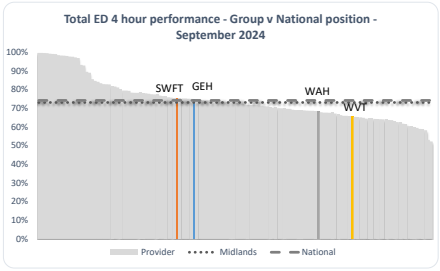
Group Analytics

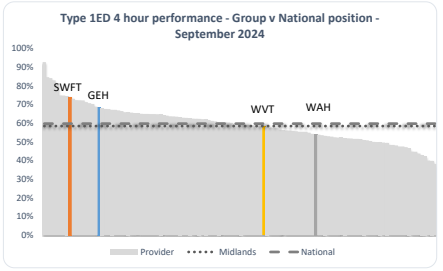
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

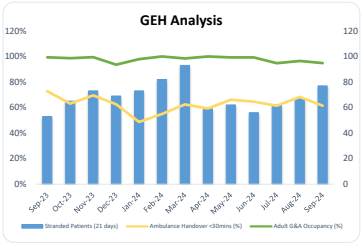
Emergency Department (ED) 4 hour Performance

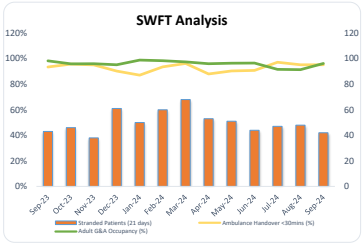
Trust	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	YTD
GEH	77.9%	78.0%	76.5%	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	74.0%	74.6%	75.0%
SWFT	62.2%	61.5%	65.8%	52.4%	66.6%	67.3%	64.1%	83.3%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	70.1%	77.2%	82.2%	75.0%	72.4%	71.8%	74.5%	75.1%	75.3%	74.0%
WAH	65.0%	65.2%	64.3%	61.2%	68.1%	65.4%	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.2%	67.8%	66.2%	67.8%	68.5%	66.9%
WVT	56.6%	55.0%	57.4%	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	67.5%

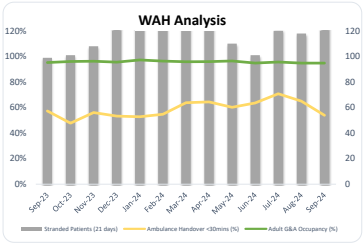


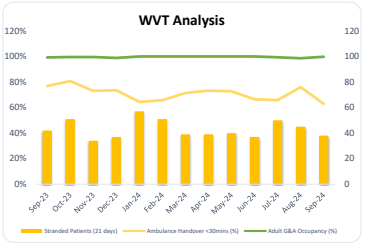












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

6,027 Type 1 patients attended the Emergency Department(ED) in September. August was the only month since February-24 that had less than 6,000 attendances. The range of all attendance varied from 166 to 238 with 200 being the average daily attendance.

1,633 ambulances were conveyed to the trust in a month. The range in month was 39 to 68. Ambulance handover delays over 1 hour were 16.8% [275] of all conveyances and 62.9% [918] of all ambulance conveyances had a handover within 30 minutes. Despite the challenge of our ED decant for essential ED maintenance and improvement works and working with system partners to try and improve flow over the period, we still received 82 intelligent conveyances or out of catchment areas conveyances over the period. This adds additional pressure to our ED teams and bed capacity.

Ahead of the winter, we are working more closely with colleagues in partner organisations. For example, staff in care homes and paramedics in the ambulance service are aware of the options available to safely care for some patients in the community or in their own homes rather than in a hospital bed. We need to increase the volume of calls before convey and reduce the number of intelligent conveyances from out of area. We have started to see an increase in call before convey in September to just over 30 calls from the previous 8 in August. A system-supported alternative pathways audit for ambulance conveyances took place in October and although we are awaiting the data, initial outcomes show a number of opportunities.

With agreement from both our ED nursing and medical establishments, our teams are working to stabilise the role of the nurse navigator at the front of the ED to ensure we maximise referrals to the urgent treatment pathway, GP out of hours, all our SDEC facilities, our Community Referral Hub and local pharmacies whilst ensuring we have a functional minor illness and Injuries pathway across 10 hours a day, Monday to Friday.

During November we will be undertaking an NHS England in-hospital flow peer review so we can ensure that our plans and ward based processes are in line with best practice and develop further plans to improve flow.

George Eliot Hospital NHS Trust (GEH)

4-hour performance

GEH ED attendances have continued to stay significantly high, with nearly 6% higher presentations in comparison to August. In addition to an increase in demand, and high bed occupancy across the trust, we have unfortunately seen a prolonged length of stay within the department, with a high number of patient's length of stay exceeding 12 hours and an increase of 12-hour trolley waits. Further action is being taken across the Trust to support improving this position and our overall performance.

Ambulance performance

High attendances and limited flow from ED have led to a more challenged ambulance position. ED continues to utilise internal escalation measures, triage of all patients awaiting handover, and maximising use of ambulatory pathways to support the safety of patients in the hospital and in the community.

South Warwickshire University NHS Foundation Trust (SWFT)

4 Hour Performance – Quarter 2 (Q2) Performance for SWFT improved to just over 75% meeting, up 1.9% from Quarter 1(Q1), with September finishing at 75.3%.

SWFT remains in the top ten best performing acute trusts for Type 1 Accident and Emergency (A&E) performance. SWFT has continued to see a large increase in Type 1 attendances during Q2, with a 10% increase in ED attendances compared to Q2 last year, with SWFT now regularly seeing over 300 attendances a day.The conversion rate remained stable at 26.0%. The number of intelligent conveyances has reduced from Q1 but remains high. SWFT has continued high levels of out of area patients self-presenting to ED, with a noticeable increase from Coventry, Solihull and also now from Rugby. There has also been an increase in attendance from care homes, which is subject to review and the number of surgical emergency attendances has also seen a significant increase.

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

Worcestershire Acute Hospitals NHS Trust (WAHT)

Despite pressures remaining consistently high and the disruption of some estate works in the Worcestershire Royal (WRH) Emergency Department (ED), we are above the 4 hour Emergency Access Standard (EAS) trajectory as set out in our annual plan. The number of patients attending the Emergency Department between the two sites is 2% above plan (year to date, YTD), which is being driven by a significant increase in patients walking in (up 9.7%) when compared to last year. Transferring patients from an ambulance to the ED itself within 60 minutes remains challenging. At WRH, plans are being developed to protect 13 cubicles and a further 5 surge spaces to enable more efficient handover of these patients.

Occupancy has remained high on both sites, resulting in patients being cared for in our ED corridor and being boarded in wards, but patients and families have been informing us that they feel their care and dignity have not been compromised. The SDEC department continues to support the streamlining from the two ED departments with a 9% growth just between August and September, and there has been a substantial increase in the use of our emergency outpatient services, in part driven by the implementation of a single point of access call centre for General Practitioners (GPs) and other healthcare professionals, where acute and community healthcare professionals can direct patients to the most appropriate setting for their condition.

The focus across the next quarter will be responding to the pressure of winter, and several plans are being worked up to support the safe and efficient treatment of patients, including an acute medical floor with a multi-provider multidisciplinary team (MDT) co-located; a general medicine community model; and a streamlined patient flow programme focusing on the front door and reducing the length of stay, particularly for those patients who are in the hospital for longer than 21 days. Prior notification that the ED electronic patient record (EPR) will be implemented in SDECs on 29 October and in EDs on 5 November.

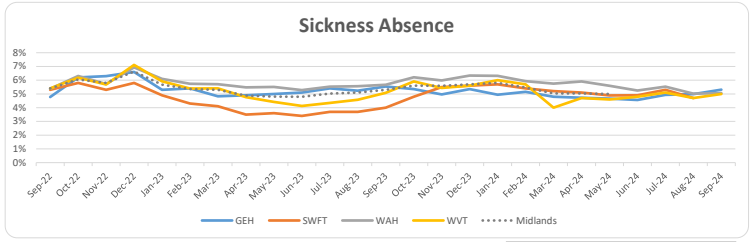
Foundation Group Key Metrics

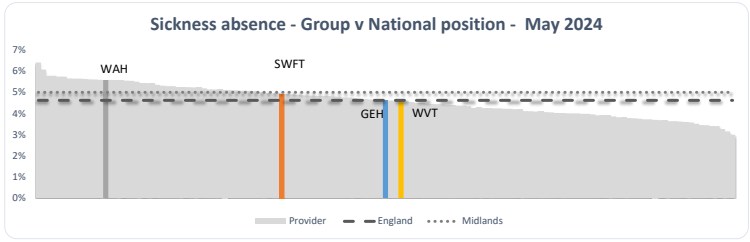
Group Analytics

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

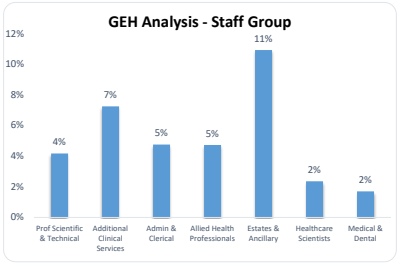
Sickness Absence All Staff Groups

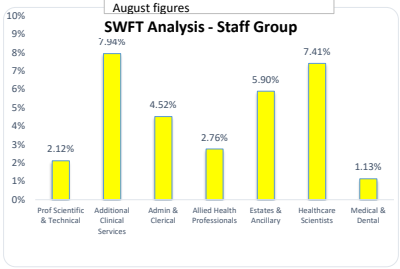
Trust	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
GEH	4.8%	6.2%	6.3%	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%
SWFT	5.3%	5.8%	5.3%	5.8%	4.9%	4.3%	4.1%	3.5%	3.6%	3.4%	3.7%	3.7%	4.0%	4.8%	5.5%	5.6%	5.7%	5.4%	5.2%	5.1%	4.9%	4.9%	5.3%	4.7%	N/A
WAH	5.4%	6.3%	5.7%	6.9%	6.1%	5.7%	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%
WVT	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%

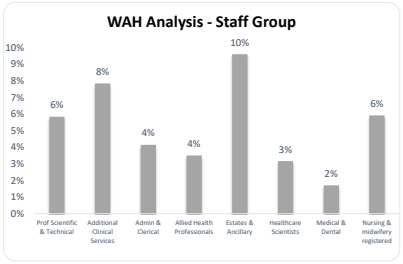


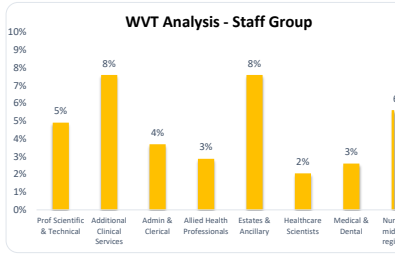


August figures









Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Human Resource (HR) and Occupational Health (OH) professionals continue to work actively with line managers in taking appropriate actions to reduce sickness absence while supporting employees to stay at work. Comprehensive divisional reports on sickness absence showing heat maps, costs, management actions, and details of hotspot areas are reviewed on a monthly basis through Finance and Performance (F&P) meetings and this will continue over the coming months.

WVT will be part of a national NHS-wide study on sickness absence in 2025/26 and our OH team has been successful in retaining its NHS Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation for another 5 years. Our OH team is leading the flu vaccination campaign and working with Taurus to provide onsite health checks for staff. A dedicated staff mental health nurse and staff physiotherapist are also based in OH, providing support to staff, and this is having a positive impact on staff wellbeing.

The main reasons for absence are mental health conditions, gastro issues, colds/flu and long-term conditions. The management of absence remains a key priority area for HR and HR teams will continue to sensitively support the management of long and short-term sickness absence. Considerable work continues to be done to enhance the wellbeing staff support offer including fast track OH referrals, wellbeing training, more psychological and team based wellbeing support for staff. The wide range of health & wellbeing initiatives (halo wellbeing clinics, employee assistance programme, NHS apps and support lines, face to face counselling, clinical psychology) are still in place for staff.

George Eliot Hospital NHS Trust (GEH)

Sickness absence remains above the Trust target of 4% and has started to increase as we have headed into autumn. The main increase has been in long-term absence and targeted work is being undertaken to ensure that all employees on long-term absence have a clear plan in place to support and expedite their return to work. Conversations are ongoing with Occupational Health about improving access to timely advice to support earlier interventions.

There has been a particular increase in sickness absences in Estates and Facilities. Due to the manual aspects of these roles, identifying alternative duties to support an early return to work can be challenging. The commencement of two new managers will assist in supporting staff wellbeing whilst ensuring proactive absence management.

Staff wellbeing continues to be a priority area of focus for the Trust and we are working with our system partners to ensure we focus our interventions on the areas of greatest need.

South Warwickshire University NHS Foundation Trust (SWFT)

The sickness absence rate for the Trust dropped to 4.7% in August 24 which is a reduction over previous months and the lowest level since September 2023 but remains above the Trust target of 3.8%. The change is driven by a reduction in short term sickness absence which reduced to 1.88%, with long term absence accounting for 2.83%.

The top three reasons for sickness absence are anxiety/stress/depression/other psychiatric illnesses (34.71% of absences), other musculoskeletal problems (9.34%) and gastrointestinal problems (8.49%) which account for 52.54% of total absences.

Reducing absence across the organisation remains a key focus and we are currently reviewing the absence management policy, incorporating elements of best practices and strengthening the support to both staff and managers as well as undertaking deep dives to understand any absence trends for areas with high absence rates.

Worcestershire Acute Hospitals NHS Trust (WAHT)

Monthly sickness absence is broadly unchanged this month with a 0.04% increase to 5.1% which is 0.6% better than last September.
Reductions in Surgery, Specialised Clinical Service Division (SCSD) and Urgent Care. All other divisions increased with the biggest increase in Estates and Facilities. Absence due to stress remains higher than pre-pandemic levels. The Digital department has 72% of sickness attributed to S10 (stress and anxiety) but this is due to low overall sickness in a small staff group. Women and Children's remain of concern with 39.% due to S10. Long term sickness has reduced this month to 2.6%. Estates and Ancillary are extremely high at 5.30%. Short term absence has increased by 0.3% to 2.5%.The highest rates are 3.7% in Estates and Facilities, and 2.8% in Spec Med. Our sickness rate is improving in terms of benchmarking against the national position.

We are still outliers for Healthcare Assistants (HCA's), and Estates and Ancillary. However, all other groups are now performing well against peers both regionally and nationally.

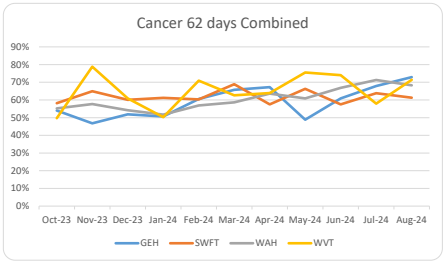
Foundation Group Key Metrics

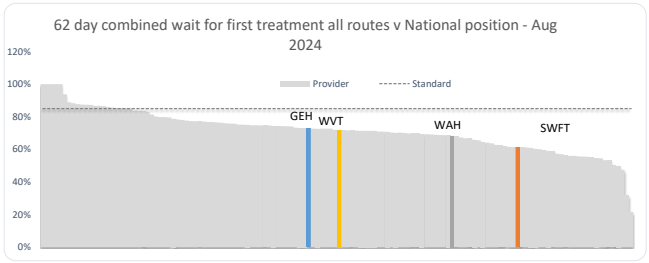
Group Analytics

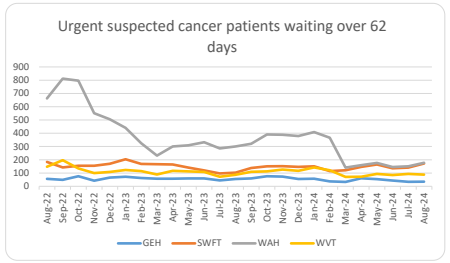
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

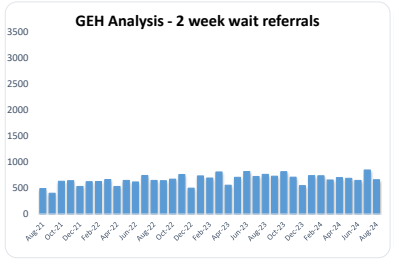
Cancer - Cancer 62 days Combined (new standard from Oct 23)

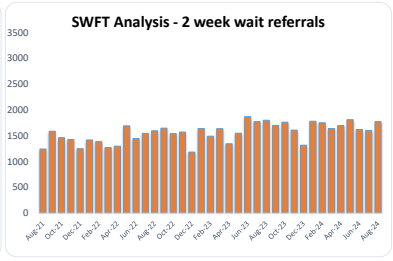
Trust	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
GEH	54.0%	46.8%	51.9%	50.7%	60.5%	65.8%	67.3%	48.8%	60.9%	67.9%	72.9%
SWFT	58.2%	64.9%	60.1%	61.2%	60.3%	68.9%	57.5%	66.3%	57.5%	63.8%	61.3%
WAH	55.2%	57.7%	54.2%	51.7%	56.9%	58.6%	63.6%	60.9%	66.9%	71.3%	68.3%
WVT	49.7%	78.8%	60.9%	50.3%	70.9%	62.6%	63.9%	75.5%	74.0%	57.9%	71.4%

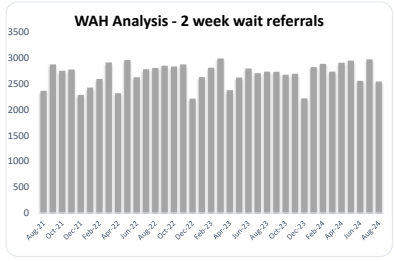


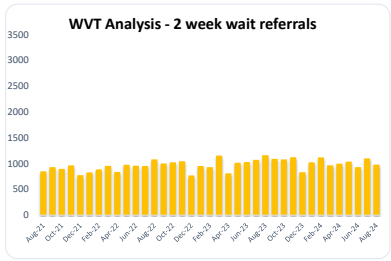












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Referrals

As of the end of August, referrals were 8.2% up on the same time last year and 22.2% higher when compared to the same time 3 years ago. Noticeable increases have been seen in Urology reporting an increase of 15.7% against this time last year and 57.7% when compared to 3 years ago. Reassuringly, colorectal have seen a decrease of 14% based on this time last year which is being attributed to the implementation of the Faecal Immunochemical Test [FIT] pathway used to stratify patients from primary care.

62 days

Over 62 day backlog for the end of the month of August did spike to 87 as a result of staffing pressures and reduced validation. This position did swiftly recover to around 50 and has been maintained since. The largest backlogs sit in urology, gynaecology and colorectal. Escalations for patients waiting over 55 days are now discussed at the weekly cancer PTL (Patient Track List) to ensure focus and swift action for these patients.

Concerns regarding 62 day performance remain in urology, breast and gynaecology. A deep dive in July identified some process issues that could be tweaked to reduce delays in next step planning for urology patients which has now been implemented to reduce the pathway. Breast pathways are being delayed with current outpatient capacity delays.

In terms of key developments we have implemented the data validation Standard Operating Procedure [SOP] which has been drafted and tested during September for August validation work which includes a clear timetable of all activities required and linking in with tertiary trusts to agree breaches ahead of upload and commencement of gynaecology workshop due in November.

George Eliot Hospital NHS Trust (GEH)

Our performance for the 62-day treatment metric remained consistent for a third consecutive month, with trust overall performance achieving 72.9%, which was our highest position for 12 months. For the month, all specialities that had treatments all remained above the 62% milestone, with haematology, breast symptomatic and upper GI all achieving 100% for their patients. Colorectal increased from the previous month of 50% to 71.4%, with capacity being reviewed by the operational team during PTL meetings to ensure slots are made available to treat these patients before breaching the 62 days. There was a delay at the pathology laboratory due to staff shortages that increased the waiting time for some biopsies to be reported; therefore a definitive diagnosis could not be given to some patients and therefore a treatment plan could not be organised. As a trust, we are positive that our position will be sustained for the 62-day variation, with an estimated achievement of around 65%.

South Warwickshire University NHS Foundation Trust (SWFT)

For Quarter 2 62 day, we have submitted performance for July (63.8%) and August (61.3%), so it stays well below the national average.

62 day issues: Approximately two-thirds of SWFT's 62 day performance is attributable to breast, skin and urology. Breast performance has suffered recently due to delays in diagnostics that are required to be carried out at University Hospitals Coventry and Warwickshire NHS Trust (UHCW) (VAB-Vacuum-Assisted Core Biopsy/VAE-Vacuum-Assisted Excision). For skin, there are currently significant issues with Outpatient Appointment (OPA) capacity for first appointments. Lengthy delays for surgery under Ear, Nose and Throat (ENT) is also affecting skin performance. Urology performance has improved but is still poor with many delays due to extended waits for transperineal biopsies.

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

Worcestershire Acute Hospitals NHS Trust (WAHT)

The Trust's unvalidated position for 62 days cancer waiting time performance in Sep-24 is 72% with 97.5 recorded breaches and 343.5 patients treated.

Many of the drivers for 62-day performance align to the Faster Diagnosis Standard (FDS) performance. A focus on improving performance against the FDS standards for patients with cancer is being driven through the Cancer Delivery Group and Cancer Board. In addition, there are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies. For patients requiring treatment at tertiary centres, the Trust is focused on improving the day of referral to a maximum of 38 days from referral.

Breast tumour site: An improvement in Breast performance is expected by the end of the year as additional recruitment has been successful.
Lung tumour site: Additional respiratory consultant funding bid submitted to West Midlands Cancer Alliance ;funding confirmed August 2024, recruitment underway. Improvements in FDS will support patient transfer to tertiary centres for surgical treatment by day 38.

Skin tumour site continues to have impact on overall 31-day performance due to volume and tumour site performance and is a major contributor. Whilst skin 62-day performance is above 70% national expectation, further work is required to return skin performance to the expected levels at 85%+. Additional capacity secured to deliver this over the next 2 months.

Oncology capacity is impacting performance in several tumour sites. Additional clinics continue to support delivery; however, these are not sustainable in the long term, which represents a risk to delivery. Executive approval to over recruit to two consultant posts. A full business case is being developed.

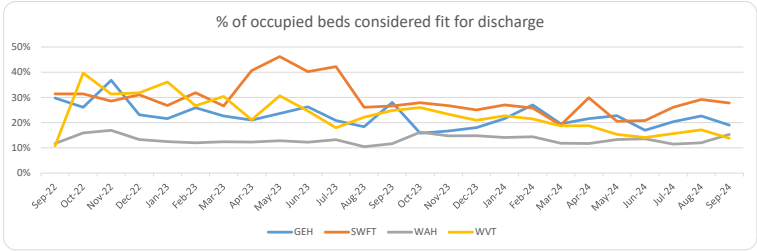
Foundation Group Key Metrics

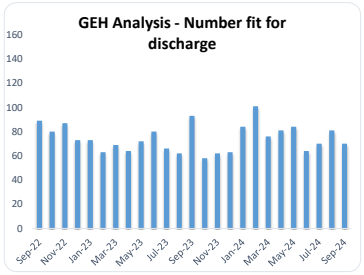
Group Analytics

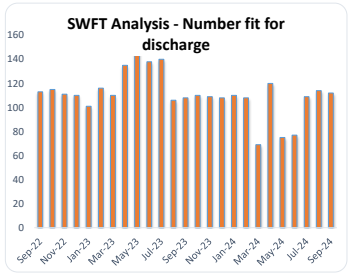
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

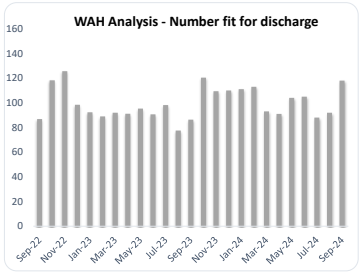
% of occupied beds considered fit for discharge

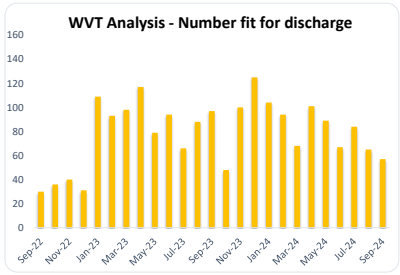
Trust	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
GEH	29.8%	26.1%	36.8%	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%
SWFT	31.4%	31.4%	28.5%	31.1%	26.8%	31.9%	26.6%	40.6%	46.2%	40.2%	42.2%	26.1%	26.6%	27.9%	26.7%	25.0%	27.0%	25.8%	19.0%	29.9%	20.5%	20.8%	26.1%	29.2%	27.8%
WAH	11.7%	15.9%	16.9%	13.3%	12.4%	12.0%	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%	14.1%	14.4%	11.8%	11.7%	13.3%	13.6%	11.5%	12.0%	15.3%
WVT	10.8%	39.6%	31.3%	31.8%	36.1%	26.7%	30.4%	21.1%	30.7%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%











Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Our plans for the winter have been collated with colleagues across One Herefordshire and are progressing to implementation. Our integrated care team has now moved into a new establishment which now cohabits with colleagues from our General Practice Confederation, which includes the county's out of hours service. This is helping us as we work collaboratively to care and treat our patients away from our acute beds and in the community and closer to their homes as we now have access to a GP 12/7 days a week.

This is now known as Herefordshire Community Referral Hub [CRH].

Our bridging team referrals have increased. The team's caseload has increased and we have seen a reduction in the number of bed days lost to patients waiting for discharge for Herefordshire.

We have been looking at the criteria we apply when patients are admitted. An audit on our Acute Assessment unit and our General Medical ward took place at the end of August. This showed that nearly 100 bed days were lost due to inappropriate admissions and highlighted increased opportunities for Same Day Emergency Care and Virtual Ward.

Our Virtual Ward co-ordination and management has moved across to our CRH. A new ward manager has been appointed and will work across the inpatient wards and CRH to prompt use and attend board rounds. Over the next month additional "step up" will be available for primary care and additional surgical beds will come "on line" before the end of the calendar year.

George Eliot Hospital NHS Trust (GEH)

In September 2024, 19% (a reduction of 3.6% since last reporting) of patients occupying beds in the trust do not meet the criteria to reside with the majority of patients on pathways 1-3 waiting for placements or packages of care. The trust continues to hold Multi Agency Discharge Events(MADE) and has progressed positively with length-of-stay meetings focused on expediting issues and delays. Daily system collaborative complex meetings continue with the introduction of an afternoon call to close the loop on daily actions and outcomes for patients. Work continues across the system to address all actions from the system collaborative event (SCDP Programme). The SCDP has a responsible Senior Responsible Officer (SRO) and meets fortnightly to track progress on deliverables and assurance. The top three key priorities include rehab provision, fracture pathway and choice policy. This group is also directly linked to the actions and outcomes from a recent Department of Health and Social Care (DHSC) visit that took place on 24/4/24.

South Warwickshire University NHS Foundation Trust (SWFT)

An increase in the Medically Fit For Discharge (MFFD) numbers was seen during Q2 of 2024/25, although September did see a decrease and we will be expecting to see a marked reduction in October.

The reduction is in large part due to the review of processes around the collection and recording of the criteria to reside and be medically fit for discharge data. We have recently seen an increase in the quality of data of the Criteria To Reside data, with a focus on training and a review of data that's being entered and with a lot of work being put-in by the ward managers.

Following some recent work, SWFT has now arrived at a typical pathway split as follows: – Pathway 0 = 68%, Pathway 1 = 20%, Pathway 2 = 7% and Pathway 3 = 5%. Focus continues to energise specific areas, developing relationships to support discharge and flow into the community, e.g.: domiciliary care with out of area colleagues to gain traction with these patients, and the Operational Programme Management Unit(OPMU) is also now involved in the review work around the collection and robustness of the MFFD data.

Worcestershire Acute Hospitals NHS Trust (WAHT)

The number of beds occupied by patients who have been confirmed as medically fit for discharge requires improvement. On average, 15% of our General and Acute (G&A) bed base is occupied by patients who no longer require an acute bed.

The Patient Flow Programme has been streamlined to focus on reducing the length of stay, including the patients who have several bed days in the acute when they no longer need to.

We are investigating the bottlenecks internally so we can make our processes more efficient, and with the support of our partners, we are aiming to reduce the long length of stay patient (over 21 days) by 50% from April 2024 and meet the year end target of 78. We are currently on a trajectory to do so.

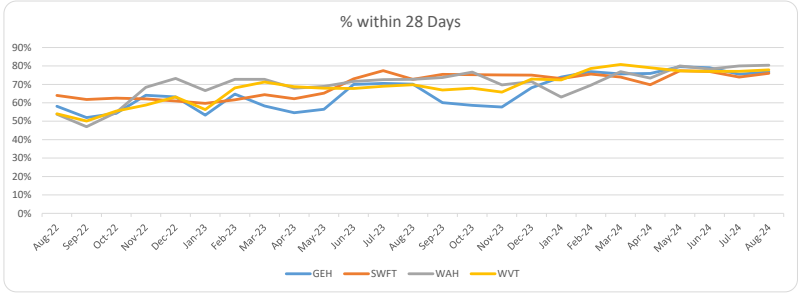
Foundation Group Key Metrics

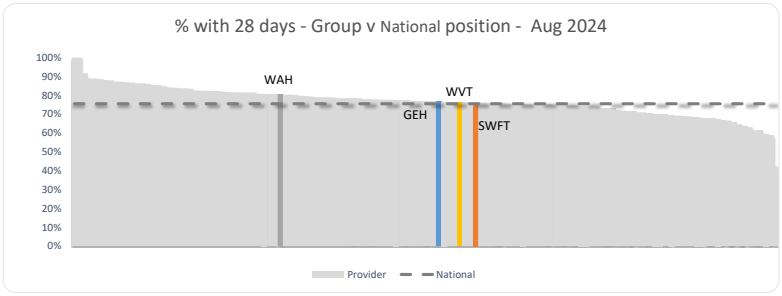
Group Analytics

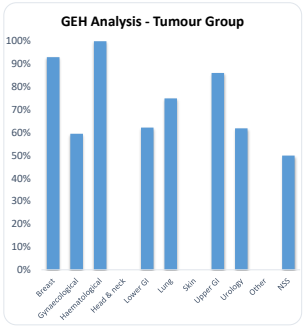
NHS George Eliot Hospital NHS Trust | NHS South Warwickshire University NHS Foundation Trust | NHS Wye Valley NHS Trust | NHS Worcestershire Acute Hospitals NHS Trust

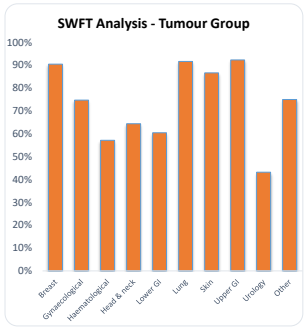
28 Day Faster Diagnosis Standard (FDS)

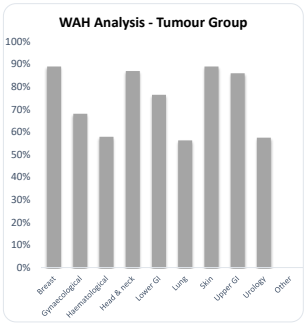
Trust	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
GEH	58.2%	52.0%	54.2%	64.1%	63.2%	53.3%	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%
SWFT	64.0%	61.8%	62.5%	62.1%	61.0%	59.7%	61.6%	64.4%	62.2%	65.3%	73%	77.45%	72.78%	75.4%	75.3%	75.1%	75.0%	73.1%	75.6%	74.0%	69.8%	77.4%	77.0%	74.0%	76.0%
WAH	53.8%	47.0%	54.8%	68.4%	73.3%	66.6%	72.8%	72.8%	68.0%	68.9%	72%	72.54%	72.77%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	80.0%	80.4%
WVT	54%	50%	56%	59%	63%	56%	68%	71%	69%	68%	68%	69%	69.8%	66.9%	67.9%	65.8%	72.9%	72.4%	78.6%	80.8%	79.0%	77.3%	77.1%	77.0%	77.8%

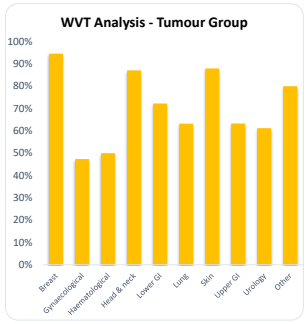












RAG(Red-Amber-Green)rating versus England

Tumour Group	WVT	GEH	SWFT	WAH	England
Breast	94.5%	93.0%	90.5%	89.0%	90.4%
Gynaecological	47.4%	59.5%	74.7%	68.1%	64.3%
Haematological	50.0%	100.0%	57.1%	57.9%	57.4%
Head & neck	87.0%	N/A	64.4%	87.0%	74.4%
Lower GI	72.2%	62.2%	60.5%	76.5%	61.3%
Lung	63.2%	75.0%	91.7%	56.3%	79.3%
Skin	87.9%	N/A	86.6%	89.0%	82.9%
Upper GI	63.2%	86.1%	92.3%	86.0%	75.3%
Urology	61.2%	61.9%	43.2%	57.5%	60.2%
NSS		50.0%	75.0%		69.7%

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

The trust continued to meet the Faster Diagnosis Standard (FDS) target in August with a reported position of 78%. This is despite significant challenges in gynaecology, where their performance for August was only 47%. 12 months of funding have been secured to appoint a typist in gynaecology to support with cancer letters to ensure these are turned around quicker. A training needs analysis is also being completed with the wider gynaecology team to assess the teams understanding of the Urgent Cancer Suspected Cancer Pathway and their awareness of the issues within the pathway. This survey is due to be completed by the end of October which will then feed into a workshop that is being facilitated by Cancer Services to bring focus to key issues in the pathway with key stakeholders to foster change and improvement.

Despite pressures within the Breast team regarding their first seen capacity, they are maintaining their FDS performance which shows they are managing patients effectively and ensuring they are identifying urgent patients via effective triage.

Benign text messaging was approved and will be live in gastroenterology and dermatology within the next month. Once embedded, the plan is to rule out in other cancer specialties. The endoscopy Standard Operating Procedure to reassure patients where applicable at the point of endoscopy is due to go through internal governance at the beginning of November which will confirm suspected cancer with patients earlier in the 28 day pathway.

George Eliot Hospital NHS Trust (GEH)

We achieved Faster Diagnosis Standard for August with 76.7%, a slight increase from the previous month which was 75.5%, however still in line with the national target and GEH trajectory for the month. Haematology achieved the highest percentage for faster diagnosis, with an outstanding 100%. Breast remained consistent with their performance, with 93% and 97.7% achieved respectively. Lung achieved a 16.7% increase with their performance, achieving 75% for faster diagnosis – the straight to test pathway has enabled for patients to present to their first outpatient appointment with a full package of diagnostics (Computerised Tomography Scans, bloods and Lateral Flow Tests) that has enabled clinicians to diagnose patients in the first appointment based on radiological findings.

Our most challenging site for August was Non-Specific Cancer due to the multiple investigations required. However, the service managed to increase their performance by 20.8% to achieve 50% for performance. Work is still being undertaken through the support of the cancer navigator and the roll out of text messaging for patients to support a faster diagnosis.

South Warwickshire University NHS Foundation Trust (SWFT)

For Q2 28 Day Fast Diagnosis Standard [FDS] – Performance has been reported for July (74.0%) and August (76.0%), so SWFT has been above target in three of the last four months.

FDS performance is consistently above the operational standard in breast, skin and upper GI. However, skin performance has continued to steadily deteriorate as there are currently significant issues with OPA capacity for first appointments; in some cases, patients are waiting longer than 28 days, but there was a small improvement seen in August, but more work is needed. Lower GI has seen a significant increase over the past 12 months, with Lower GI representing a largest cohort of FDS patients, so it is key to the Trust achieving FDS consistently.

Worcestershire Acute Hospitals NHS Trust (WAHT)

At Trust level we are on track to deliver our annual planning commitments for FDS, though there remains variation in tumour site delivery. The Trust remains ahead of the 77% national standard.

There has been a specific focus performance in all specialties with tumour site plans to support improvements in performance for those patients with a cancer diagnosis in all tumour site as underpins more timely access to treatment. Three tumour sites where improvements are challenging – gynaecology, lung and urology.

Delay in launch of community-led post-menopausal bleeding pathway limiting improvements in gynaecology due to a late of guidance. New options being put forward by Integrated Care Board(ICB) in conjunction with primary care and acute trust.
Additional respiratory consultant post out to advert to support increase in capacity for lung cancer pathway. Further supported by refreshed demand and capacity modelling in conjunction with NHS England regional team. Additional Getting It Right First Time (GIRFT) team support for respiratory medicine being scoped.

Further actions to enable step change in urology performance being scoped, following successful implementation of Urology Investigation Unit.

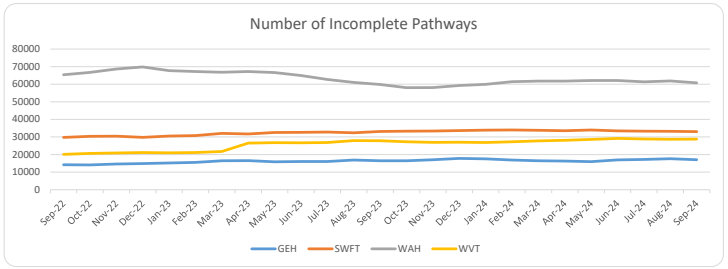
Foundation Group Key Metrics

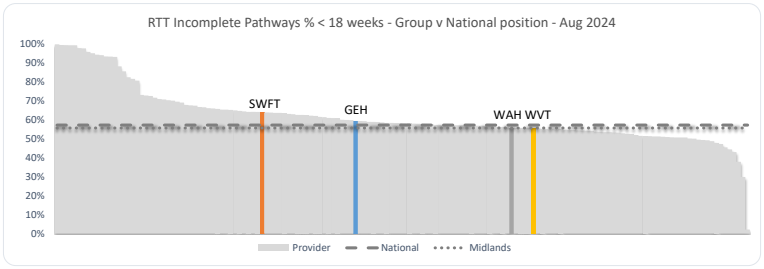
Group Analytics

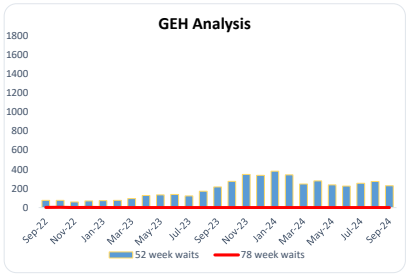
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

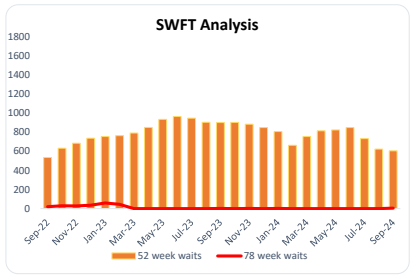
Referral to Treatment (RTT) List Size - English

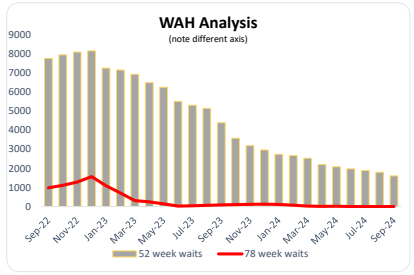
Trust	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	% change v Sep 23
GEH	14199	14101	14628	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	16310	15994	16958	17233	17633	17046	3.3%
SWFT	29747	30396	30476	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33764	33530	33931	33436	33285	33188	33040	-0.2%
WAH	65420	66703	68628	69832	67744	67208	66840	67191	66623	64956	62700	61006	59842	58046	58058	59242	59900	61458	61753	61740	62118	62152	61348	61862	60779	1.6%
WVT	20112	20652	20860	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	27780	28130	28574	29179	28848	28708	28783	3.3%

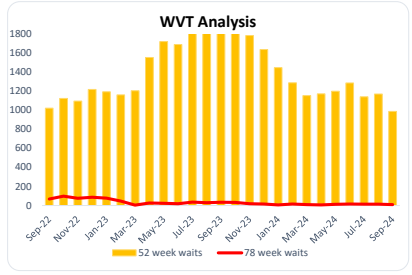












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Our 65 week position ended with 65 patients, 44 English and 21 Welsh, at the end of September. Unfortunately, we still had a small number of patients waiting over 78 weeks also. These were 7 patients in total, 6 English and 1 Welsh, of which 4 patients were awaiting cornea transplant tissue to become available.

The 65 week prediction for October is likely to be 35 patients in total, 29 English and 6 Welsh patients.

The Trust has seen a significant reduction in 52 week waits over the last few months. Our combined Welsh and English position at the start of July was almost 2300 patients waiting for their treatment; at the start of October, this has reduced to just over 900 patients.

In September, the first two weeks of the month saw our Value Weighted Activity [VWA] at 124% of 2019/20 activity. This is based on not just activity number but complexity and treatment. The regional average for the same period was 110%.

George Eliot Hospital NHS Trust (GEH)

Referral to treatment (RTT):There continue to be no 78-week breaches and at the end of September there were no 65-week month-end breaches. Work is ongoing to have no 52-week breaches by the end of March 2025. The main areas of concern are general surgery, gynaecology and ENT. Plans are being completed to ensure achievement of the standard by March 2025. There was a reduction in the 52-week position from 273 in August to 229 in September with overall RTT performance at 59.2%. There has also been a reduction in the overall waiting list due to a data error being identified.

South Warwickshire University NHS Foundation Trust (SWFT)

The Trust's overall Referral to Treatment (RTT) performance has started to see a slight improvement in quarter 1 of 2024/25; however, this has now dropped again slightly and the Trust remains at around 64%. Its important to mention that the focus from NHS England remains on reducing the number of patients who have been waiting for the longest period of time.

As at the end of September, SWFT had 5 patients waiting over 78 weeks, with these being patients on an Orthodontics pathway. The number of patients waiting more than 65 weeks continues to reduce to just 46, but this number has crept up over the last 2 months, and SWFT is working with its commissioners and NHS England (NHSE) in terms of producing a plan to ensure that the patients are treated as soon as possible.

The really good news is that the overall number on the RTT waiting list has seen a reduction for the past 4 months seems to be starting to flatline, with the increases from last year no longer being seen; indeed, there was a reduction of 891 pathways between May and September.

In terms of the diagnostic waiting times and the Diagnostics Waiting Times and Activity (DM01), there has been a decrease in performance over the past few months, SWFT is now at 83.8% down from 87% at the end of the last quarter. Challenges remain in the increase in demand for the Computerised Tomography (CT) scan and X Ray specifically, especially overnight. Expected growth in demand was 8%, but this is now at 14%.

Worcestershire Acute Hospitals NHS Trust (WAHT)

Considering the size of the waiting list at the start of the financial year, there has been a monumental effort to see and treat patients who had been or were 'at risk' of waiting above 65 weeks. The challenge is to sustain these low volumes as there are a possible 1000 'tip ins' before the end of the year who need to be seen and receive their first treatment to prevent a breach, as well as continue to treat all the patients who do not have RTT clocks running, but nevertheless are waiting for appointments or treatments.

During this quarter we have continued to improve our RTT performance from the low 40s to 56.3% (18 weeks) by the end of September.
We continue to identify productivity improvements that will support elective recovery, such as reducing dropped theatre sessions, calling patients who are 'at risk' of DNA'ing, identifying unused outpatient capacity that could be used for waiting list initiatives, and reorganising of services to better utilise the estate.

We continue to utilise mutual aid where it is available and will be ensuring that the elective recovery fund continues to support the reduction in the outpatient waiting list.

We have completed a review of all GIRFT Further Faster Checklists to ensure that actions taken have embedded sustainability. Focus first on ENT as specialty of concern. We are also utilising the shared learning of GIRFT to support a reduction in elective length of stay for patients undergoing hip and knee replacements and a reduction in cataract waiting times.

There is still a lot of efficiency to be made, but we are in a strengthening position as productivity is transacted.

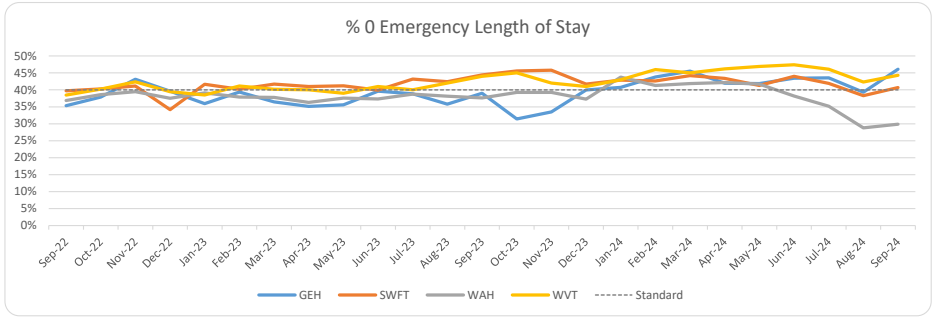
Foundation Group Key Metrics

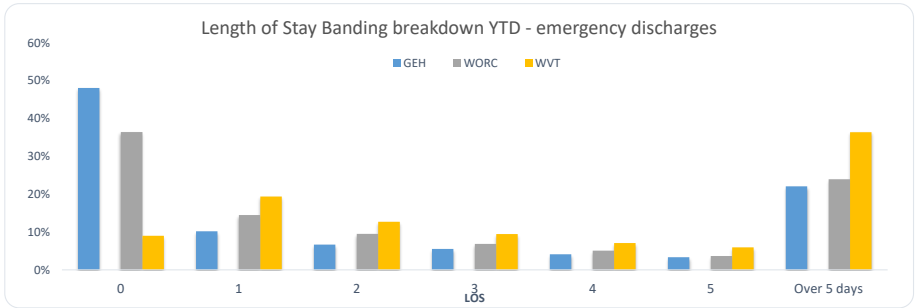
Group Analytics

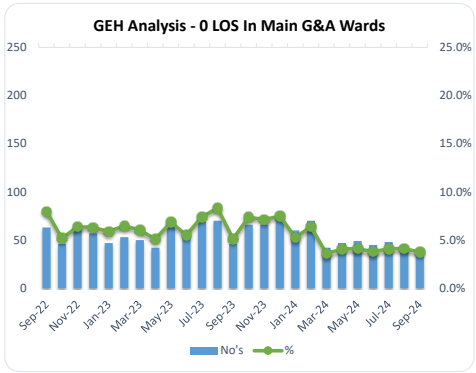
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

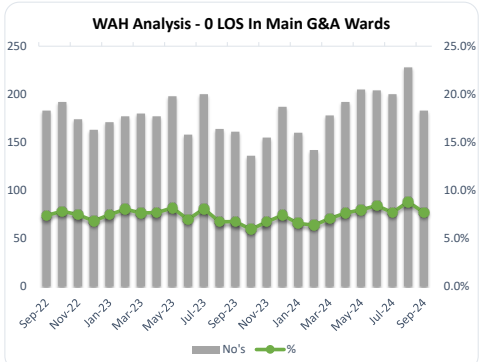
SDEC-Same Day Emergency Care (0 LOS Emergency admissions)

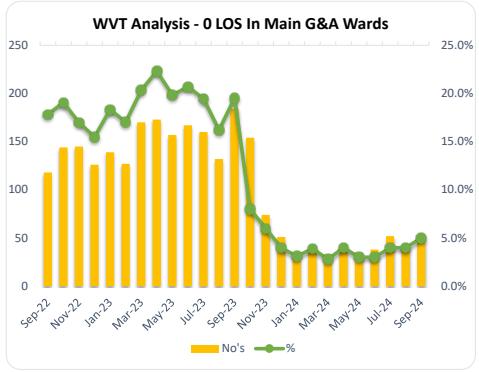
Trust	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
GEH	35.4%	37.9%	43.1%	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	41.9%	41.9%	43.4%	43.5%	39.3%	46.1%
SWFT	39.7%	40.3%	41.1%	34.2%	41.7%	40.2%	41.7%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%	45.6%	45.8%	41.7%	42.9%	42.6%	44.2%	43.4%	41.3%	44.0%	41.9%	38.3%	40.7%
WAH	36.8%	38.6%	39.5%	37.6%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%	43.8%	41.3%	41.8%	42.1%	41.7%	38.2%	35.2%	28.8%	29.9%
WVT	38.5%	40.2%	42.4%	39.4%	38.5%	41.1%	40.2%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	42.0%	41.0%	43.0%	46.0%	45.0%	46.2%	46.9%	47.4%	46.1%	42.3%	44.3%











SWFT has no reported figures on this section

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Work is ongoing to increase our Discharge Lounge and Medical Day Case [MDC]in order for our Same Day Emergency Care units to utilise the increased MDC areas for same day procedures and acute follow-ups, releasing much needed capacity to "pull" from ED and accept direct admissions from the community.

Our frailty team is working on plans to provide support to our Community Referral Hub [CRH] through receiving referrals directly to support timely and appropriate referrals of care for the elderly patients presented to our urgent and emergency pathways.

Extending the roll-out of folfusor infusion pumps, which will allow us to administer certain antibiotics in people's homes, a process that would previously have meant hospital admission.

George Eliot Hospital NHS Trust (GEH)

Ongoing work to improve 0 Length of stay continues; the reconfiguration of the site started in April, which will enable the trust to have a frailty area within the SDEC footprint, and increased capacity in the Surgical Assessment Unit (SAU) to facilitate the Early Pregnancy Assessment Unit (EPAU) and the Gynaecology Assessment Unit (GAU) patients. Work is ongoing to increase the number of patients streamed to SDEC over the weekend by ensuring the opening times meet the demand from the emergency department.

South Warwickshire University NHS Foundation Trust

Currently SWFT is undertaking a review of its SDEC areas and the activity that is taking place within them as part of the move to start reporting Same Day Emergency Care under the Emergency Care Data set. At the moment SWFT submits its SDEC activity as admitted patients; however, as part of the NHS England initiative to improve the consistency of SDEC reporting, it is now being moved to being another 'type' of emergency activity.

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

Worcestershire Acute Hospitals NHS Trust (WAHT)

The single point of access and protection of SDEC beds has supported a 7.4% growth in activity in SDECs since last year.
There is a review of the SDEC departments to ensure activities are being reported under the right category of activity.

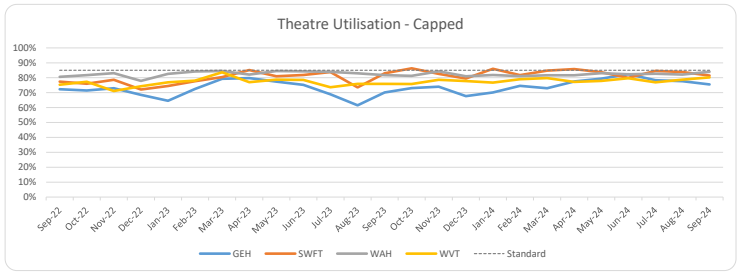
Foundation Group Key Metrics

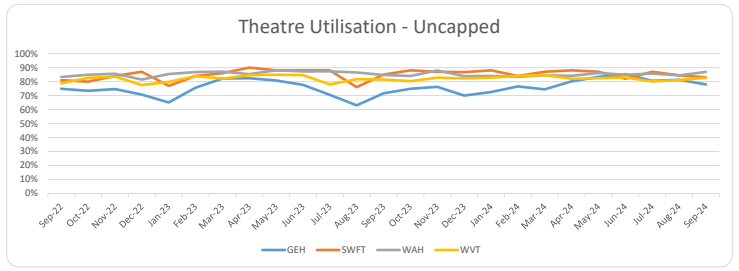
Group Analytics

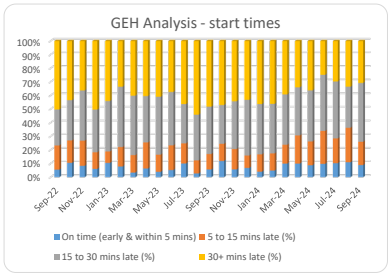
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

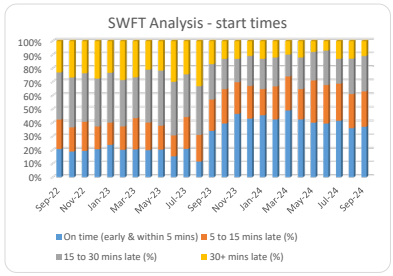
Theatre Productivity - Capped Utilisation (% Touch time within planned session vs planned session time)

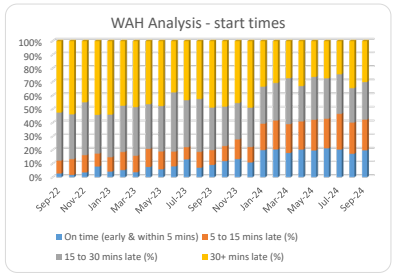
Trust	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
GEH	72.27%	71.4%	72.9%	68.6%	64.5%	72.5%	79.2%	79.8%	77.4%	75.2%	68.9%	61.5%	70.2%	73.0%	74.0%	67.6%	70.1%	74.6%	73.0%	77.5%	79.4%	82.4%	78.3%	77.6%	75.5%
SWFT	77.40%	76.0%	78.6%	72.1%	74.5%	77.7%	80.4%	85.1%	81.0%	81.8%	83.8%	73.5%	83.0%	86.3%	82.6%	79.5%	86.0%	81.7%	84.8%	85.8%	83.7%	79.9%	84.6%	83.8%	81.5%
WAH	80.6%	81.7%	83.1%	77.9%	82.6%	84.2%	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	81.7%	81.3%	84.3%	80.9%	81.8%	81.0%	81.6%	81.6%	83.1%	82.3%	82.7%	82.1%	84.0%
WVT	75.3%	77.3%	71.1%	74.3%	76.9%	78.1%	83.6%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%

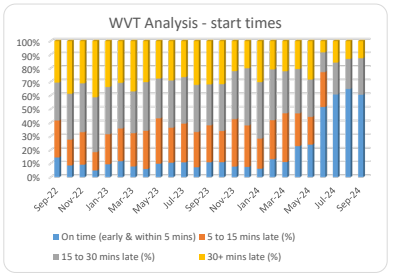












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

From the second week in September we were able to fully utilise all our theatre capacity after the summer period. Theatre maintenance across all our main theatres has been ongoing since our new Day Case Surgical Unit [DCSU] opened in July. Theatre utilisation improved against last month to 80.2%, an improvement against the 6 month average of 76.9%, an increase of over 3%.

The average number of cases per theatre list has realised an improvement to 3.8 in September against a 6 month average of 3.2 cases.
The total number of patients treated last month through theatres continues to increase. Last month, the specialties treated 985 elective patients, over 200 more than the 6 month average. With the new cataract suite as part of our DCSU, we have seen a step up in the number of cataracts treated from an average of 220 for Quarter 1 of this year to 400 in September this year. There are further productivity gains, and the team has profiled this increase into the second half of the year.

Theatre scheduling did deteriorate in terms of planning during the implementation of the DCSU and challenges due to the theatre maintenance programme, but from the start of September this has again improved with a much reduced volume of theatre session handback at less than 2 weeks notice, which allows for improved planning of theatre lists and therefore reduced cancellation and improved utilisation.

George Eliot Hospital NHS Trust (GEH)

Theatre Utilisation - Capped

Multi-factorial issues-vacancy and recruitment issues across booking teams-increased 'on the day cancellation rates' (77 July, 62 August, 86 September). Plastic Local Anaesthetic (LA) sessions have frequent downtime between patients and short-notice cancellations linked to the SLA. Ophthalmic and Oral Surgery lists remain a challenge between delivery and DNA rates. Urology, although booked well, is at risk of the day cancellations due to Urinary tract infections (UTIs) etc.

Theatre Utilisation - Uncapped

Short notice cancellations and pooled list of fit for surgery patients challenged due to My Preop. Increased functionality of MyPreop software is imminent. In September, flooding, particularly in Theatres 6 and 7, further contributed to the decline in capped and uncapped theatre utilisation.

Theatre start times

Late Starts/Early Finishes: Re- Re-prioritisation of programme, data pack compiled to address concerns with directorates and clinical teams. Clinical engagement via Perfect Lists.

South Warwickshire University NHS Foundation Trust (SWFT)

Capped utilisation remained high in July and August and saw a slight dip in September. A new cancelled on the day report has been in development and the QMCO return was completed using this report for the first time this quarter. There will be further work on going in relation to the data quality elements of this in terms of ensuring system in formation on Lorenzo and ORMIS aligns.

A new look back report has been introduced, and specialties are being asked to review the performance of the previous week and unpick issues and to share learning to make improvements on the utilisation.

Late starts and early finishes are monitored at the look back meeting as well as cancellations on the day. The introduction of an electronic PATCAN (patient cancellation form) has meant better quality information is shared with the booking teams to ensure rebooking in a timely manner.

Worcestershire Acute Hospitals NHS Trust (WAHT)

The Theatres Programme and the supporting teams have made significant improvements in the capped utilisation performance. The focus on improving the utilisation has through:
Investigation regarding late starts and early finishes and how to mitigate barriers to starting on time.
Improved processes for Pre Op to increase the capacity and efficiency of the process, resulting in less people not being ready for surgery on the day.
Focus on the reasons for cancelled operations and putting in place plans to mitigate those within the hospital's control, such as staffing being available.
Intelligent analytics looking at the 'art of the possible' of data related list management - only a trial at present.
We also have trialled stand by patients in some areas, and although small numbers contribute towards improvements.

There are still opportunities in all sites to improve the utilisation further; the programme of work continues to embed recent changes and look for new opportunities. Some of the new opportunities include a series of reorganisations within surgery to better utilise the estate and the bed base.
We are also increasing the lists by half a session on some days, resourced on a voluntary basis by staff. A full business case is being developed for an extra half session per week day and full lists at weekends. This is obviously quite complex and involves substantial financial investment, changes in job planning and recruitment, so this business case will need robust testing before any decisions are made.

It is also worth noting that we are currently experiencing some equipment failures in a theatre, e.g. lighting which requires some reorganisation of lists to prevent a decrease in activity.

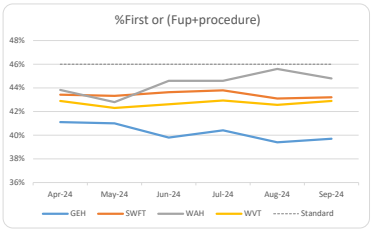
Foundation Group Key Metrics

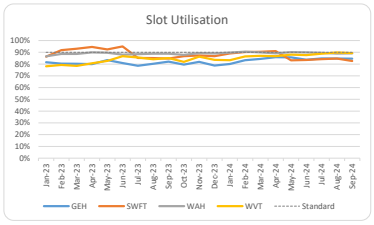
Group Analytics

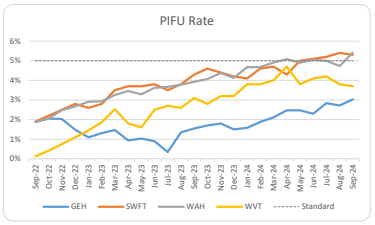
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

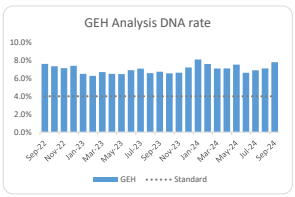
Outpatients procedures-First or (Fup+procedure)

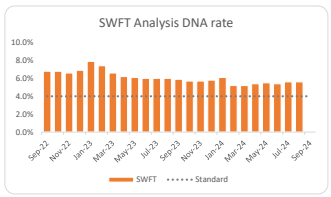
Trust	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
GEH	41.1%	41.0%	39.8%	40.4%	39.4%	39.7%
SWFT	43.4%	43.3%	43.6%	43.8%	43.1%	43.2%
WAH	43.8%	42.8%	44.6%	44.6%	45.6%	44.8%
WVT	42.9%	42.3%	42.6%	42.9%	42.6%	42.9%

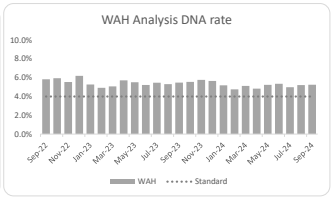


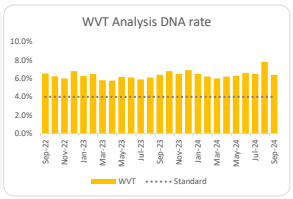












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

On-going work with our divisions through the productivity board focuses on outpatient utilisation along with speciality deep dive review sessions that commenced in September this year.

These deep dive reviews, which include the clinical and operational teams, look at not just the operational performance of the teams, but the opportunities highlighted by benchmarking, Service Level Reporting, Getting it Right First Time / Model Hospital information and income and activity summaries. The outcome of these sessions has re-set the productivity schemes that will be delivered and monitored through our Productivity Programme Board.

The trend for Patient Initiated Follow Ups [PIFU] remains upward and work is on-going to get additional specialities ready to commence PIFU once the MAXIMs upgrade to our Patient Administration System to correctly record outcomes in complete in the autumn.

We are starting to see reductions in the number of patients who Did Not Attend [DNAs] with changes made to reflect best practice at 4 and 14 days for routine appointments. Along with targeting follow-up and confirmation phone calls within our referral management centre for most likely to DNA. Where we have high DNA rates, our teams have overbooked clinics to maintain high slot utilisation and activity.

Since the implementation of our Out Patient scheduling meeting in June, we have seen the number of clinics being cancelled with less than two weeks short reduced from 23% to 13%, along with improved clinic slot utilisation, which has now almost reached 90% over the last two months.

George Eliot Hospital NHS Trust (GEH)

The Patient Initiated Follow-Up (PIFU) rate has slightly decreased against a trajectory of 3.55% for September, sitting at 3.03%, with 531 patients transferred to a PIFU pathway. Further work is required with our clinical teams to increase the number of patients added to PIFU.

DNA rate for September 24 is 7.8% (GEH OP Spreadsheet), with DNA number reduced from 1519 for August 24 to 1459 for September 24. Work ongoing with Deep Medical and volunteers to contact a wider group of patients who are most likely to DNA.

Utilisation has been static at over 84.5% for the past 3 months, and work is ongoing to improve the booking of outpatient clinics. The number of outpatient (OP) attendances attracting a procedure tariff has remained relatively static over the past couple of months, with September at 39.7%. Directorates and coding teams are reviewing clinics to ensure procedures are being recorded.

South Warwickshire University NHS Foundation Trust (SWFT)

DNA Rate: There continues to be a major focus on reducing the Trust's DNA rate, which has seen a small increase since the start of the year and which now sits at 5.6%, but this is still below the performance seen at the start of the year. However, SWFT remains in the top quartiles for performance nationally. The Out-Patient Improvement Programme continues to monitor the DNA rate at specialty level, with Physiotherapy - Paediatrics, Diabetic Medicine and Orthoptics having the highest rates.

SWFT has for the moment paused the work that they were undertaking with Deep Medical, a company specialising in using AI to reduce DNA rates, and have reinstated a previous DNA prediction report that had previously been developed by the Trust's Information Department. This work is still being done in conjunction with operational colleagues and a local voluntary organisation, Helpforce, and will continue the work to reduce the DNA rates in the Trust's specialties with the highest DNA rates.

PIFU(Patient Initiated Follow-Up): SWFTs Patient Initiated Follow-Up rate continues to improve following a drop in performance in May. Since then, the PIFU rate has risen from 3.2% to 5.4%, which is in the top quartile nationally. The specialties with the highest PIFU rates are Gastroenterology, Trauma & Orthopaedics and Physiotherapy. PIFU is being rolled out to more specialties over the next few months, so we are expecting the PIFU rate to continue to increase throughout the year.

Worcestershire Acute Hospitals NHS Trust (WAHT)

Outpatient new is performing on target against our annual plan (year to date), and follow ups is above the annual plan. The reason for the follow ups being higher is still a consequence of the delay and waiting list backlog generated by Covid.

We are focusing on improving the productivity within outpatients, particularly in the utilisation of physical space within the hospital sites, where we can potentially run additional clinics. An internal system has been developed to identify the opportunities; this tool has significant power in linking room utilisation to planned clinic activity and job plans. The tool is being populated at the moment and will be fully functional in December.

In-clinic utilisation is being reviewed and improved by comparing appointment times at specialty levels and variance in practice by clinicians to try and share good practice and remove any barriers within our power.

DNAs are performing well with continuous usage of the text reminder service and daily monitoring for any patients who have cancelled so that we can try to reuse the vacated appointment slot. We are still receiving some patient feedback that letters are not reaching in time for them to attend the appointment, in some instances after the appointment, but the development of the local patient portal is another medium for patients to access future outpatient appointment details themselves. This goes live before the end of this year.

PIFU usage is becoming more embedded and is being applied appropriately, with few patients requesting PIFU appointments - this is monitored monthly. The challenge remains the volume of patients on the follow up waiting list; where the patient has already received their first definitive treatment, we need to review these waiting lists to assure ourselves that all patients need to be on that waiting list.