George Eliot Hospital NHS Trust

Trust Key Performance Indicators (KPIs) - 2023/24 and 2024/25

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

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

NHS George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	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	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position			Pass/ Fail	Trend Variation	DQ Mark
																	Numerator	Denominator			GEH Latest month vs benchmark	National or Regional				
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 77% (FY_2024-25)	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%		406	529	78.1%		76.7%	75.5%	Aug 2024	P	H	STAR
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	90.0%	91.8%	96.6%	98.0%	100%	100%	96.7%	91.4%	98.7%	100%	100%	100%		63	63	97.8%		100%	93.8%		?		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85% (FY_2023-24) ≥ 70% (FY_2024-25)	62.5%	53.1%	34.2%	36.9%	50.7%	56.4%	58.2%	67.5%	48.8%	60.9%	67.9%	72.9%		39.0	53.5	63.0%		72.9%	69.2%		F	L	
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	66.1%	69.2%	68.5%	65.5%	75.0%	83.7%	83.2%	86.3%	88.5%	86.3%	81.0%	52.1%		289	555	79.0%		52.1%	82.5%		F	L	
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	6.1%	25.0%	16.4%	51.6%	64.3%	66.1%	97.4%	100%	87.0%	86.9%	71.4%	8.5%		4	47	75.5%		8.5%	85.5%		?		
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	9	12	15	9	7	6	8	8	7	3	6	4									?	H	
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	20.0%	14.3%	33.3%	22.0%	25.0%	27.3%	55.6%	58.3%	15.4%	8.3%	40.0%	26.7%		2.0	7.5	29.0%		26.7%	67.3%		F		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	79.4%	75.9%	85.2%	90.0%	93.5%	77.8%	92.3%	78.3%	89.2%	90.0%	84.6%	90.5%		9.5	10.5	87.1%		90.5%	81.7%	Aug 2024	?	L	
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	59	76	73	55	57	37	33	61	54	43	34	35									?		
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	92.6%	91.4%	91.7%	92.1%	92.7%	92.4%	93.3%	92.7%	94.0%	93.5%	94.3%	93.8%	88.1%	2,015	2,287	92.8%					?		STAR
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	7,922	8,541	8,188	8,301	8,453	8,102	8,738	8,489	8,913	8,873	8,694	7,795	8,229			50,993		8,229	13,629	Sep 2024	?	H	
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	15.0%	12.2%	14.5%	13.7%	9.0%	13.0%	11.9%	10.2%	13.5%	11.4%	11.7%	13.3%	9.6%	134	1,395	11.6%					?		
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	72.8%	63.1%	69.6%	62.6%	48.7%	54.9%	62.4%	59.3%	66.1%	64.6%	61.4%	68.3%	61.4%	857	1,395	63.6%					?		STAR
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	2.7%	6.3%	2.9%	6.0%	23.0%	16.7%	13.0%	13.8%	6.4%	6.8%	9.1%	4.9%	9.2%	128	1,395	8.3%					?		
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	905	1,015	1,012	1,042	1,072	931	976	914	872	844	798	865	770								?	L	
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	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%	802	1,740	42.6%					?	H	STAR
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		8.3%	10.1%	9.7%	9.1%	12.2%	11.3%	9.6%	9.8%	9.4%	7.5%	7.6%	7.5%	9.3%	762	8,229	8.5%							
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		93	93	86	83	90	96	91	95	92	92	93	85	85			90		85	57	Sep 2024			STAR
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 78% (FY_2024-25)	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	6,141	8,229	75.0%		74.6%	74.2%	Sep 2024	F	L	

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NHS George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	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	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/Fail	Trend Variation	DQ Mark
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	18	22	21	22	26	23	21	19	18	18	19	15	15			17		15	13	Sep 2024	F	H	
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	8	31	43	98	279	267	245	254	116	51	133	56	160			770					?		
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**≤ 3%**	1.7%	1.3%	1.1%	0.9%	1.6%	2.2%	1.7%	1.9%	1.9%	2.0%	2.3%	2.1%	2.0%	155	7,802	2.0%					P	L	
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**≥ 92%**	62.5%	63.2%	63.2%	59.8%	59.9%	58.7%	60.1%	59.7%	59.2%	60.7%	61.0%	59.6%	59.5%	10,552	17,733	60.0%		59.6%	57.3%	Aug 2024	F	L	
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		16,501	16,426	17,086	17,799	17,540	16,896	16,484	16,310	15,994	16,958	17,233	17,633	17,046								F	H	
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer		216	275	348	339	381	343	247	279	238	225	255	273	229					273	1,508	Aug 2024	F	L	
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0 End of Sept24**	17	22	35	36	50	35	8	5	24	9	13	9	0					9	228	Aug 2024	?		
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	1	0	0	0	0	0	0	0	0	0					0	30	Aug 2024	P	L	
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0								P	L	
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	**2019/20**	98.5%	93.1%	104%	93.1%	107%	112%	88.4%	107%	101%	100%	146%	126%	130%	12,527	9,612						?	L	
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	**≥ 130%**	96.1%	109%	101%	99.6%	123%	118%	89.3%	107%	111%	111%	109%	108%	109%	5,238	4,818	109%		108%	113%	Aug 2024	?		
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	96.1%	94.1%	87.5%	84.5%	107%	105%	79.8%	87.1%	79.1%	81.3%	80.6%	79.7%	79.3%	5,238	6,602						?		
	Proportion of all outpatient attendances that are for first appointments or follow-up appointments with a procedure	Chief Operating Officer	**≥ 46%**								41.1%	41.0%	39.8%	40.4%	39.4%	39.7%	7,366	18,574	40.3%					?		
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	**≥ 130%**	153%	202%	140%	177%	166%	162%	117%	181%	183%	195%	169%	130%	175%	231	132	171%		130%	91.4%	Aug 2024	?		
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	113%	161%	110%	140%	128%	129%	93.5%	133%	93.8%	103%	85.8%	78.2%	64.9%	231	356						F	L	
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	**≥ 130%**	106%	125%	108%	111%	137%	125%	99.5%	98.6%	117%	114%	114%	116%	95.1%	1,311	1,379	109%		116%	111%	Aug 2024	?		
	Total Daycase Activity (volume v plan)	Chief Operating Officer	**Plan**	84.1%	100%	86.2%	88.8%	69.1%	100%	79.6%	82.5%	84.6%	82.2%	81.1%	83.5%	69.1%	1,311	1,897						?		
	BADS Daycase rates	Chief Operating Officer	**≥90%**	97.5%	94.8%	92.0%	94.5%	98.0%	93.5%	91.7%	95.3%	95.5%	91.9%	97.9%	97.8%	94.8%	91	96	95.7%					P		
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	**≤10 per month**	33	20	31	31	17	28	24	21	26	16	31	30	42			28					?	L	
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	127%	136%	136%	131%	140%	126%	162%	142%	151%	142%	132%	141%	137%	2,181	1,588	141%							
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	95.8%	89.0%	91.3%	93.7%	102%	104%	128%	85.4%	96.0%	89.1%	85.0%	90.6%	92.5%	678	733	89.5%							

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Quality of care, access and outcomes		Responsible Director	Standard	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	Latest Month: Numerator	Latest Month: Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional	Latest Available Monthly Position:	Pass/Fail	Trend Variation	DQ Mark
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	80.4%	71.1%	73.2%	75.2%	87.7%	81.5%	99.6%	92.8%	95.8%	104%	104%	85.9%	93.2%	1,171	1,257	**95.8%**							
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**>95%**	89.6%	91.3%	91.5%	91.6%	92.4%	97.0%	92.1%	89.9%	95.4%	96.6%	91.9%	87.4%	86.0%	2,305	2,679	**91.1%**		**87.4%**	80.6%	Aug 2024			
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**≥90%**	93.8%	97.3%	96.5%	97.7%	85.0%	98.7%	95.3%	97.4%	99.5%	98.3%	97.1%	98.3%	97.3%	182	187	**98.0%**							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		9.5%	20.6%	14.3%	38.5%	17.4%	4.8%	10.5%	20.0%	25.0%	25.0%	8.3%	4.5%	20.6%	7	34	**17.3%**		**8.3%**	8.7%	Jul 2024			
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		52.2%	53.3%	53.2%	65.0%	56.8%	63.1%	56.0%	53.1%	50.0%	61.0%	56.3%	55.9%	53.3%	16	30	**55.0%**		**56.3%**	61.7%	Jul 2024			
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		77.3%	92.7%	93.3%	92.3%	82.8%	89.5%	84.0%	57.7%	87.1%	71.4%	92.7%	75.0%	92.7%	38	41	**82.4%**		**92.7%**	83.1%	Jul 2024			
	Maternity Activity (Deliveries)	Chief Nursing Officer	**Actual**	185	185	181	173	177	186	167	198	172	163	206	147	187			**1,073**							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:30	1:30	1:28	1:29	1:27	1:28	1:23	1:29	1:27	1:28	1:29	1:23				**1:28**							
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<5%**	6.7%	6.6%	6.6%	7.2%	8.1%	7.6%	7.1%	7.1%	7.5%	6.6%	6.9%	7.1%	7.8%	560	7,178	**7.2%**		**7.1%**	6.9%	Aug 2024			
	PIFU Rate	Chief Operating Officer	**≥ 5%**	1.6%	1.7%	1.8%	1.5%	1.6%	1.9%	2.1%	2.5%	2.5%	2.3%	2.8%	2.7%	3.0%	531	17,546	**2.6%**							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**≥90%**	82.1%	79.6%	81.9%	78.8%	80.1%	83.3%	84.4%	85.9%	85.7%	83.7%	84.8%	84.7%	84.6%	7,716	9,121	**84.9%**							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**≥ 25%**	17.0%	17.4%	16.5%	16.5%	15.8%	16.2%	17.0%	18.4%	18.1%	18.4%	18.6%	18.5%	19.6%	3,439	17,546	**18.6%**							
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		12.0%	5.6%	8.2%	8.1%	5.5%	5.9%	8.4%	5.6%	8.0%	8.9%	12.0%	12.2%	6.9%			**9.4%**		**12.0%**	6.8%	Jul 2024			
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**< 90%**	99.4%	98.7%	99.5%	93.6%	97.9%	100%	98.5%	100%	99.2%	99.2%	94.8%	96.5%	94.8%	368	388	**97.9%**		**94.8%**	94.6%	Sep 2024			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	0	0	0	0	1	0	0	0	0	0	0	0	0			**0**		**0**	36	Aug 2024			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		2.4%	2.3%	2.5%	3.2%	2.8%	2.9%	3.3%	3.8%	1.4%	2.0%	1.5%	1.8%	1.9%	20	1,081	**2.1%**							
	ALoS – D2A Pathway 2	Chief Operating Officer		23.4	25.2	25.1	29.5	21.8	20.6	29.5	23.7	21.3	22.7	32.4	19.6	32.0										
	ALoS – D2A Pathway 3	Chief Operating Officer		16.0	19.0	21.6	26.3	13.6	15.6	26.3	17.1	16.3	14.7	20.9	18.0	25.2										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**< 4.5**	5.1	5.8	5.7	5.5	5.3	5.4	5.3	5.8	4.9	5.1	4.9	4.7	5.1			**5.1**							
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**< 2.5**	2.8	2.3	2.1	2.6	1.7	2.2	2.9	2.4	2.7	2.1	2.5	2.9	2.7			**2.5**							
	Medically fit for discharge - Acute	Chief Operating Officer	**≤5%**	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%	70	368	**20.6%**							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**≤5%**	7.8%	7.1%	8.5%	9.5%	7.7%	8.5%	9.0%	9.6%	9.0%	8.5%	8.1%	9.1%	9.2%	368	3,979	**9.0%**							

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Safe, High-Quality Care	HSMR - Rolling 12 months (Published Month)	Chief Medical Officer	<100	113.9	111.0	111.1	108.7	104.7	100.7	100.4	97.5	97.5	97.5	105.3	105.3	104.3			105.3							
	Mortality SHMI - Rolling 12 months (Published Month)	Chief Medical Officer	<1	1.08	1.09	1.13	1.18	1.10	1.10	1.09	1.09	1.09	1.07	1.06	1.05	1.06			1.06							
	Never Events	Chief Medical Officer	0	0	0	0	0	1	0	0	0	0	0	0	0	0			0							
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	1	Jul 2024			
	MSSA Bacteraemia	Chief Nursing Officer		1	0	1	1	1	1	1	1	2	0	2	5	4			14		2	10	Jul 2024			
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA& HOHA)	Chief Nursing Officer	2022/23 (35)	6	3	2	4	5	4	7	4	5	3	6	3	4			25							
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (10)	1	0	0	0	0	2	1	1	1	0	1	0	0			3							
	Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	1	0	0	1	0	0			2							
	Serious Incidents	Chief Medical Officer	Actual	1	0	0	2	0	1	3																
	Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	Actual								5	1	0	2	5	0			13							
	VTE Risk Assessments	Chief Medical Officer	≥95%	96.1%	96.0%	96.4%	94.1%	95.2%	94.9%	95.4%	94.3%	92.8%	95.2%	95.0%	94.7%	94.4%	3,993	4,231	94.3%							
	WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	96.0%	94.8%	96.4%	95.4%	95.5%	96.0%	96.1%	95.8%	95.2%	95.4%	95.6%	95.5%	96.2%			95.5%							
	Number of complaints	Chief Nursing Officer	2021/22 (352)	11	14	11	4	10	12	6	13	9	10	12	7	9			60							
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	0	1	0	0	0	0	2	0	0	0				2							
	Number of complaints referred to Ombudsman - Investigation stage BFWD	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0				0							
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	2	0	0	2	0	1	2	0	0	0	0	0				0							
	Complaints resolved within policy timeframe	Chief Nursing Officer	≥ 90% (FY_2023-24) ≥ 85% (FY_2024-25)	81.8%	93.0%	72.7%	100%	80.0%	83.3%	100%	84.6%	88.9%	80.0%	83.3%	85.7%		6	7	84.3%							
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	79.1%	76.6%	80.8%	79.7%	81.2%	76.7%	78.3%	76.6%	77.3%	77.6%	77.8%	81.9%	100%	4	4	78.2%		81.9%	83.0%	Aug 2024			
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	84.6%	87.5%	84.4%	85.4%	88.9%	82.1%	89.6%	91.8%	91.3%	90.4%	92.5%	87.4%	98.8%	79	80	90.6%		87.4%	95.3%				
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	95.2%	92.6%	94.9%	93.2%	89.3%	95.4%	95.2%	93.4%	88.6%	94.8%	87.7%	92.7%	0%	0	0	91.2%		92.7%	91.0%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	30.3%	27.0%	27.9%	27.6%	29.3%	27.4%	23.9%	23.7%	23.6%	27.7%	24.0%	24.9%	0.1%	4	6052	20.8%		24.9%	11.0%				
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	28.9%	22.7%	33.4%	31.5%	31.7%	29.7%	35.6%	24.4%	42.4%	33.2%	25.0%	37.9%	11.3%	80	707	31.3%		37.9%	21.7%				
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	27.1%	22.0%	28.6%	26.7%	25.3%	30.2%	30.4%	32.2%	35.7%	28.0%	24.9%	22.3%	0%	0	188	24.6%		22.3%	13.0%				

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

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

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

NHS George Eliot Hospital NHS Trust

People		Responsible Director	Standard	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	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/Fail	Trend Variation	DQ Mark
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	79.3%	81.7%	78.6%	78.8%	81.6%	82.4%	80.0%	81.4%	85.0%	86.9%	88.0%	87.4%	84.3%	1,700	2,017	85.4%		79.3%	80.9%	Sep 2023			
	Mandatory Training	Chief People Officer	≥ 85%	96.6%	93.9%	93.7%	93.7%	94.5%	93.9%	94.1%	94.1%	94.4%	94.2%	94.2%	94.6%	94.2%	2,737	2,905	94.3%		96.6%	89.6%				
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	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%	4,552	85,729	4.9%		4.7%	5.0%	May 2024			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	5.5%	5.4%	5.3%	5.2%	5.2%	5.2%	5.2%	5.2%	5.1%	5.1%	5.0%	5.0%	5.0%	49,601	994,485	5.0%		5.4%	5.3%	Oct 2023			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	16.1%	15.9%	15.5%	15.4%	14.7%	14.6%	15.9%	12.5%	12.1%	11.4%	10.9%	11.1%	10.4%	281	2,716	11.4%		12.5%	10.2%	Apr 2024			
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer									10	6	1	2	2	0			21							
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer									8	5	4	6	4	6			33							
	Vacancy Rate	Chief People Officer	< 10%	8.8%	7.1%	6.5%	6.0%	4.3%	3.3%	4.5%	13.9%	12.6%	12.2%	10.0%	10.1%	7.7%	241	3,117	10.9%		4.5%	7.5%	Mar 2024			

Finance and Use of Resources		Responsible Director	Standard	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	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 12 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	Plan	-288	1	2,077	481	48	1,155	954	-1,608	-1,257	-916	208	507	46			-3,020							
	I&E - Margin (%)	Chief Finance Officer	Plan	-1.5%	0.0%	8.8%	2.3%	0.2%	4.8%	3.2%	-7.8%	-6.0%	-4.4%	1.0%	2.4%	0.2%	46	21,470	-2.4%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	2,377	417	-207	-503	-391	665	44	26	-18	-247	-39	-31	-527			-844							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	89.0%	100%	-9.0%	-51.0%	-89.0%	136%	5.0%	2.0%	-1.5%	-36.9%	-16.0%	-6.0%	-92.0%	-527	573	-38.8%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-1,649	1,403	214	-997	-1,175	4,901	-285	-126	535	396	-119	-361	-1,415			-1,094							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	773	711	840	736	843	842	759	587	520	449	341	617	288			2,801							
	Agency - expenditure as % of total pay	Chief Finance Officer	≤3.2%	5.6%	5.1%	5.8%	5.1%	5.8%	5.6%	3.4%	3.9%	3.5%	3.0%	2.3%	4.4%	1.9%	288	14,799	3.2%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	174%	189%	233%	203%	234%	234%	211%	83.4%	74.0%	63.8%	90.2%	163%	76.2%	288	378	86.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,296	4,174	4,499	4,460	4,325	4,762	4,945	4,848	4,992	4,836	4,619	4,564	4,800			4,782							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-1,006	901	-494	-1,264	1,293	1,313	-832	-54	-17	266	193	576	514			1,475							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	47.7	48.4	47.7	37.1	31.8	36.2	32.1	34.7	32.0	27.6	24.2	29.5	27.0			27.0							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	99.2%	96.6%	98.5%	98.7%	84.9%	81.0%	88.7%	96.4%	91.0%	98.0%	97.2%	98.1%	97.2%	7,352	7,567	96.4%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	97.6%	99.1%	97.1%	95.8%	94.4%	91.9%	91.3%	93.7%	96.1%	97.9%	97.9%	98.0%	97.3%	2,273	2,337	96.9%							

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

Relates to the latest months data

South Warwickshire University NHS Foundation Trust

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

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

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

Example

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

Quality of care, access and outcomes		Responsible Director	Standard	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	**75%**	77.4%	77.0%	74.0%	76.0%		*1075*	*1414*	**74.8%**	•					
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	**93%**	64.8%	60.5%	59.5%	61.2%		*858*	*1403*	**60.0%**	•					
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	**93%**	96.4%	93.6%	99.0%	95.2%		*80*	*84*	**94.2%**	•					
	Cancer 62 Day Standard	Chief Operating Officer	**85%**	66.4%	57.5%	63.8%	61.3%		*76.0*	*124*	**61.5%**	•					
	Cancer 31 Day Treatment Standard	Chief Operating Officer	**96%**	91.5%	93.5%	93.9%	95.4%		*146*	*153*	**92.0%**	•					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	**0**	9	11	17	19		*19*								
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	**2019/2020 Outturn**	**141.8%**	**135.9%**	**136.1%**	**137.0%**	**128.3%**	***87505***	***68199***	**66.8%**	•					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	**80%**	99.6%	99.2%	99.1%	99.5%	99.5%	*1145*	*1151*	**99.5%**	•					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	**70%**	87.8%	90.3%	88.9%	90.1%	88.9%	*1206*	*1357*	**88.1%**	•					
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		96.3%	95.7%	96.4%	95.1%	92.5%	*2590*	*2799*	95.3%						
	iSPA call response rate within one minute	Chief Operating Officer	**80%**	91.3%	93.6%	92.3%	92.5%	91.6%	*9475*	*10349*	**92.1%**	•					
Urgent and emergency care	A&E Activity	Chief Operating Officer	**PLAN**	129.6%	126.9%	119.5%	122.4%	120.8%	*8466*	*7007*	**64.2%**	•					
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	**65%**	38.4%	34.1%	45.4%	44.9%	42.1%	*668*	*1588*	**40.2%**	•					
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	**95%**	90.4%	90.8%	97.2%	95.2%	95.2%	*917*	*963*	**92.7%**	•					
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	**0.0%**	3.5%	2.6%	1.0%	1.0%	1.1%	*17*	*1588*	**2.1%**	•					
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	**PLAN**	**127.3%**	**126.9%**	**122.1%**	**124.2%**	**139.4%**	***13742***	***13782***	**70.9%**	•					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	41.3%	44.0%	41.9%	38.3%	40.7%	*849*	*2084*	41.6%						
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	2.3%	2.2%	0.7%	0.9%	1.4%	*120*	*8460*	1.5%						
	A&E - Time to treatment (median)	Chief Operating Officer	-	56	58	51	45	49	*49*		53						
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	72.4%	71.8%	74.5%	75.1%	75.3%	*6372*	*8460*	**74.0%**	•					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	88.3%	87.1%	90.5%	91.4%	91.5%	*3398*	*3715*	**89.3%**	•					
	A&E - Time to Initial Assessment	Chief Operating Officer	-	17	18	15	14	14	*14*		16						
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	8	9	3	3	10	*10*		**50**	•					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.7%	4.8%	4.6%	4.8%	4.3%	*352*	*8200*	4.6%						
	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	63.1%	64.2%	64.9%	64.0%	63.9%	*21213*	*33040*							

Quality of care, access and outcomes		Responsible Director	Standard	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	**16234**	33931	33436	33285	33188	33040	*33626*								
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	825	849	733	624	605	*668*								
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	100	58	38	20	46	*46*								
	Referrals (GP/GDP only)	Chief Operating Officer	**0**	7834	7238	7595	6741	6676	*6676*								
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	**106% 2019/20 Outturn**	116.5%	116.2%	128.1%	132.5%	132.0%	*10075*	*7633*	**63.9%**	•					
	Outpatient Activity - Total	Chief Operating Officer	**2019/20 Outturn**	**112.9%**	**110.5%**	**108.4%**	**109.2%**	**108.4%**	***36073***	***33269***	**56.7%**						
	Elective Activity	Chief Operating Officer	**106% 2019/20 Outturn**	121.1%	108.1%	115.4%	115.5%	115.7%	*3478*	*3006*	**58.2%**	•					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	**75%**	83.2%	82.4%	80.8%	81.8%	83.1%	*85742*	*103200*	**82.5%**	•					
	Elective - Theatre utilisation	Chief Operating Officer	**85%**	87.1%	87.0%	87.9%	89.0%	86.8%	*94693*	*109140*	**87.5%**	•					
	Cancelled Operations on day of Surgery	Chief Operating Officer	**0.8%**	0.03%	0.03%	0.03%	0.02%	0.05%	*52*	*104340*	**0.03%**	•					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**120% 2019/20 Outturn**	104.5%	106.0%	95.3%	100.9%	125.9%	*729*	*579*	**63.5%**	•					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**120% 2019/20 Outturn**	140.3%	128.7%	127.0%	143.0%	125.7%	*656*	*522*	**66.5%**	•					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**120% 2019/20 Outturn**	330.7%	308.5%	272.6%	238.8%	221.1%	*1433*	*648*	**116.1%**	•					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**95%**	87.0%	87.0%	86.7%	84.8%	83.8%	*7381*	*8812*							
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	**70%**	77.4%	71.3%	87.0%	69.6%	77.0%	*137*	*178*	**78.4%**	•					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	**-**	24.8%	28.7%	23.3%	16.8%	18.4%	*52*	*282*	22.1%						
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	**-**	34	23	30	41	30	*30*		190						
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	**90%**	87.3%	90.0%	86.3%	87.2%	87.8%	*215*	*245*	**87.9%**	•					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	19.6%	20.6%	22.9%	22.5%	20.8%	*65*	*313*	20.8%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	**-**	33.2%	34.4%	37.0%	33.8%	35.6%	*85*	*239*	34.2%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	91.4%	91.3%	89.0%	88.3%	87.5%	*244*	*279*	89.7%						
	Maternity Activity (Deliveries)	Chief Operating Officer	**PLAN**	118.4%	110.7%	114.8%	104.6%	104.5%	*280*	*268*	**55.8%**	•					
	Midwife to birth ratio	Chief Nursing Officer	**1:27**	1:24	1:24	1:25	1:25	1:25	*1:25*		1:25						
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q1)	Chief Nursing Officer	**46%**						*691*	*1402*	49.3%						
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q1)	Chief Nursing Officer	**46%**						*644*	*1055*	61.0%						
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q1)	Chief Nursing Officer	**46%**						*237*	*456*	52.0%						
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	**81%**	90.4%	88.6%	90.2%	88.5%	89.3%	*251*	*281*	**89.2%**	•					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	**3.35%**	6.0%	5.7%	5.8%	5.7%	6.0%	*1096*	*18274*	**5.8%**	•					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**95%**	83.2%	83.5%	84.2%	84.7%	82.6%	*15816*	*19142*	**83.3%**	•					
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	**46%**	50.6%	52.6%	53.5%	54.1%	54.6%	*15172*	*27787*	**52.7%**	•					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	**85% OP/112% OPP 2019/20 Outturn**	120.8%	116.3%	111.1%	111.8%	107.2%	*17712*	*16528*	58.3%						
	Outpatients Activity - Virtual Total	Chief Operating Officer		**21.8%**	**21.1%**	**20.9%**	**20.2%**	**20.0%**	***4529***	***22690***	**20.9%**						
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	**8%**	4.4%	2.4%	4.3%	4.1%	2.2%	*7*	*313*	**3.5%**	•					
	Occupancy Acute Wards Only	Chief Operating Officer	**92%**	96.5%	96.6%	91.6%	91.4%	96.3%	*9818*	*10199*	**94.7%**	•					
	Bed occupancy - Community Wards	Chief Operating Officer	**90%**	118.5%	108.8%	112.6%	111.0%	107.6%	*1259*	*1170*	**112.6%**	•					
	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	**0**	0	0	0	0	0	*0*		**0**	•					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	**2%**	1.1%	0.9%	1.3%	1.0%	0.9%	*26*	*3055*	**1.1%**	•					

Quality of care, access and outcomes		Responsible Director	Standard	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Safe, high quality care	ALoS – D2A Pathway 2	Chief Operating Officer	**>28 days**	40	41	29	38	26	*40*	*1056*	**34**	●					
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	**6.0**	7.4	7.0	6.9	6.8	7.1	*6807*	*961*	**7.1**	●					
	ALoS – Elective Inpatients	Chief Operating Officer	**2.5**	2.2	2.2	1.8	2.1	2.4	*765*	*322*	**2.1**	●					
	Medically fit for discharge - Acute																
	Medically fit for discharge - Community																
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	**0**	10.5%	11.1%	11.5%	13.4%	11.8%	*278*	*2352*	**11.57%**	●					
	HSMR - Rolling 12 months Aug 23 - Jul 24	Chief Medical Officer	**100**						*108.6*		**108.6**	●					
	Mortality SHMI - Rolling 12 months May 23 - Apr 24	Chief Medical Officer	**89-112**						*103.0*		**103.0**	●					
	Never Events	Chief Nursing Officer	**-**	0	0	1	0	0	*0*								
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	*0*		**0**	●					
	MSSA Bacteraemia	Chief Nursing Officer	**0**	2	0	1	2	1	*1*		**7**	●					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	**19**	5	5	3	4	1	*1*		**18**	●					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	**1.14**	0.67	1.48	0.55	1.73	0.63	*5*	*12615*	**1.05**	●					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	**10**	1	0	0	1	0	*0*		**5**	●					
	Serious Incidents	Chief Nursing Officer	**-**	0	0	0	0	0	*0*								
	VTE Risk Assessments (Q1)	Chief Nursing Officer	**95%**						*3939*	*4868*	80.9%	●					
	WHO Checklist	Chief Nursing Officer	**100%**	99.0%	99.2%	99.6%	98.3%	99.5%	*7786*	*7828*	**99.0%**	●					
	zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	**80%**														
	Stroke - thrombolysis	Chief Operating Officer	**-**														
	zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	**80%**														
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**95%**	98.3%	98.4%	98.4%	98.2%				**98.3%**	●					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**95%**	98.9%	98.2%	98.3%	98.1%				**98.3%**	●					
	No. of Complaints received	Chief Nursing Officer	**0%**	12	15	12	17	22	22		**105**	●					
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	**0%**	0	1	0	1	0	0		**2**	●					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	77.8%	73.3%	80.0%	100.0%	81.3%	13	*16*	**77.8%**	●					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	84.2%	82.0%	85.6%	86.1%	58.3%	*7*	*12*	**84.2%**	●					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	95.5%	91.8%	92.2%	94.9%	99.2%	*3780*	*3810*	**94.1%**	●					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	99.6%	98.4%	99.5%	99.0%	98.6%	*205*	*208*	**99.1%**	●					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	0.0%	94.5%	85.7%	100.0%	0.0%	*0*		**93.6%**	●					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**>12.8%**	30.5%	33.4%	35.0%	38.3%	0.3%	*12*	*4669*	**28.9%**	●					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**>25%**	5.7%	7.4%	6.8%	9.3%	1.9%	*105*	*5556*	**6.6%**	●					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**>23.4%**	0.0%	19.4%	6.8%	5.9%	0.0%	*0*	*301*	**5.3%**	●					
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	**>30%**	3.5%	2.4%	2.5%	5.3%	2.7%	*208*	*7581*	**3.3%**	●					

People		Responsible Director	Standard	May-24	Jun-24	Jul-24	Aug-24	Sep-24		Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking	Agency - expenditure as % of total pay	Chief Finance Officer	-	3%	2%	2%	2%		*2%*								
Finance and Use of Resources		**Responsible Director**	**Standard**	**May-24**	**Jun-24**	**Jul-24**	**Aug-24**	**Sep-24**		**Denominator**	**Year to Date**	**Rags**	**Trend - Apr 2019 to date**	**National or Regional**	**Pass/ Fail**	**Trend Variation**	**DQ Mark**

Quality of care, access and outcomes		Responsible Director	Standard	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	-885	11	-116	338		*338*								
	I&E - Margin (%)	Chief Finance Officer	-	-5%	-3%	-2%	-2%		*-2%*								
	I&E variance from plan (£)	Chief Finance Officer	-	-885	11	-116	338		*338*								
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A		0.0								
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	-1570	633	188	-553		*-553*								
	Agency - expenditure (£k)	Chief Finance Officer	-	630	568	565	540		*540*								
	Agency - expenditure as % of cap	Chief Finance Officer	-	79%	69%	69%	68%		*68%*								
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4435	4795	4388	5114		*5114*								
	Capital - Variance to plan (£k)	Chief Finance Officer	-	-98	-1181	-5109	318		*318*								
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	13553	5537	6517	7996		*7996*								
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	91%	93%	96%	93%		*93%*								
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	94%	95%	97%	96%		*96%*								
	Agency - expenditure as % of cap	Chief Finance Officer	-	79%	69%	69%	68%		*68%*								

Worcestershire Acute Hospitals NHS Trust

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

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

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

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

Example

Data Quality Assurance Questions

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

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

Quality of care, access and outcomes		Responsible Director	Standard	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	Latest Month Numerator	Latest Month Denominator	Year to Date (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	80.8%	80.4%	-	1,837	2,285	78.4%		75.5%	Aug-24			
	2 Week Wait all cancers	Chief Operating Officer	93%	81.5%	95.0%	95.6%	85.7%	87.9%	88.9%	86.0%	86.0%	89.0%	85.4%	93.0%	96.2%	-	2,277	2,368	89.9%		79.5%				
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	96.6%	99.0%	93.7%	80.0%	77.8%	32.0%	16.8%	35.0%	27.4%	30.0%	67.0%	89.8%	-	79	88	48.1%		74.6%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	87.7%	84.7%	90.0%	90.9%	87.2%	88.5%	87.2%	85.3%	87.1%	85.6%	82.4%	78.5%	-	259	330	83.8%		92.2%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	89.4%	86.9%	89.4%	89.7%	87.3%	90.5%	87.5%	84.5%	86.8%	87.4%	83.6%	84.0%	-	461	549	85.2%		91.7%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	46.1%	52.6%	49.0%	42.3%	42.3%	44.1%	50.6%	57.9%	54.4%	60.4%	67.5%	65.7%	-	128	194	61.3%		64.1%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	48.4%	45.7%	58.8%	83.3%	44.4%	67.8%	61.9%	65.8%	59.4%	66.2%	70.6%	59.0%	-	18	31	64.4%		66.5%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	95.2%	71.4%	78.2%	77.8%	78.1%	81.9%	79.5%	82.7%	77.2%	82.6%	84.6%	77.2%	-	75	97	80.8%		79.0%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	59.3%	55.1%	57.5%	54.1%	51.4%	56.7%	58.4%	63.6%	60.9%	66.9%	71.3%	68.3%	-	220	322	66.3%		69.2%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	321	391	389	379	409	366	141	159	176	145	151	177	174									
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	84.8%	84.0%	84.3%	82.9%	82.6%	82.3%	84.7%	85.6%	85.5%	85.4%	87.2%	87.4%	87.5%	2,668	3,050	86.4%		92.2%	Feb to Jan			
	A&E Activity (any type)	Chief Operating Officer	Plan	18,427	18,564	17,403	16,960	17,647	17,190	18,537	18,677	19,875	19,293	19,351	18,672	18,444			114,312						
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	57%	48%	56%	53%	53%	55%	64%	64%	60%	64%	71%	65%	54%	1,903	3,530	63%		73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	0	1,046	1,272	1,064	1,166	1,072	1,029	869	836	922	784	639	784	1085			5,050		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	97%	99%	100%	100%	116%	111%	112%	130%	119%	104%	123%	114%	123%	4,156	3,375	137.8%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	38%	39%	39%	37%	43.8%	41.3%	41.9%	42.2%	41.7%	38.2%	35.2%	28.8%	29.9%	1,226	4,094	36.0%		36%	Feb to Jan			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.3%	67.9%	66.2%	67.8%	68.5%	5,818	18,444	66.9%		75%	Jul-24			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	16.0%	19.0%	16.0%	17.0%	19.3%	18.5%	15.8%	16.6%	16.3%	15.4%	14.5%	14.8%	17.0%	2,150	12,658	15.8%		16%	Feb to Jan			
	A&E - Time to treatment	Chief Operating Officer	-	151	155	152	167	161	166	143	158	150	146	145	136	135			150		01:41				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	17	19	16	16	16	16	14	14	15	15	15	15	16			15		00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	256	211	203	260	316	304	301	248	271	307	270	335	369			1,800						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	6.6%	6.7%	6.8%	7.1%	6.7%	7.2%	7.5%	6.8%	7.4%	7.5%	7.5%	7.7%	7.7%	972	12,658	7.2%		8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	50.5%	53.2%	56.3%	55.6%	56.6%	56.0%	54.3%	54.8%	55.9%	56.1%	55.9%	55.6%	56.3%	34,239	60,779			58.3%						
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		59,842	58,046	58,058	59,242	59,900	61,458	61,753	61,740	62,118	62,152	61,348	61,862	60,779					7,640,000						
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	4,399	3,593	3,194	2,968	2,746	2,672	2,536	2,204	2,089	1,980	1,891	1,804	1,604					282,664	Aug-24					
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1,404	1,211	1,064	1,048	891	766	587	472	464	402	357	300	105					45,527						
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	88	100	119	125	109	68	27	13	14	4	0	0	2					3,335						
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	3	3	1	0	0	0	0	0	0	0	0	0	0					124						
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	**2019/20**	8,670	8,873	8,970	7,206	9,156	9,374	8,711	9,438	9,533	8,546	9,787	8,699	8,978			54,981								
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	113%	126%	124%	107%	110%	120%	136%	118%	112%	119%	123%	129%	126%	20,370	16,203	120%								
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	109%	113%	111%	98%	105%	104%	103%	106%	88%	84%	101%	93%	94%	20,370	21,631	94%								
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	103%	117%	113%	102%	104%	116%	123%	113%	108%	110%	113%	117%	115%	59,673	52,063	112%								
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	108%	111%	113%	103%	111%	111%	107%	119%	99%	92%	111%	98%	103%	59,673	57,812	103%								
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	96%	95%	100%	101%	105%	107%	129%	110%	104%	109%	115%	114%	115%	8,000	6,986	110%								
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	91%	94%	101%	99%	101%	102%	104%	94%	98%	94%	112%	93%	104%	8,000	7,729	98%								
	BADS Daycase rates (3 months to month end)	Chief Operating Officer	**Actual**	85%	85%	85%	87%	88%	87%	86.6%	85.0%	83.8%	-	-	-	-			-		81%	Dec					
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	82%	81%	84%	81%	82%	81%	82%	82%	83%	82%	83%	82%	84%			83%		78%	February					
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	85%	84%	88%	84%	84%	83%	85%	84%	86%	85%	86%	84%	87%			85%		82%						
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	-	66	55	63	45	59	40	57	37	49	40	38	42	40			246		21,053	Q4 23-24					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	102%	109%	109%	112%	117%	115%	118%	115%	119%	115%	111%	112%	113%	7,206	6,367	137%								
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	80%	89%	104%	91%	92%	96%	85%	115%	112%	97%	109%	103%	99%	1,363	1,380	127%								
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	86%	89%	92%	103%	97%	86%	89%	100%	105%	96%	101%	116%	120%	2,785	2,317	127%								
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<15%**	22.5%	14.2%	15.8%	18.4%	25.2%	19.5%	25.8%	27.4%	29.7%	34.3%	31.1%	34.7%	29.2%	3,512	12,034			23.9%	Aug-24					
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	88%	84%	85%	86%	87%	88%	87%	83%	85%	86%	88%	88%	84%	397	431	86%								
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	**TBC**	5.8%	5.6%	5.1%	4.4%	4.4%	4.4%	4.7%	5.5%	6.5%	7.2%	7.6%	8.1%	-					8.6%						
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	**TBC**	58.2%	59.2%	59.6%	60.0%	59.5%	59.6%	59.2%	59.3%	60.1%	60.7%	62.1%	63.1%	-					61.5%	Aug-24					
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	**TBC**	81.9%	81.9%	82.4%	81.7%	81.4%	81.3%	81.8%	82.9%	82.3%	83.3%	84.6%	88.6%	-					86.0%						
	Maternity Activity (Deliveries)	Chief Nursing Officer		392	393	357	358	396	372	413	380	418	371	387	416	409			2,381								
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	**<4%**	5.5%	5.6%	5.8%	5.8%	5.5%	4.8%	5.0%	4.8%	5.2%	5.3%	5.0%	5.2%	5.3%	3,304	62,319	5%		6.9%	Jun-24					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	89%	88%	89%	89%	90%	91%	91%	89%	90%	89%	88%	89%	89%	38015	42664	89%								
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	99%	112%	109%	100%	101%	114%	118%	110%	106%	106%	109%	112%	110%	39,303	35,860	109%								
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	107%	110%	114%	106%	114%	114%	110%	126%	105%	97%	118%	101%	109%	39,303	36,181	109%								
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	18%	18%	18%	18%	18%	18%	17%	16%	17%	15%	16%	15%	16%	9,309	57,808	16%		18%	Feb to Jan					
Prevention long term conditions	Maternity - Women who were current smokers at 36 weeks (or last smoking status)	Chief Nursing Officer	-	3.6%	3.5%	2.6%	2.9%	3.4%	2.0%	3.4%	1.9%	2.1%	3.1%	2.6%	3.5%	2.4%	10	409	2.6%								

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	95%	96%	96%	96%	97%	96%	96%	96%	96%	95%	96%	95%	95%	676	809	96%		94%	Aug-24		
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	52	70	65	63	75	102	82	69	67	59	56	48	60			359		3,400	Aug-24		
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	7.3	7.4	7.9	7.5	8.1	8.2	8.1	7.8	7.9	7.7	7.5	7.2	7.7	20086	2608	7.6		4.4	Feb to Jan		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	3.7	3.4	3.4	3.5	3.0	3.7	3.2	3.3	3.1	3.3	2.8	3.1	3.0	1310	442	3.1		3.1			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	12%	16%	15%	15%	14%	14%	12%	12%	13%	14%	12%	12%	15%	118	773	13.0%		23.1%	Dec		
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	7.3%	6.5%	6.6%	7.2%	7.1%	7.9%	8.5%	7.5%	8.2%	7.2%	6.9%	6.9%	3.2%	1206	385	7.5%		7.5%	Jan to Dec		
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	**100**	104.3	103.9	104.5	105.8	104.0	103.0	103.5	102.8	103.43	-	-	-	-				As expected				
	Never Events	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0			0					
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	1	1	0	0	0	0	0	0			0					
	MSSA Bacteraemia	Chief Nursing Officer	**17**	2	0	4	5	2	4	2	3	3	3	5	5	6			25					
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**78**	10	7	14	8	8	15	9	11	10	14	17	16	11			79					
	Number of falls with moderate harm and above	Chief Nursing Officer		5	6	3	1	4	2	5	3	6	5	13	10	2			39					
	Serious Incidents	Chief Nursing Officer	**Actual**	4	1	0	0	2	1	0	1	1	0	0	0	0			2					
	VTE Risk Assessments	Chief Medical Officer	**95%**	92.7%	92.4%	93.6%	91.0%	93.3%	93.0%	92.2%	96.3%	96.0%	97.0%	96.9%	97.0%	96.4	11494	11921	97%					
	WHO Checklist	Chief Medical Officer	**100%**	96.1%	97%	97%	98%	98%	97%	98%	98%	98%	99%	98%	98%	99%	1814	1840	98%					
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	**60%**	76%	86%	85%	86%	83%	61%	66%	45%	62%	69%	83%	84%	75%	97	129	70%					
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	45%	67%	50%	50%	50%	75%	75%	33%	57%	57%	43%	55%	67%	6	9	52%					
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	**80%**	74%	79%	70%	81%	77%	75%	82%	78%	69%	73%	73%	64%	64%	46	72	70%					
	Number of complaints	Chief Nursing Officer	**2022/23 (747)**	71	63	71	51	88	77	75	80	66	73	72	70	58			419					
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	**0**	0	1	0	0	0	0	0	0	0	0	0	0	0			0					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**85%**	64%	44%	42%	62%	63%	82%	69%	48%	62%	73%	61%	62%	70%	37	53	68%					
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	**95%**	87%	86%	87%	84%	74%	71%	77%	76%	75%	75%	78%	82%	79%	1968	2483	77%		83%			
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	**95%**	96%	97%	98%	96%	94%	93%	94%	94%	94%	94%	95%	96%	95%	4357	4567	95%		95%	Aug-24		
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	**95%**	89%	94%	70%	94%	33%	94%	100%	100%	88%	92%	86%	78%	85%	120	141	86%		92%			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**20%**	22%	17%	21%	14%	23%	23%	23%	22%	23%	21%	22%	24%	22%	2483	11146	22%					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	35%	30%	36%	25%	35%	37%	37%	35%	37%	38%	39%	44%	40%	4567	11464	38.9]%					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	2%	3%	6%	12%	1%	9%	1%	4%	9%	8%	20%	10%	26%	141	535	12.7%					

People		Responsible Director	Standard	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	Latest Month		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
																	Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6%**	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.8%	8.6%	9.0%	7.9%	8.6%	7.9%	8.3%			8.4%				F		
	Appraisals - Non-medical	Chief People Officer	**90%**	81.0%	79.0%	79.0%	80.0%	79.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	80.0%	82.0%	4,705	5,747	80.3%				F	H	
	Appraisals - Medical	Chief People Officer	**90%**	91.0%	92.0%	94.0%	96.0%	93.0%	93.0%	93.0%	94.0%	96.0%	94.0%	93.0%	94.0%	93.0%	517	558	94.0%				?	H	
	Mandatory Training	Chief People Officer	**90%**	88%	88%	88%	88%	90%	90%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	90.0%	76,849	85,627	90.8%				?	H	
	Overall Sickness	Chief People Officer	**4$%**	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%	10,284	203,329	5.4%				F		
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**11.5%**	12%	11%	11%	11%	11%	11%	11%	11%	11%	10%	10%	10%	10%	619	5,958	10.6%				?	L	
	Vacancy Rate	Chief People Officer	**7.5%**	10%	9%	8%	8%	8%	7%	7%	10%	9%	9%	9%	8%	7%	512	6,810	8.8%				?		

Finance and Use of Resources		Responsible Director	Standard	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	Latest Month		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
																	Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£201	-£2,331	£2,279	-£4,897	-£5,562	-£4,361	-£3,361	-£7,799	-£4,672	-£5,283	-£5,507	-£5,253	£24,901			-£3,613						
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-0.3%	-4.1%	3.7%	-8.7%	-9.8%	-7.5%	-4.7%	-14.0%	-7.8%	-9.1%	-9.8%	-9.0%	28.2%			-1.0%						
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	£863	-£3,822	£528	-£5,177	-£7,277	-£6,677	-£4,954	£971	-£836	-£635	£7	-£75	£190			-£379						
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	529.0%	-64.0%	77.0%	-6.0%	-31.0%	-53.0%	-47.0%	-11.0%	22.0%	14.0%	0.0%	1.0%	1.0%			12.0%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£1,145	-£2,603	-£1,772	-£2,195	-£2,510	-£2,741	-£1,323	-£669	-£223	-£240	£251	£194	£368			-£320						
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	-£3,456	-£3,272	-£3,581	-£3,049	-£3,505	-£3,098	-£3,158	£3,186	£3,406	£2,965	£3,121	£2,961	£3,113			£18,752						
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.0%	8.6%	9.0%	8%	9%	8%	8%			8.4%						
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	£2,138	-£2,607	-£2,467	£757	£401	-£925	£25,631	£0	£0	-£2,314	-£832	-£118	-£1,592			-£4,856						
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£4.723m	£7.736m	£1.019m	£1.303m	£7.862m	£20.333m	£11.384m	£1.125m	£1.712m	£1.182m	£1.617m	£6.732m	£13.291m			-						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	86.6%	80.0%	79.4%	88.2%	83.1%	88.5%	95.6%	95.1%	87.9%	83%	64%	70%	34%			-						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	91.3%	82.6%	78.6%	88.2%	85.9%	89.8%	93.3%	87.4%	89.3%	71.5%	41.1%	54.2%	55.0%			-						

NHS
Wye Valley
NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25

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

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

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

Example

Data Quality Assurance Questions

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

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

Quality of care, access and outcomes		Responsible Director	Standard	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date v Standard	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	77%	72.4%	78.6%	80.8%	79.0%	77.3%	77.1%	77.0%	77.8%		752	966	77.6%			75.5%	August	?	H	
	2 Week Wait all cancers	Chief Operating Officer	93%	90.1%	96.9%	95.8%	86.9%	93.4%	88.4%	87.8%	88.5%		868	981	89.0%			79.5%		?	L	
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	95.8%	83.3%	79.3%	47.6%	32.1%	20.0%	48.4%	43.8%		7	16	37.3%			74.6%		?	L	
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	69.1%	80.8%	89.2%	84.8%	85.5%	90.7%	88.2%	89.3%		92	103	87.7%			92.2%		?	L	
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	71.6%	82.1%	88.4%	84.3%	82.2%	89.7%	86.8%	88.8%		95	107	86.2%			91.7%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		12	4	12	14	11	10	12	2				49					?		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	51.7%	71.1%	63.0%	64.5%	75.7%	76.6%	53.5%	74.8%		55	74	68.7%			64.1%		?	L	
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	60.0%	100.0%		80.0%	100.0%	100.0%	83.3%	77.8%		3.5	4.5	83.9%			66.5%	August	?		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	48.1%	76.9%	61.8%	72.4%	63.3%	65.5%	68.1%	65.7%		12	18	66.7%			79.0%		?		
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	70%	50.3%	70.9%	62.6%	63.9%	75.5%	74.0%	57.9%	71.4%		69	96	68.5%			75.7%				
	Cancer: number of urgent cancer patients waiting over 62 days	Chief Operating Officer	Plan			71	72	93	85	93	88	61								?		
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2022/23	122%	115%	103%	113%	114%	101%	115%	111%	108%	29877	27542	110%					?		
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%										61	134	97.7%					P		
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%				38%	27%	36%	27%	36%	26%	27	106	31.2%			85%	Aug	?	L	
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	90.0%	89.7%	90.3%	87.0%	84.7%	85.7%	86.8%	86.9%	87.4%	1557	1781	86.4%			92.5%	Aug to Jul	?	H	
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	103%	109%	104%	108%	107%	100%	100%	102%	103%	6183	5980	103%					?	H	
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	64.4%	65.8%	71.4%	73.3%	72.7%	66.4%	65.8%	75.9%	62.9%	980	1460				73%		F		
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	20.1%	17.0%	12.2%	10.2%	10.5%	15.4%	18.7%	14.5%	18.8%	275	1460	10.4%			12%	July	?	H	
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	117%	123%	120%	114%	112%	112%	113%	115%	121%	1586	1315	114%					?	H	
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	43%	46%	45%	46%	47%	47%	46%	42%	44%	1059	2388	45.6%			37%	Aug to Jul	?		
	A&E - % of patients seen within 4 hours	Chief Operating Officer	78%	53.2%	54.9%	65.5%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	4844	7367	67.5%			74.2%	Sept	?	L	
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		19.1%	16.9%	12.2%	11.9%	11.7%	12.3%	12.4%	10.8%	12.5%	918	7367	11.8%			6%	Jul to Aug	F	H	
	A&E - Time to treatment	Chief Operating Officer		01:43	01:46	01:31	01:31	01:36	01:41	01:30	01:42	01:38						01:45				
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	In development																		
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:25	00:25	00:24	00:26	00:25	00:28	00:27	00:26	00:25						00:23	Aug to Jul	F	L	
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	305	306	250	292	318	291	330	312	284			610					F	H	
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	7.7%	8.5%	8.1%	8.1%	7.8%	8.0%				107	5309	8.0%			9%	Aug to Jul	F		

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**92%**	57.2%	56.3%	55.4%	54.5%	55.6%	55.8%	55.7%	55.6%	55.1%	13447	24383				58.3%	Aug			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	**95%**	66.8%	67.6%	68.3%	67.8%	68.2%	70.0%	70.3%	69.4%	69.5%	3059	4400								
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		26837	27256	27780	28130	28574	29179	28848	28708	28783										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1446	1287	1152	1171	1198	1285	1140	1169	987						282664	August			
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	448	342	112	137	170	196	182	145	74						45527				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	7	16	9	6	13	15	14	14	9						3335				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1	1	0	1	2	3	1	3	2						124				
	GP Referrals	Chief Operating Officer	**2019/20**	104%	120%	134%	116%	103%	91%	102%	86%	93%	3832	4112	98%							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	112%	116%	129%	113%	113%	110%	114%	114%	111%	5549	4995	113%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	114%	113%	83%	110%	106%	85%	115%	98%	83%	5549	6698	98%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	109%	109%	124%	116%	118%	114%	119%	115%	110%	17636	16092	115%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	126%	120%	89%	113%	112%	88%	123%	106%	90%	17636	19627	104%							
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	**46%**				43%	42%	43%	43%	43%	43%	9708	22633	43%			44.0%	Aug to Jul			
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	99%	106%	121%	112%	110%	99%	102%	105%	109%	3120	2850	106%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	104%	113%	84%	119%	113%	86%	101%	91%	87%	3120	3574	98%							
	BADS Daycase rates	Chief Operating Officer	**Actual**	78.7%	80.4%	79.6%	77.4%	80.4%	78.5%				0	0	78.8%			80%	Jul to Jun			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%			78.4%			79%	August			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	82.8%	84.1%	84.7%	82.0%	82.4%	83.0%	80.1%	81.1%	82.7%			81.9%			83%				
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	**10 per month**	65	36	31	32	24	39	42	40	32			209			19583	Apr to Jun			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	125%	111%	107%	112%	127%	129%	104%	101%	118%	3042	2577	115%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	143%	150%	99%	130%	98%	77%	156%	127%	93%	785	841	109%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	114%	95%	149%	120%	131%	119%	115%	111%	116%	1533	1319	119%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<5%**	17.9%	15.6%	21.5%	24.7%	24.8%	30.2%	30.0%	27.8%	17.2%	1249	5755				23.9%	Aug			
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	91.3%	92.1%	93.8%	94.4%	93.9%	90.6%	95.5%	95.1%	88.9%	120	135	93.1%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	**<15%**	24.3%	24.3%	19.5%	19.0%	16.0%	16.3%	14.2%	16.3%	15.6%	17	109	15.6%							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	**<34%**	63.8%	64.6%	62.9%	60.6%	55.5%	54.7%	54.8%	55.7%	55.3%	110	199	55.3%							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	**<60%**	88.4%	88.2%	87.0%	85.5%	87.3%	86.3%	88.5%	88.1%	85.9%	116	135	85.9%							
	Maternity Activity (Deliveries)	Chief Nursing Officer	**v 2022/23**	141%	115%	99%	99%	84%	114%	93%	86%	108%	142	131	97%							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:24	1:22	1:25	1:23	1:25	1:26	1:22	1:21	1:27										
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development									0	0								
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<4%**	6.5%	6.2%	6.0%	6.2%	6.3%	6.6%	6.5%	7.8%	6.4%	1768	25920	6.6%			7.1%	Aug to Jul			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	83.3%	86.5%	87.0%	86.7%	88.0%	87.6%	88.8%	89.9%	89.3%	14583	16325	88.4%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	108%	106%	122%	117%	120%	116%	122%	115%	109%	12087	11097	116%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	132%	124%	92%	114%	115%	90%	127%	110%	93%	12087	12929	107%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	21.1%	19.8%	19.2%	20.2%	20.4%	19.4%	19.0%	19.3%	19.4%	3421	17636	19.6%			17%	Aug to Jul			
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		11.9%	8.8%	6.3%	11.2%	5.3%	10.1%	6.5%	4.1%	7.4%	10	135								

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	100%	100%	100%	100%	100%	100%	99%	99%	100%	312	312	**100%**			95%	Sept		
	Bed occupancy - Community Wards	Chief Operating Officer	**<92%**	96%	96%	98%	97%	98%	95%	91%	92%	94%	74	78	**95%**						
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	24	65	74	54	99	84	70	134	204			**645**			3400	Aug		
	Patient ward moves emergency admissions (acute)	Chief Operating Officer		11%	10%	9%	9%	10%	9%	8%	7%	7%	81	1059	8%						
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	6.8	7.1	6.7	6.5	6.2	6.4	6.1	6.5	6.0	8056	1348	**6.3**			4.4	Aug to July		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	2.4	2.8	2.7	2.6	2.4	2.7	2.7	2.8	2.3	728	320	**2.6**			2.7	Aug to July		
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%	1284	8043				23.1%	Dec		
	Medically fit for discharge - Community	Chief Operating Officer	**10%**	50.1%	51.6%	50.1%	46.2%	42.6%	47.4%	48.9%	50.1%	47.5%	1163	2447							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**				4.2%	4.6%	4.6%				147	3177	**4.5%**			7.6%	Jul to Jun		
	HSMR - Rolling 12 months	Chief Medical Officer	**<100**	101.46	100.26								740	672				100	Aug to Jul		
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	102.0	100.3	98.3	98.5	100.3					1350	1345				100	Nov to Oct		
	Never Events	Chief Nursing Officer	**0**	0	0	0	1	0	0	0	0	0			**1**						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	1	0	0	0	0	0	0	0			**0**						
	MSSA Bacteraemia	Chief Nursing Officer		1	2	2	1	0	0	2	1	0			**4**						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**44**	3	3	2	6	6	5	9	10	6			42						
	Number of falls with moderate harm and above	Chief Nursing Officer	**2022/23 (30)**	2	2	1	1	4	2	2	3	4			16						
	Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	**0**												**0**						
	Serious Incidents	Chief Nursing Officer	**Actual**												0						
	VTE Risk Assessments	Chief Medical Officer	**95%**	87.4%	89.2%	89.3%	90.0%	88.7%	89.4%	88.5%	87.1%	86.4%	4453	5154	**88.3%**						
	WHO Checklist	Chief Medical Officer	**100%**			99.4%			98.0%												
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	**60%**	53.5%	66.7%	63.0%	64.4%	50.9%	63.2%	74.4%	73.9%	65.8%	25	38	**63.9%**						
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	66.7%	60.0%	33.3%	0.0%	66.7%	20.0%	33.3%	0.0%	66.7%	4	6	**38.1%**						
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	80.0%	78.0%	83.1%	77.8%	75.0%	78.7%	89.2%	87.5%	76.5%	26	34	**80.3%**						
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**98%**	In development									0	0							
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**98%**	In development									0	0							
	Number of complaints	Chief Nursing Officer	**2022/23 (253)**	27	29	38	45	31	30	29	21	30			186						
	Number of complaints referred to Ombudsman	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0			**0**						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	34.6%	37.9%	35.3%	44.8%	39.4%	50.0%	53.8%	51.6%	51.9%	14	27	**48.6%**						

	Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	**30%**										4	5023	**0.0%**								
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**95%**	77%	76%	81%	81%	81%	79%	79%	79%	75%						83%					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	86%	82%	89%	86%	83%	85%	81%	84%	83%	148	178	**83.5%**			95%	August				
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**95%**										4	4	**0.0%**			95%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	97%	93%	91%	97%	86%	97%	94%	86%	90%			**91.6%**			91%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	21%	21%	20%	19%	19%	20%	18%	20%	18%											
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	18%	16%	17%	18%	16%	18%	15%	17%	15%	178	1164	**16.5%**								
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	23%	23%	16%	28%	25%	24%	31%	32%	30%	41	135	**28.3%**								

People		Responsible Director	Standard	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position			Pass/ Fail	Trend Variation	DQ Mark
													Numerator	Denominator			WVT Latest month v benchmark	National or Regional				
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6.4%**	7.9%	8.1%	6.0%	5.5%	6.3%	5.5%	5.9%	5.8%	4.5%			6%							
	Appraisals	Chief People Officer	**85%**	70.6%	71.8%	70.8%	75.9%	79.2%	80.3%	80.2%	80.3%	79.8%	2629	3296	79%			76%	2021/22			
	Mandatory Training	Chief People Officer	**85%**	88.8%	88.8%	88.4%	89.2%	89.8%	89.7%	89.7%	89.5%	88.0%	34827	39565	89%			88%				
	Overall Sickness	Chief People Officer	**3.5%**	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5500	110329	5%			5%	May			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**10%**	10.1%	10.1%	10.4%	9.0%	9.2%	9.4%	9.5%	9.8%	9.7%	348	3580	10%							
	Vacancy Rate	Chief People Officer	**5%**	3.8%	3.9%	3.9%	3.6%	5.5%	5.7%	7.1%	6.3%	3.9%	150	3835	5%							

Finance and Use of Resources		Responsible Director	Standard	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position			Pass/ Fail	Trend Variation	DQ Mark
													Numerator	Denominator			WVT Latest month v benchmark	National or Regional				
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£2,430	£9,902	-£9,316	-£3,387	-£3,387	-£3,387	-£4,957	-£3,686	£12,576			**-£6,229**							
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-7.0%	24.5%	-22.1%	-1.2%	-10.1%	-12.3%	-18.4%	-13.6%	28.9%	£12,576	£43,494								
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£3,427	-£3,019	-£13,529	-£410	-£469	-£524	-£1,793	-£606	-£645			**-£4,448**							
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	-9.8%	-7.5%	-32.2%	13.0%	-1.5%	-1.9%	-6.6%	-2.2%	-1.5%	-£645	£43,494	0.0%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£708	-£830	£906	-£433	-£580	-£566	-£844	-£811	£539			**-£2,695**							
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	£1,482	£1,596	£1,127	£1,069	£1,027	£1,048	£953	£725	£573			£5,395							
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	8.1%	8.5%	6.0%	5.9%	3.1%	5.8%	5.2%	3.9%	3.1%	£573	£18,539	4.9%							
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	-£2,959	-£689	-£1,572	-£14	£178	-£522	£785	-£284	-£242			**-£100**							
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£23	£23	£19	£22	£30	£23	£22	£18	£14			£14							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	78.6%	95.8%	101.1%	99.4%	99.8%	98.9%	98.7%	87.0%	97.6%	£10,579	£10,844	96.9%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	95.9%	96.3%	97.6%	98.7%	99.0%	99.0%	99.3%	99.3%	99.3%	£4,850	£4,882	99.2%							

South Warwickshire University NHS Foundation Trust

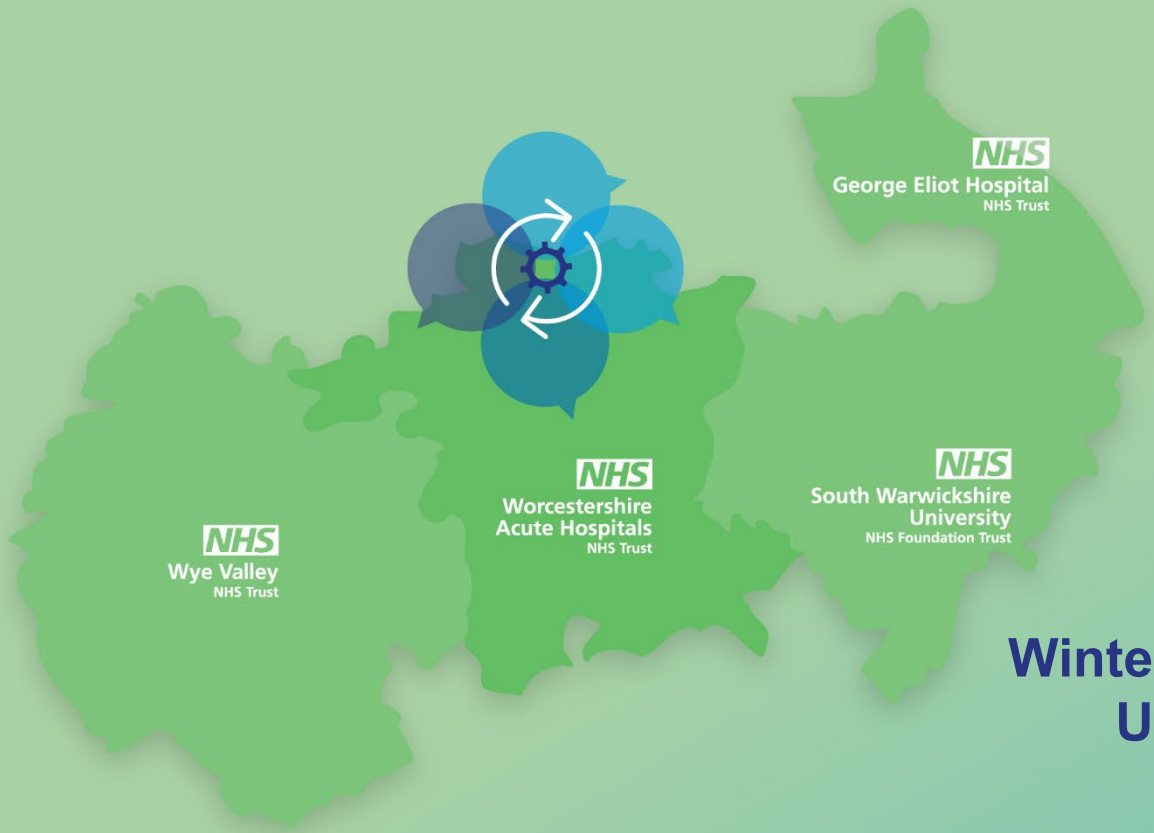
Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

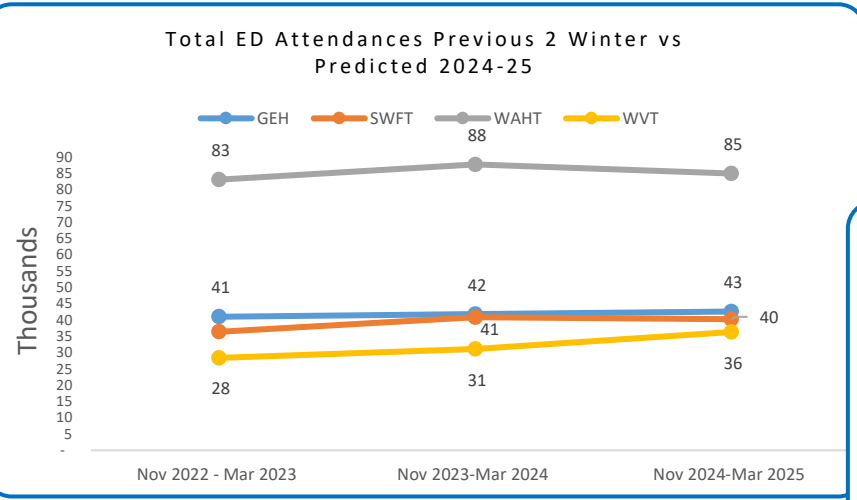
Report to	Foundation Group Boards	**Agenda Item**	6.2
Date of Meeting	6 November 2024		
Title of Report	Winter Preparedness Update and Use of Temporary Escalation Spaces		
Status of report: (Consideration, position statement, information, discussion)	For discussion		
Author:	Harkamal Heran, Chief Operating Officer of South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer of Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer of George Eliot Hospital NHS Trust (GEH), Tracy Pearson, Deputy Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT), Lucy Flanagan, Chief Nursing Officer of WVT, and Natalie Green, Chief Nursing Officer of GEH		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, Tracy Pearson, Deputy Chief Operating Officer of WAHT, Lucy Flanagan, Chief Nursing Officer of WVT and Natalie Green, Chief Nursing Officer of GEH.		

1. Purpose of the Report	To provide the Foundation Group Boards with a current update of the position faced across the Foundation Group of the oncoming Winter. This summary reflects the Foundation Group Trusts' response to the Winter priorities and Principles for the use of Temporary Escalation Spaces (TES) set out in the NHS England letter to Integrated Care Systems and Acute Providers in September 2024. The report summaries the current challenges and pressures along with how the Foundation Group will approach these challenges together, through learning and adapting common schemes and initiatives, in conjunction with System Partners going into a predicted difficult winter period. Also how, in times of extremis, our Trusts will maintain quality and safety when are using temporary escalation spaces when operational and clinical demand are placed on our Trusts.
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) and Chief Nursing Officers (CNOs) in the Foundation Group with feedback to future individual Board meetings as part of their Trust Integrated Performance Report.

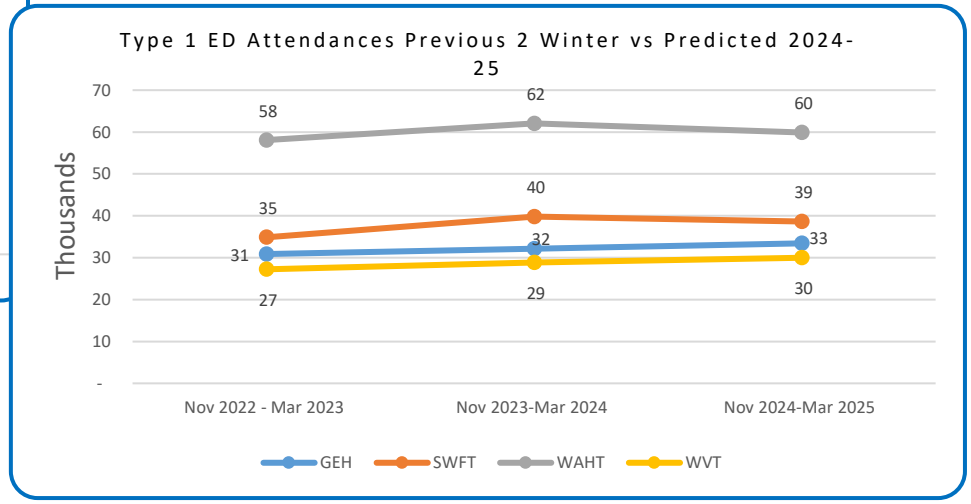


Winter Preparedness Update and Use of Temporary Escalation Spaces (TES)

WINTER 24/25: Where did we think we would be



To note: attendances only Emergency Department and no direct to Same Day Elective Care (SDEC) demand.



WINTER 2024/25: Overall Plan

- To improve patient flow and to reduce demand for hospital inpatient capacity.
- To continue to work collaboratively with partners to maximize their input in the safer management of patients, closer to home.
- To improve pre 8:00am Decision To Admits (DTAs) waiting for a bed.

- **Site Capacity:**
  - Review of processes, with defined roles and responsibilities
  - Digitalisation (SWFT)
- **The SAFER patient flow:**
  - To systematically use as part of Board rounds
  - Learn from Criteria to reside and focus on criteria led discharge focus
  - Embed clear routes for escalation and support.
- **Capacity opportunities:**
  - Provide assessment and support to Frail elderly patients through the development of a Frailty SDEC.
  - Acute Medical Ward reconfiguration (WAHT)
  - Introduction of new Virtual Wards through Plan, Do, Study, Acts (PDSAs) and step-up virtual beds to maximise occupancy
  - Call before convey continuation and promotion
  - Frailty SDEC Bridging team (WVT)
  - Creation of temporary General medical ward (WAHT)
- **Collaborative partner working**
  - To work with West Midlands Ambulance Service (WMAS) on increased Call before Convey
  - Discharge to Assess (D2A) Improvements: Focus on Pathway 2 and Pathway 3, increasing capacity
  - Single point of access in place (Healthcare professionals and over 75 years old, Category 2,3, and 4 calls).
  - Continuation of extensive discussions with primary care / PLACE partners in the workup to the 2024/25 winter plan taking into account the learning from previous years.

WINTER 2024/25: Pathway Challenges

- Increased emergency activity
- Increased acuity
- Increased numbers of Medically Fit for Discharge (MFFD) patients in inpatient beds – Discharge Pathways 2 & 3.
- Lack of transparency in community capacity
- Demoralised workforce
- Specific risk of 45-minute Rapid Ambulance offload requirements

WINTER 2024/25: Decisions made. What have we put in place

SWFT

- Review of winter schemes and implementation of those that support performance, safety and patient experience
- Onboarded several new Virtual Wards through Plan, Do, Study, Act (PDSA) opportunities
- Led a Warwickshire Point Prevalence Audit: scoping demand for D2A bedded and non-bedded capacity – analysis in progress.
- Engage comms to ensure everyone is sighted on front-door pressures

WVT

- Relationships and collaboration working well in urgent circumstances
- Cultural shift in the way we work – everyone invested in integration
- Herefordshire Point of Prevalence outcomes mirrors winter priorities
- Re-launched Herefordshire Community Referral Hub. Based with Taurus. Increased GP oversight 12hr 7/7. Combined with Virtual Ward step down and step up beds co-ordination .

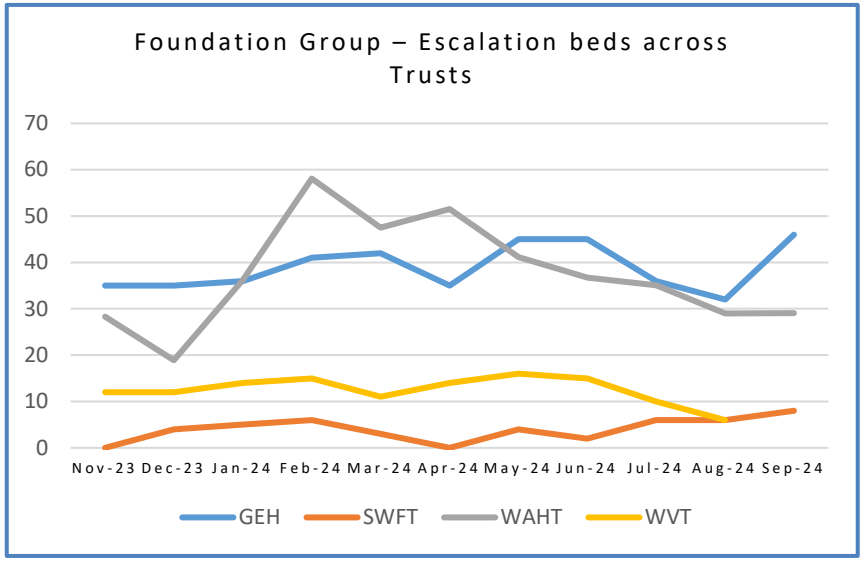
GEH

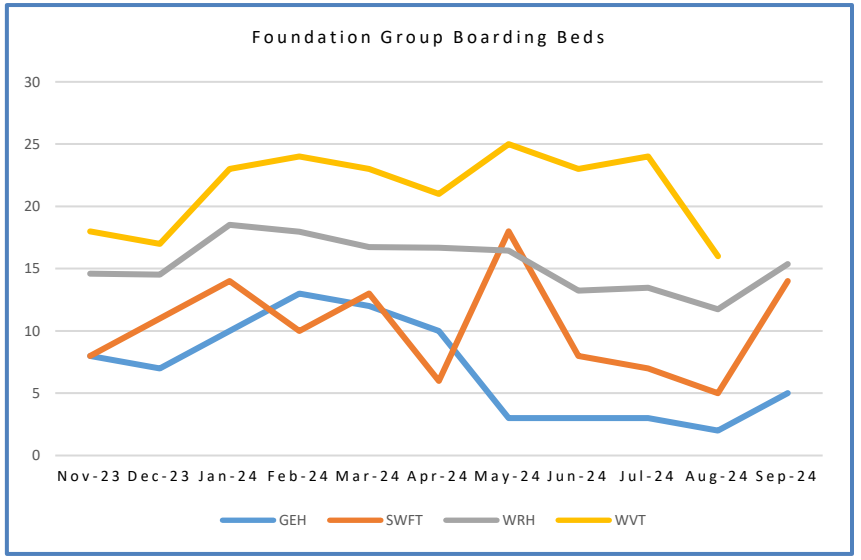
- Collaborative working at Place Partner Level.
- Identified successful schemes from previous years which enabled early planning for 24/25.
- Have in place operational, tactical and strategic structure with clear/effective escalation route.

WAHT

- Refresh of flow programme - streamlining to focus on two areas of largest impact, front door and length of stay
- General medical community model - integrated provider model for acute to community pathway
- Integrated patient pathway progression hub
- Enhanced Single Point of Access (SPA) and Chronic Obstructive Pulmonary Disease (COPD) Virtual Ward established and in place

Current use of Escalation and Temporary Escalation Spaces (TES) across Foundation Group





Temporary Escalation Spaces (boarders) – patient safety and experience

1. Assessment of Risk

- Full Capacity Protocol
- Individual Patient Risk Assessment
- Exclusion Criteria
- Staffing
- Quality rounds and safety huddles
- Environmental Risk Assessments
- Infection Prevention Control (IPC) adherence
- Tracking of patients
- Daily boarding list verification
- Risks entered onto Divisional/Corporate risk registers

2. Escalation

- Standard Operating Procedure (SOP) for long waits in Emergency Department (ED) (those that are DTA's)
- Sitreps on site meetings – boarding and ED corridors.
- Tactical and Strategic meetings throughout the week
- Reporting on Silver/Gold calls for external awareness of risk – Integrated Care System (ICS)

3. Quality of Care

- Privacy and dignity, screens (Free of Charge (FOC))
- Hourly comfort rounds
- Access to nutrition and hydration
- Elimination needs
- Sleep and rest (FOC)
- Communication – call bells
- Regular clinical reviews
- Patient survey

4. Raising Concerns

- Staff access to Freedom to Speak Up
- Patient experience (FOC) Individual Placement and Support, Friends and Family Test
- Patient information letter
- Patient spot survey

5. Data Collection and Measuring Harm

- Complaints and PALS
- Patient Safety incidents
- Chief Nursing Officer production board report, Quality Committees report, Quality Indicators & dashboard
- Integrated Performance Report (IPR) inclusion

6. De-escalation

- Sits-reps on site meetings
- Risks of TES reported into Quality Governance Committee (Preventing normalising boarding)
- Regular review of internal SOPs and processes

Temporary Escalation Spaces (boarders) – patient safety, quality care and experience

The NHSE 6 principles should be applied alongside any local standard operating procedures and arrangements governing flow pathways and safe staffing.

- ✓ Individual Risk Assessment Specific exclusions (children, end of life care, confused patients etc.)
- ✓ Access to a call bell or means to attract staff attention
- ✓ Visibility on IT systems
- ✓ Privacy and dignity
- ✓ Access to bathrooms, quality sleep, food and drink
- ✓ Intentional rounding
- ✓ Clear communication with patient and their relatives/carers

- Daily safety huddles / escalations – at each bed meeting
- Daily safer staffing discussions – 3 times per day
- Reporting mechanisms – individual incidents via InPhase/Datix
- Quality/safety oversight – monthly report to Quality Committee

4 Hospitals Combined Data	Number of incidents	Number of complaints	Number of concerns
April	158	7	2
May	132	3	9
June	134	2	6
July	148	3	0
August	128	1	5
September	149	0	7

Although wards meet the criteria for being safe through the staffing, environmental and individual patient risk assessment, the practicalities of treating and caring for a patient who is not within the normal physical bed space is not without risk to the patient and others in the bay.

What are we expecting the impact to be on Finances

If we were to continue to bed into our temporary escalation spaces, there would be financial pressure from:

- Increased demand on staff
    - Bank and agency costs
    - burnout and impact on morale
    - retention concerns
    - Increased sickness

- Pressures on quality and safety
    - Patient experience
    - Complaints
    - Increased length of stay
    - Increased harm events

Predictive risks across the Group: Psychological impact

- **On-call activities**
  - Frequently highlighted as a pressure which exacerbates during the Winter months. To support staff, there are forums in place where the focus is on strategies to cope with these pressures i.e. health and well-being related.

- **Staffing establishments**
  - Staff routinely caring for more patients than established for; ratio of patient to staff may not be fit for purpose, unsustainable and contribute to increased pressures
  - Decreased uptake of available locum/agency and NHS Professionals (NHSP) Shifts.
  - Lower morale, possible incivility due to increased workload and pressure, feeling inadequate and disillusioned in role
- **TES Care**
  - Emergency Departments do not endorse patient care in corridors. The stresses and frustrations of patients and family members, of long waits in these areas is often directed towards staff.
  - Boarding / TES not to be normalised

- **Not having the basics right**
  - Car parking and food availability 24/7 and ability to take breaks.
  - Ensure we provide regular honest updates, and manage expectations
  - To listen. Generates positive impact.
  - Communication of the reasons why decisions taken

Other additional pressures beyond Winter

- Elective recovery
- Estates
- Little difference in demand between winter and summer
- Continuous ‘fire-fighting’ contributing to workforce fatigue as well as no time to plan for and carry out proactive care
- Media negativity does not support the internal progress being made
- More scrutiny and intense than ever before with all the frameworks
- Delivery on the programmes we have ‘in flight’. Outpatients and Theatres.
- Delivery of an Electronic Patient Records (EPR) solution – the mental capacity to learn and remember what, where and the consequences of not completing data entry correctly.
- Reorganising the bed footprint – generating capacity to commence a chain of moves is challenging. Other estate considerations like the Emergency Department (ED) flooring and the fire protection related works at the Alexandra Hospital.
- Annual planning for 2025/26.
- Levels of resource / cost to manage increased demands
- GP collative action

Risks that remain un/partially mitigated, despite actions being funded through winter

- The need to open more inpatient acute capacity – unfunded cost pressure / workforce risks
- The risk of reducing elective activity – under delivery of Elective Recovery Fund (ERF) targets / waiting time performance
- Risk of not meeting financial targets
- Reduced quality of care for patients at all stages in the pathway
- Risk of increase ambulance offload times
- The increased risk of further overcrowding in the EDs and therefore not reaching 78% 4-hour standard
- Increased acuity also drives a risk of insufficient Critical care capacity being available

Learnings across the Group

- Clear evaluation and impact tracking of previous years is key in developing effective plans for upcoming years.
- Shape communication structure and engage with staff to ensure everyone is aware of pressures and can contribute to ideas for planning.
- Collate winter plan with prioritised view ready, ensuring schemes can be aligned to any revision in anticipated budget.
- Strong collaboration and escalation with Place based partners 7/7 working
- Interacting with NHS England Regional Peer Review process

South Warwickshire University NHS Foundation Trust

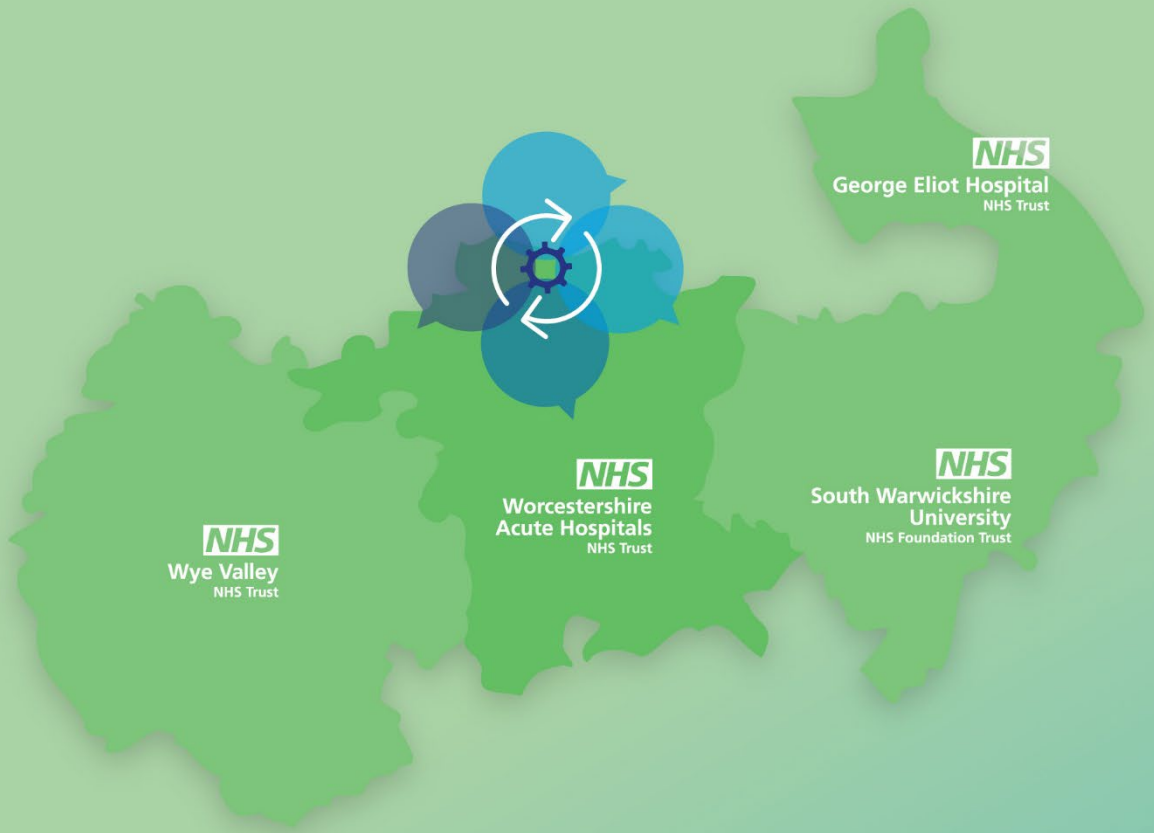
Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.3
Date of Meeting	6 November 2024		
Title of Report	Deep Dive into Workforce Productivity		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Nick Rees, Interim HR Director, South Warwickshire University NHS Foundation Trust (SWFT), Daniela Locke, Deputy Chief People Officer, Wye Valley NHS Trust (WVT), and Carolyn Trew, Head of Workforce Information & Systems (WVT).		
Lead Executive Director:	Sara MacLeod, Interim Chief People Officer, George Eliot Hospital NHS Trust (GEH) and SWFT, Ali Koeltgen, Chief People Officer, Worcestershire Acute Hospitals NHS Trust (WAHT), and Geoffrey Etule, Chief People Officer, WVT.		
1. Purpose of the Report	This report outlines the actions being taken across the Foundation Group in addressing workforce productivity focusing on agency spend, turnover, vacancy rates, sickness absence and time to hire. Key themes, achievements and actions in place on attaining key workforce performance indicators to enhance productivity are covered in the report benchmarking performance across the Group. The workforce productivity data provides a platform for HR teams in the Foundation Group to share best practice and take appropriate steps to drive productivity metrics working closely with executive colleagues and divisional leaders. Cognisant of the fact that NHS productivity requires active staff engagement and wellbeing programmes, all HR teams in the Group have good schemes in place supporting staff engagement and employee wellbeing.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the workforce productivity data.		

3. Executive Assurance	The Foundation Group Boards can be assured that HR teams are sharing best practice and taking appropriate steps to enhance performance and improve key workforce performance indicators.

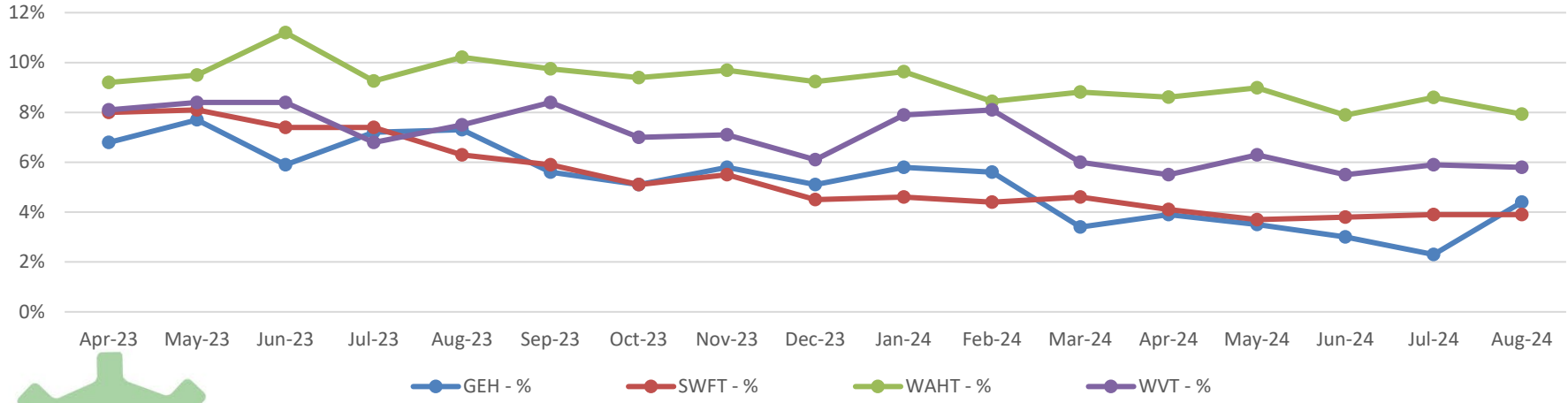


Deep Dive into Workforce Productivity

Chief People Officers

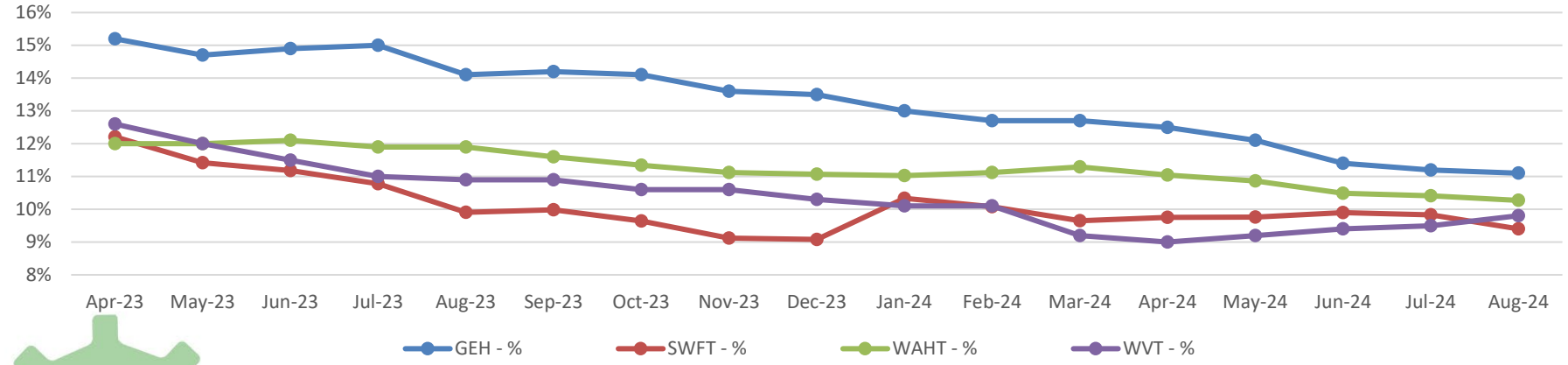
Deep Dive into Workforce Productivity – Agency Spend % of Pay Bill

Agency Spend % Pay Bill	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 - %	6.8%	7.7%	5.9%	7.2%	7.3%	5.6%	5.1%	5.8%	5.1%	5.8%	5.6%	3.4%	3.9%	3.5%	3.0%	2.3%	4.4%
SWFT - %	8.0%	8.1%	7.4%	7.4%	6.3%	5.9%	5.1%	5.5%	4.5%	4.6%	4.4%	4.6%	4.1%	3.7%	3.8%	3.9%	3.9%
WAHT - %	9.2%	9.5%	11.2%	9.3%	10.2%	9.8%	9.4%	9.7%	9.2%	9.6%	8.4%	8.8%	8.6%	9.0%	7.9%	8.6%	7.9%
WVT - %	8.1%	8.4%	8.4%	6.8%	7.5%	8.4%	7.0%	7.1%	6.1%	7.9%	8.1%	6.0%	5.5%	6.3%	5.5%	5.9%	5.8%



Deep Dive into Workforce Productivity - Turnover

Turnover (% Rolling 12 months)	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 - %	15.2%	14.7%	14.9%	15.0%	14.1%	14.2%	14.1%	13.6%	13.5%	13.0%	12.7%	12.7%	12.5%	12.1%	11.4%	11.2%	11.1%
SWFT - %	12.2%	11.4%	11.2%	10.8%	9.9%	10.0%	9.6%	9.1%	9.1%	10.3%	10.1%	9.7%	9.8%	9.8%	9.9%	9.8%	9.4%
WAHT - %	12.0%	12.0%	12.1%	11.9%	11.9%	11.6%	11.3%	11.1%	11.1%	11.0%	11.1%	11.3%	11.0%	10.9%	10.5%	10.4%	10.3%
WVT - %	12.6%	12.0%	11.5%	11.0%	10.9%	10.9%	10.6%	10.6%	10.3%	10.1%	10.1%	9.2%	9.0%	9.2%	9.4%	9.5%	9.8%

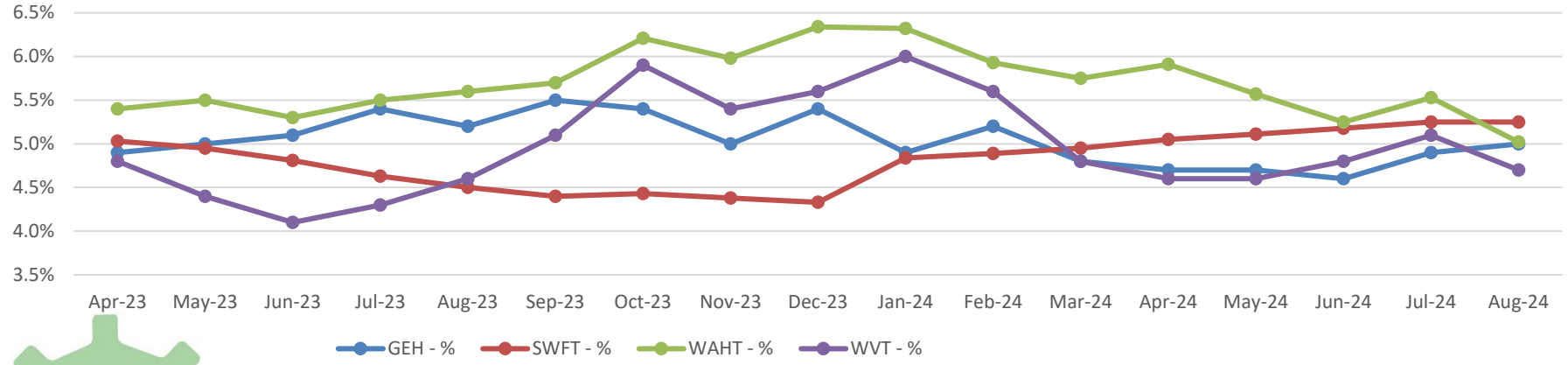


Deep Dive into Workforce Productivity – Vacancy Rates

Vacancy FTE & %	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 - FTE	392.6	387.1	369.1	337.1	341.1	311.6	265.6	234.7	208.9	163.8	131.8	130.1	413.8	381.7	347.6	311.9	316.0
GEH - %	13.6%	13.4%	12.8%	11.7%	11.8%	10.8%	9.2%	8.2%	7.3%	5.7%	4.6%	4.5%	13.9%	12.6%	12.2%	10.0%	10.1%
SWFT - FTE	403.8	392.8	385.7	401.2	282.2	243.9	227.3	240.4	224.4	206.8	171.5	169.1	174.4	162.6	159.3	151.9	160.7
SWFT - %	8.0%	7.8%	7.6%	7.9%	5.6%	4.8%	4.5%	4.7%	4.4%	4.0%	3.3%	3.3%	3.4%	3.1%	3.1%	2.9%	3.1%
WAHT -FTE	881.3	881.6	857.8	805.5	737.9	663.2	653.0	578.6	586.0	534.8	502.3	466.9	713.6	681.7	678.5	672.6	597.7
WAHT - %	12.6%	12.6%	12.3%	11.6%	10.6%	9.5%	9.3%	8.3%	8.3%	7.6%	7.1%	6.6%	9.8%	9.3%	9.3%	9.2%	8.2%
WVT - FTE	287.6	292.1	229.8	184.2	196.8	167.3	155.0	146.4	134.2	140.4	144.8	146.3	133.6	209.5	214.6	276.4	243.3
WVT - %	7.9%	8.0%	6.3%	5.1%	5.4%	4.6%	4.2%	4.0%	3.7%	3.8%	3.9%	3.9%	3.6%	5.5%	5.7%	7.1%	6.3%

Deep Dive into Workforce Productivity - Sickness

Sickness (In Month %)	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 - %	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%
SWFT - %	5.0%	5.0%	4.8%	4.6%	4.5%	4.4%	4.4%	4.4%	4.3%	4.8%	4.9%	5.0%	5.1%	5.1%	5.2%	5.3%	5.3%
WAHT - %	5.4%	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%
WVT - %	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.6%	4.8%	4.6%	4.6%	4.8%	5.1%	4.7%



Deep Dive into Workforce Productivity – Time to Hire

Time to hire (Advertising start date to Checks OK – Excluding Medics)	April 2024	May 2024	June 2024	July 2024	August 2024
GEH – Days	58	59	69	51	46
SWFT - Days	36	33	35	36	35
WAHT – Days**	56	57	58	60	85
WVT - Days	41	38	44	43	45

*** WAHT - We do not use TRAC and NHS Jobs does not give the flexibility to report on the requested data.*
The closest data we can use on NHS Jobs is Advert Start to Contract issued which will be longer.

TRAC moves applicants into a "Checks OK" section when pre-employment checks completed; Start dates are then arranged and the contracts/unconditional offers issued to the new starter later.

TRAC users tend to exclude groups of recruits when reporting time to hire such as students, candidates requiring sponsorship, and Trust wide recruitment campaigns e.g. Healthcare Assistants (HCAs). NHS Jobs does not allow this, so our data includes all these with the increased average times e.g. students are offered months ahead of being able to be cleared to start. Many newly qualified staff are cleared in August hence a much higher time to hire showing then.

WAHT Themes, Achievements and Actions

Themes and Achievements

- Agency Spend reduced from 11.2% in June 2023 and on a downward trajectory
- Positive movement in Nursing agency costs with the majority of agency shifts at tier 1 and below price cap.
- Turnover consistently at or below 11.5% target since November 2023.
- Vacancy Rates met the Group target of 7.5% in February 2024 . Reducing again after an increase to establishment.
- Sickness is higher than Group Target of 4% although on a downward trajectory.

Actions

- Divisional agency reduction plans
- Increased agency scrutiny and oversight (medical locum focus)
- Development of recruitment plans that align to annual workforce plans
- Review of the Trust People Strategy with specific focus on improvements to Workforce planning, Health and Wellbeing, Digital processes, Staff Experience, Leadership and Equality, Diversity and Inclusion (EDI).
- Review of investment into Occupational Health and Staff Psychology services (with business case) to support improved wellbeing and attendance

GEH Themes, Achievements and Actions

Themes and Achievements

- No **off-framework agency** usage since July 2023
- Consistent reduction in **agency spend**, with a spike in August 2024 due to reduced Bank availability
- Consistent reduction in **turnover** which remains below target
- Overall **vacancy rate** reduced but remains high following alignment of establishments between ESR and Integra
- Successful **recruitment** to key consultant vacancies including Paediatrics and Ophthalmology
- **Sickness absence** remains above target, although comparable with national average

Actions

- Implementation of regional **agency rate card** for medics
- Work with NHSP to stop all agency usage above **price cap**
- Review of recruitment processes to further reduce **time to hire**
- Implementation of revised **Sickness Management Policy** with a focus on improved staff wellbeing, particularly mental health and Musculoskeletal
- **People Promise Manager** action plan to improve staff retention and reduce turnover
- System approach to **workforce planning** to meet future staffing needs, in collaboration with Higher Education Institutions

SWFT Themes, Achievements and Actions

Themes and Achievements

- Consistent reduction in **turnover** which remains below target
- **Agency spend** significantly reduced from previous year but above the NHS England (NHSE) ceiling of 3.2%
- Time to hire reduced from historical levels and remains consistently low
- Overall vacancy rate reduced to 3.9%
- Successful **recruitment** to locally employed resident doctor roles to support reduction in temporary staffing spend
- **Sickness absence** remains above target, although comparable with national average

Actions

- Review of **Sickness Absence Management Policy** with focus on earlier support and greater clarity of process for managers and reflect best practice
- Implementation of regional **agency rate card** for medics
- **People Promise Manager** action plan to promote flexible working practices, improve staff retention and reduce turnover
- Work to benchmark and review **internal bank rates** for all staff groups

WVT Themes, Achievements and Actions

Themes and Achievements

- Nurse Agency Spend shows a downward trend with increased controls
- Positive movement in Nursing agency costs with the majority of agency shifts at tier 1 and below price cap
- Recruiting more HCAs as alternative to agency
- Approved rate card changes to further reduce agency spend
- Medical staffing establishment review
- Proactive recruitment into Consultant & Specialty Doctor posts
- Turnover below 10% target since March 2024.
- Vacancy Rates meeting the Group target of 7.5%.
- Sickness absence remains above target, although comparable with national average

Actions

- Increased agency scrutiny and oversight (Chief Medical Officer & Chief Nursing Officer led agency reduction programmes)
- Regional collaborative & steering group to reduce agency spend
- Work with ID medical to stop all agency usage above **price cap**
- Review of recruitment processes to further reduce **time to hire**
- Robust management of sickness absence with a focus on improving staff wellbeing
- **Comprehensive Call to Action retention** plans to improve staff retention and reduce turnover
- System approach to **workforce planning** to meet future staffing needs, in collaboration with HEIs

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**	6.4
Date of Meeting	6 November 2024		
Title of Report	Gender Pay Gap Annual Reports		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Sara MacLeod, Interim Chief People Officer, George Eliot Hospital NHS Trust (GEH), Nick Rees, Interim HR Director, South Warwickshire University NHS Foundation Trust (SWFT), Rich Luckman, Assistant Director of People and Culture, Worcestershire Acute Hospitals NHS Trust (WAHT), and Daniela Locke, Deputy Chief People Officer, Wye Valley NHS Trust (WVT).		
Lead Executive Director:	Sara MacLeod, Interim Chief People Officer, GEH and SWFT, Ali Koeltgen, Chief People Officer, WAHT, and Geoffrey Etule, Chief People Officer, WVT.		
1. Purpose of the Report	Trusts are required to publish data in relation to pay by gender. These reports present the gender pay gap indicators based on the required publications as set out by the Government's Equalities Office.		
2. Recommendations	The Foundation Group Boards are asked to receive and note these reports.		
3. Executive Assurance	The Foundation Group Boards can be assured that all four Trusts publish their gender pay gap information annually in accordance with requirements. All four Trusts are committed to ensuring an equitable workforce and will continue to work through actions to address any gaps identified.		