Foundation Group Boards

Wed 05 February 2025, 13:30 - 16:40

via Microsoft Teams

Agenda

1. Apologies for Absence

Neil Cook (Chief Finance Officer WAHT, Jo Kirwan deputising), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Julian Berlet deputising), Simon Page (Vice Chair SWFT) and Grace Quantock (NED WVT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 6 November 2024

13:35 - 13:40 *Russell Hardy*

Agenda Item 3 - Minutes of the Meeting held on 6 November 2024.pdf (15 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

Agenda Item 4 - Matters Arising and Actions Update Report.pdf (1 pages)

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

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

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:15 *Managing Directors*

Agenda Item 6.1 - Foundation Group Performance Report.pdf (30 pages)

6.2. Diagnostics Deep Dive

14:15 - 14:30 *Chief Operating Officers / Chief Medical Officers*

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

6.3. Emergency Department Benchmarking

14:30 - 14:45 *Chief Operating Officers / Chief Finance Officers*

Agenda Item 6.3 - ED Benchmarking.pdf (9 pages)

6.4. Equality, Diversity and Inclusion Update

14:45 - 15:00 *Chief People Officers*

Agenda Item 6.4 - EDI Update.pdf (12 pages)

7. Items for Approval

7.1. Foundation Group Boards Schedule of Business for Approval

15:00 - 15:05 *Russell Hardy*

Agenda Item 7.1 - FGB SoB for Approval.pdf (3 pages)

7.2. Annual Review of Board Committee Terms of Reference

15:05 - 15:10 *Sarah Collett / Gwenny Scott*

Agenda Item 7.2 - Annual Review of Board Committee ToR.pdf (19 pages)

8. Items for Information

8.1. Foundation Group Strategy Committee Report from the Meeting on the 17 December 2024

15:10 - 15:15 *Russell Hardy*

Agenda Item 8.1 - FGSC Report from the 17 December 2024.pdf (5 pages)

9. Any Other Business

15:15 - 15:20

10. Questions from Members of the Public and SWFT Governors

15:20 - 15:30 *Sarah Collett / Gwenny Scott*

Adjournment to Discuss Matters of a Confidential Nature

11. Apologies for Absence

Neil Cook (Chief Finance Officer WAHT, Jo Kirwan deputising), Simone Jordan (NED GEH), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Julian Berlet deputising), Simon Page (Vice Chair SWFT) and Grace Quantock (NED WVT).

12. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

13. Confidential Minutes of the Meeting held on 6 November 2024

15:50 - 15:55 *Russell Hardy*

Agenda Item 13 - Confidential Minutes of the Meeting held on 6 November 2024.pdf (4 pages)

14. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

Agenda Item 14 - Confidential Matters Arising and Actions Update Report.pdf (1 pages)

15. Confidential Items for Approval

15.1. Appointment of External Auditors

16:00 - 16:30 *Robert White / Nicola Twigg / Colin Horwath*

Agenda Item 15.1 - Appointment of External Auditors.pdf (5 pages)

16. Confidential Items for Information

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

16:30 - 16:35 *Russell Hardy*

Agenda Item 16.1 - FGSC Minutes from the 16 July 2024.pdf (14 pages)

17. Any Other Confidential Business

16:35 - 16:40

18. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 7 May 2025 at 13:30 via Microsoft Teams.

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams

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

Present:

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Acting Chief Medical Officer WAHT (present from Minute 24.086)
Glen Burley	(GB)	Group Chief Executive
Stephen Collman	(SC)	Managing Director WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Acting Managing Director SWFT
Paramjit Gill	(PGi)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Sharon Hill	(SH)	NED WVT
Julie Houlder	(JH)	NED and Vice Chair GEH
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Simon Page	(SP)	NED and Vice Chair SWFT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Acting Chief Medical Officer WAHT
Ellie Ward	(EW)	Acting Chief Nursing Officer SWFT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Jennie Bannon	(JBa)	Acting Chief Strategy Officer SWFT
Rebecca Bourne	(RB)	Head of Communications WAHT
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT

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In attendance (continued)

John Burnett	(JBu)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Jack Foster	(JF)	Associate Chief Operating Officer SWFT (deputising for Chief Operating Officer SWFT)
Oli Hiscoe	(OH)	ANED SWFT
Emma King	(EK)	Deputy Director of Estates and Facilities WAHT (deputising for Chief Strategy Officer WAHT)
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for Chief Finance Officer WVT)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH/SWFT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Sue Sinclair	(SSi)	ANED WAHT (present from Minute 24.085)
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH
Sue Whelan Tracy	(SWT)	NED SWFT (non-voting)

There were four SWFT Governors also in attendance.

MINUTE		**ACTION**
24.079	**APOLOGIES FOR ABSENCE** Apologies for absence were received from: Fiona Burton, Chief Nursing Officer SWFT; Tony Bramley, NED WAHT; Adam Carson, Managing Director SWFT; Richard Haynes, Director of Communications WAHT; Lucy Flanagan, Chief Nursing Officer WVT; Harkamal Heran, Chief Operating Officer SWFT; Simone Jordan, NED GEH; Helen Lancaster, Chief Operating Officer WAHT; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor, Dame Julie Moore, NED WAHT; Alex Moran, ANED WAHT; Jo Newton, Chief Strategy Officer WAHT; and Katie Osmond, Chief Finance Officer WVT.	

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	Resolved – that the position be noted.	
24.080	**DECLARATIONS OF INTEREST** The Acting Chief Nursing Officer for SWFT declared that she was married to a Consultant Anaethetist at SWFT. The Chief Finance Officer for SWFT declared that she had recently been appointed as Chair of the Management Board for 360 Assurance which was the Trust's Internal Audit Service. Simon Murphy, NED and Deputy Chair WAHT, declared that he had been appointed as a Trustee of the Regional Advisory Board in the West Midlands for the Canal and River Trust. Bharti Patel, AED SWFT, declared that she recently accepted a role as NED for Castleman Healthcare Limited. The Group Chair declared that he had stepped down as Chair of Cherished UK. **Resolved – that the position be noted.**	
24.081	**PUBLIC MINUTES OF THE MEETING HELD ON 7 AUGUST 2024** **Resolved – that the public Minutes of the Foundation Group Boards meeting held on 7 August 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
24.082	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.082.01	Foundation Group Performance Report (Minutes 23.058, 23.080.01, 24.007.02, 24.035.01 and 24.061.01 refers) The Managing Director for GEH informed the Foundation Group Boards that GEH had completed an audit on data collection to understand why GEH were showing as outliers for Cancer diagnoses from Emergency Department (ED) attendance. The report had identified that there was an inaccuracy in the GEH data collection process. This led to a revised process being implemented and the subsequent outcomes would be monitored through the GEH Cancer Board as a standing assurance item and would go quarterly through their Operational Quality and Safety Group and the Trust's Quality Assurance Committee. **Resolved – that the position be noted.**	
24.083	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP**	

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	The Group Chair provided an overview of the key discussions at the Foundation Group Boards Workshop earlier that day, focusing particularly on the Foundation Groups 'Big Moves' on Carbon Reduction and Home First. There were also sessions on Sustainability, led by Richard Spencer from E-On Energy Solutions, and Su Rollason the Chief Finance Officer at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), where she shared a presentation on the learnings from their Electronic Patient Records (EPR) system. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	
24.084	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT provided an overview of WVT's performance. She explained that the Trust's area of concern remained around the congestion within ED, however there was also challenges with Productivity. The Trust had made good progress with the utilisation of outpatient clinics, which had gone from under 80% to 90%, however Patient Initiated Follow Ups (PIFU) remained challenged. The Managing Director for WVT explained that at the end of November 2024, there was going to be a significant change to the Trust's EPR which would result in more specialities being able to offer PIFU and therefore improvement in this area. The Managing Director for WVT informed the Foundation Group Boards that Theatre productivity had improved, with the Trust hitting 80% utilisation, however more importantly the cases per list had also improved from 3.2 patients per list on average to 3.8 patients per list on average. She highlighted that the number of patients waiting over 52-weeks for surgery had halved in the last twelve months and was on track to half again by the end of 2024/25 to five-hundred patients. It was important to note that this was still a lot of patients, however was a significant improvement. The Managing Director for WVT explained that WVT had seen some solid performance around Cancer, with September 2024 data showing the Trust at 78% for both the 62-day pathways and the 28-day Faster Diagnosis Standard (FDS). She highlighted that WVT Cancer 62-day pathways used to be 85%, however was now only 70% whilst everything continued to recover from Covid-19. WVT was well above the 70% target for 2024/25 and would now continue to aim to get back 85%. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive assured the Foundation Group Boards that he and the Managing Director for WVT had discussed the increase in Elective capacity and the use of WVT's core capacity through fewer cancellations which had been making a big impact on reducing the waiting list. He explained that hopefully there would come a point in the future that a point of equilibrium be reached, which would then lead to the reduction of independent sector usage. The Deputy Chief Finance Officer for WVT, added that she had also started	

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	having conversations with the Integrated Care Board (ICB) about utilisation and the development of a 2–3-year programme to move away from independent sector usage. The Acting Managing Director for SWFT presented SWFT performance data to the Foundation Group Boards. She highlighted that SWFT's 52-week waits were steadily reducing, however it was important to note the Orthodontics challenges that the Trust continued to face. The Acting Managing Director for SWFT explained that the Trust was working with the ICB and the West Midlands Commissioning Unit to identify alternative Orthodontics providers, and a regional review was about to commence for the service as more medium to long term plans were needed. She highlighted that the Trust had also informed Healthwatch to ensure that they understood the position and could inform any residence who might speak to them. The Acting Managing Director for SWFT informed the Foundation Group Boards that SWFT's Cancer performance continued to be a challenge, especially around 62-day targets, however the 28-day FDS and the 31-day target were on track to be met. She continued that SWFT had done further improvement work around Urology and Gynaecology pathways and therefore expected additional improvement in the targets through November 2024 and December 2024. The Acting Managing Director for SWFT noted that Pathology Services and Diagnostics continued to be the Trust's main concerns. She concluded by celebrating Theatres utilisation, which had hit 86.4%, ranking SWFT fifth nationally. The Acting Managing Director expressed her thanks to Nicola Mills, General Manager for the Elective Division, for the work she had done on Theatre utilisation. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive recommended that the Diagnostic wait times that were linked to Pathology be discussed in more detail at SWFT Board of Directors in December 2024. He also informed the Foundation Group Boards that he had reached out to Professor Tim Briggs, National Lead for Elective Recovery, who had put the Trust in touch with the National Dental Lead for Getting it Right First Time (GiRFT), to see if there was anything he could do to help with an Orthodontics solution. Paul Capener (ANED GEH) noted the significant improvement in late starts in Theatres and queried whether there was any learning that could be shared across the Foundation Group. The Acting Managing Director for SWFT explained that the team responsible for overseeing that improvement would be presenting at SWFT Improvement Board, and she would share the invitation to that session to the wider Foundation Group. The Managing Director for GEH presented an overview of GEH's performance to the Foundation Group Boards. She started by explaining that ED four-hour standard remains at 74.6%, however what we did see in September 2024 was that there was a slight increase in the twelve-hour decision to admit delay. The	**SG** **SG**

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Managing Director for GEH also informed the Foundation Group Boards that ambulance turnaround time had also increased. She explained that later in the meeting there would be a report on the use of temporary escalation spaces (Minute 24.085 refers) and she emphasised the importance of the report to help with the flow through ED. The Managing Director for GEH provided an update on GEH's Cancer performance, with the 28-day FDS being at 76.7% with the Trust continuing to aim for 80% or above. She highlighted GEH's improvement around 62-day performance, going from bottom in the region, to now being sixth. The Managing Director for GEH added that another area of improvement included the Trust successfully achieving no patients waiting longer than 65-weeks for treatment, which was a target that had to be achieved by September 2024. The Managing Director for GEH gave an overview on Elective performance, highlighting those inpatient operations being at 175% in comparison to 2019/20. She explained that the Trust was behind on their day cases at 95% but that was in part due to focusing on clearing the patients waiting longer then 65-weeks. GEH was at 109% on outpatients first appointments which continued to improve, and Theatre productivity had dipped but this was due to flooding in two of the Trust's new theatres. The Managing Director for GEH concluded by explaining that GEH was looking into their Referral to Treatment (RTT) performance to try and understand why waiting lists were not reducing despite more operations being delivered. She added that RTT was likely to become a national area of interest in the future as well.

The Managing Director for WAHT presented WAHT's performance, highlighting ED being the Trust's biggest area of concern. He continued that ambulance handover delays, and admission delays was a focus area, however part of this was an impact of the work taking place in ED. The Managing Director for WAHT explained that one of his biggest concerns was the Trust's long length of stay (LoS) for patients over 21-days. This was currently sitting at 150 patients, whereas previously it was fifty and related to patients mainly Medically Fit for Discharge (MFFD). The Chief Nursing Officer for WAHT and Acting Chief Medical Officer for WAHT were working with the system to try and reduce this. The Managing Director for WAHT highlighted the improvement that WAHT had made around Cancer performance and the Trust was hoping to be removed from the tiering arrangements in place as a result of that work. He also noted the RTT and Productivity improvements that had been made, with the Trust running at around 125% and the teams had also been following a 'right site, right surgery' methodology, however driving those improvements was the maximising of the Alexandra and Kidderminster Hospital sites. The Managing Director for WAHT concluded by highlighting the financial figures on insourcing, which was significant, and the Trust had also been able to illuminate most of their insourcing work.

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

The Group Chief Executive appreciated the Managing Director for WAHT addressing the Trust's long LoS concern, however he also noted that the short

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	LoS presented a potential opportunity to use the Same Day Emergency Care (SDEC) areas more for shorter stay patients to clear some of the ward areas. The Managing Director for WAHT explained that the Trust recently bought the SDECs together and they were starting to push them on their acuity, and as part of the Winter Plan they should hopefully start to free up some of those spaces. The Chief Nursing Officer for WAHT added that the Acting Chief Operating Officer for WAHT was going to reach out to the Clinical Leads across the Foundation Group for advice on SDEC, especially Surgical Leads, due to the push back experienced at WAHT. Frances Martin (NED and Vice Chair WVT) emphasised the importance of patients not being in an acute setting if they could be in less clinical settings. This was for several reasons including flow, but also was better for patients. The Group Chair took the time to thank WAHT colleagues and express how impressed he was with the pace of progress and improvements that they had achieved. He emphasised how quickly with the right leadership, challenged organisations could turn things around. **Resolved – that** **A) the Foundation Group Performance Report be received and noted;** **B) the Acting Managing Director for SWFT ensure that SWFT's Diagnostic Wait Times that related to Pathology be discussed in more detail at the SWFT Board of Directors in December 2024, and**	**SG**
	C) the Acting Managing Director for SWFT ensure the SWFT Improvement Board meeting information be shared with the wider Foundation Group, for the session on Theatre start time improvements.	**SG**
24.085	**WINTER PREPAREDNESS UPDATE AND USE OF TEMPORARY ESCALATION SPACES (TES)** The Group Chair highlighted to the public the importance of flow throughout the hospital. He explained that if Trusts were experiencing bed blocking with long LoS because patients were unable to get home or into a more appropriate setting, it resulted in ED becoming congested. He continued that this congestion had resulted in Trusts having to open surge capacity which could be in locations not equipped for patient care. The Chief Operating Officer for WVT introduced the Winter Preparedness element of the presentation. He explained that ED attendances were always considered as part of the Foundation Group's winter plans. Looking back on data it showed a year-on-year increase in ED activity levels, and this was predicted to increase again in the 2024/25 winter months. The Chief Operating for WVT explained that whilst it was natural to see an increase during winter months, what had been happening over the past few winters was that the activity was remaining high post winter throughout the year, and then increasing again the following winter. He continued that the overall plan for winter was to	

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improve patient flow, reduce demand on hospital inpatient capacity, work collaboratively with partners to maximise their input in the safer management of patients and improve the pre 8am decision to admits (DTAs) waiting for a bed.

The Chief Operating Officer for WVT provided an overview of the different elements that would enable the Trusts to deliver the overall winter plan, this included reviewing site capacity processes, site capacity digitalisation at SWFT, adopt the SAFER patient flow as part of board rounds, ensuring a criteria led discharge focus, developing a Frailty SDEC, introducing new Virtual Wards, promoting and continuing Call before Convey with West Midlands Ambulance Service (WMAS), improve Discharge to Assess (D2A), and ensure a single point of access was in place.

The Chief Operating Officer for WVT informed the Foundation Group Boards of the pathway challenges that were being faced heading into winter 2024/25. He explained that Emergency activity continued to be challenged, however there was also an increase in acuity. MFFD patients in inpatient beds continued to be a problem as well as community capacity transparency. The Chief Operating Officer for WVT added that it was important to note most Trusts were heading into winter with a demoralised workforce, with most teams not having had a break from pressures since before Covid-19 which understandably was having an effect on staff morale. The Chief Operating Officer for WVT informed the Foundation Group Boards that there was also a specific risk around the 45-minute rapid ambulance offload requirements, so there was a need to ensure ED and escalation processes were in place.

The Chief Operating Officer for WVT concluded by presenting what had been put in place for each Trust, including a point prevalence audit to ensure the right patient was in the right bed, and also looking at learning across the system to inform plans going forward. All plans also included the aim to reduce the need for TES as much as possible.

The Chief Nursing Officer for GEH provided the Foundation Group Boards with the presentation on TES across the Foundation Group. She explained that the Foundation Group's priority was to reduce the amount of TES and corridor care. The Chief Nursing Officer for GEH explained that over the past few years there had been a large increase in demand and the requirement to use every space possible, which had resulted in sub-optimal care, and this had been depicted in the media and on television shows such as Dispatches. In response to that, NHS England (NHSE) set out principles for providing safe and good quality care in TES, however TES should not be normalised and not counted as standard practice. The Chief Nursing Officer for GEH emphasised that TES were not the same as escalation beds, which were planned and had the designated resource areas, equipment and were used generally during winter demands. The Chief Nursing Officer for GEH presented the six principles to the Foundation Group Boards in relation to TES to ensure patient safety and patient experience were met. These included assessment of risk, escalation, quality of

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	care, raising concerns, data collection and measuring harm, and de-escalation. She assured the Foundation Group Boards that all Trusts within the Foundation Group pulled together everything in place against each of the principles to support staff and offer assurance that the quality of care in TES was being monitored. The Chief Operating Officer for GEH concluded the presentation by presenting the potential other implications of using TES. This included financial impact due to an increase in demand on staff, which subsequently effected staff morale, retention and sickness, therefore increasing Bank and Agency costs. The Chief Operating Officer for GEH also highlighted the pressures on quality and safety and psychological implications on staff that TES could cause. He explained that following winter, the Trusts would be facing the result of the increased demand, this would mean additional pressures would remain including Elective Recovery and the risks of not meeting financial targets. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive thanked the Chief Operating Officers and Chief Nursing Officers for a comprehensive report. He explained that it was good to see the shared ownership of risk and flow, and how well that was being managed. The Group Chief Executive added that the 45-minute protocol would bring another level of judgement against risk, so it was important to be mindful to not allow all that risk to be around the front door but looked at as a system. The Managing Director for GEH expressed that the presentation was built around the guidance that was sent out for the use of TES, which was imperative to keep patients safe when they were not in the right spaces for care. She explained that one of the recommendations was for Board members to understand and talk to patients about the delays they were facing within the Emergency pathway, and she encouraged Board colleagues to do this. In terms of the 45-minute handover protocol for ambulances, she expressed how Trusts were experiencing extremely overcrowded EDs and were then having to take additional patients into that setting which was really ratcheting up the level of risk of the ED. She added that the focus had to be on pathway Zero to ensure patients that could go home without support were being discharged. She emphasised that improvement in flow out of the hospital was imperative. Sarah Raistrick (NED GEH) echoed the importance of not allowing TES to become business as usual, and noted the need to keep Primary Care Network (PCN) colleagues up to date with the position Trusts were in. The Group Chief Executive highlighted that it would be interesting to do financial benchmarking across the Foundation Groups EDs. He explained that ED teams had been increased to accommodate patients waiting longer in A&E departments, however he queried whether that funding could be used for admission avoidance or improved discharges.	**COOs/CNOs/CFOs**

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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	The Group Chair took the time to thank all front-line staff for working through incredibly challenged times. He also apologised to patients who were experiencing unacceptable delays. **Resolved – that** **A) the Winter Preparedness Update and Use of TES be received and noted, and** **B) the Chief Operating Officers, Chief Nursing Officers and Chief Finance Officers do a piece of work around ED benchmarking across the Foundation Group.**	**COOs/ CNOs/ CFOs**
24.086	**DEEP DIVE INTO WORKFORCE PRODUCTIVITY** The Chief People Officer for WAHT informed the Foundation Group Boards that the data set the Chief People Officers looked into spanned back eighteen months. One of the key focus areas was the reduction in agency spend, which had improved in comparison to eighteen months ago, however there was a significant improvement that was still needed to achieve anywhere near the level of reduction that systems needed to get to which was 3.2%. The Chief People Officer for WAHT explained that the West Midlands had developed a Medical Agency Cluster which was made up of a group of organisations working together to tackle some of the rate cards and agency rates, especially around medical locums. The Chief People Officer for WAHT explained that it was pleasing to see a slight decline in turnover over the past eighteen months, meaning less staff were leaving. The NHS Long-Term Workforce Plan provided a rough overview of suspected pressures that Trusts could face in the coming years. It recommended that Trusts should be moving towards the 7.4% - 8.2% rate of turnover, and therefore work needed to continue to take place into the flexible options. The Chief People Officer for WAHT added that vacancy rates had also improved, however this had not necessarily aligned to the reduction in temporary staffing due to the increase in demand and extra capacity that had to be created. One of the main contributing factors to that temporary staffing cost was staff sickness, and this had not really improved the way Trusts would have hoped over the past eighteen months, with psychiatric illnesses now being one of the main reasons for absence. The Chief People Officer for WAHT explained that NHS time to hire looked fairly lengthy, however the NHS had a set of standards and requirements that had to be completed and could not be compromised despite potential delays the checks could cause. The Chief People Officer for WAHT explained that WAHT had seen a reduction in agency spend especially around nursing agency spend, and the Trust was now focusing on medical agency reduction. She added that the Trust had recently decided to invest further into the Occupational Health resource, to try and support improved wellbeing and attendance, recognising the change in demand.	

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams

MINUTE		ACTION
	The Interim Chief People Officer for GEH/SWFT presented the GEH themes, achievements and actions. She highlighted that one of the things GEH was proud of was the work they had done to reduce agency usage, with no off-framework agency usage in over eighteen months. She explained that there had also been a continuous reduction in staff turnover, but this remained higher than the other Trusts within the Foundation Group and work was being completed to improve this. The Interim Chief People Officer for GEH/SWFT added that GEH's overall vacancy rates had reduced, with successful recruitment into key posts such as Opthalmology and Paediatrics. Sickness rates remained above the target but was comparable nationally for sickness. The Interim Chief People Officer for GEH/SWFT explained that GEH had implemented a regional agency rate card for medical staff, and were working with NHS Professionals to stop all agency usage above the price cap. She acknowledged that GEH's time to hire was longer in comparison to other Trusts within the Foundation Group and this was in the process of being reviewed to try and reduce this. The Interim Chief People Officer for GEH/SWFT presented the SWFT themes, achievements and actions. There had been a continuous reduction in turnover which was well below the target, agency spend had also significantly reduced from previous years, but was still above the NHSE ceiling of 3.2%. Sickness absence remained an area of concern at SWFT and the Trust was in the process of reviewing the Sickness Absence Management Policy as this had not been reviewed since before Covid-19. The Interim Chief People Officer for GEH/SWFT explained that similarly to GEH, SWFT had introduced the agency rate card for medical staff, had a People Promise Manager action plan to promote flexible working and work was taking place to benchmark and review internal bank rates for all staff groups. The Chief People Officer for WVT presented the WVT themes, achievements and actions. He explained that WVT was taking similar actions to WAHT, GEH and SWFT to continue driving down agency spend, improving vacancy rates and reducing staff turnover. In relation to agency spend, the Chief Medical Officer for WVT and Chief Nursing Officer for WVT were running agency reduction programmes alongside the Chief People Officers. He added that WVT would be taking part in a national story focusing on sickness within the NHS, this would be commencing in January 2025 and last twelve months. The Chief People Officer for WVT informed the Foundation Group Boards that the Trust was conducting reviews of its Key Performance Indicators (KPIs), taking learning from SWFT and also ensuring they aligned to NHS wider KPIs. On top of this, staff engagement work was taking place, especially around the Freedom to Speak up agenda. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive thanked the Chief People Officers for an informative presentation, and the work they were all doing to push the NHS Staff Survey in	

MINUTE		ACTION
	the background. He expressed that it felt like Nurse agency reduction had made improvement, but that there was a need to focus on the medical reduction. The Group Chief Executive also noted that a lot of work was being done around improving staff support, but felt there could be a group opportunity to further strengthen that. **Resolved – that the Deep Dive into Workforce Productivity be received and noted.**	
24.087	**GENDER PAY GAP UPDATE** The Interim Chief People Officer for GEH/SWFT informed the Foundation Group Boards that all NHS Trusts were required to publish an annual Gender Pay Gap report, and this was based on the pay indicator set out by the Government's Equalities Office. She explained that out of all four Trust's in the Foundation Group, the workforce was predominantly female, with just over 80% however when broken down by pay quartile, for most Trusts females were generally in the lower quartile compared to the upper quartile. This meant that women were more likely to be employed in the lower banding roles opposed to those higher banded positions. The Interim Chief People Officer for GEH/SWFT continued that when looking at the mean figure, overall men earned a higher percentage of pay then women. It was important to note that the report was not an equal pay report. This meant that the data was not suggesting men were receiving the same rate of pay for doing the same role, however it did indicate that men were more likely to be in the higher paid positions. The Interim Chief People Officer for GEH/SWFT explained the actions being put in place at GEH to address the gender pay gap included developing the leadership programme encouraging more women to attend to progress into senior roles, developing the levelling up programme to support international nurse recruits into more senior roles and working with staff networks to promote opportunities available for all colleagues. She explained that at SWFT the pay gap was closing but work was still needed, this included working with staff networks and international nurses and promoting flexible working opportunities. The Chief People Officer for WAHT presented the actions put in place at WAHT which included promoting flexible working offers, apprenticeships and including career conversations as part of annual development reviews. The Chief People Officer for WVT echoed the other actions taking place across the Foundation Group including working with Integrated Care System (ICS) partners on launching an online platform for coaching and mentoring opportunities, improving recruitment practices through gender diverse recruitment and would also start to report on the gender pay gap in consideration of equality. **Resolved – that the Gender Pay Gap Update be received and noted.**	
24.088	**FOUNDATION GROUP BOARDS 2025/26 CALENDAR OF MEETINGS FOR APPROVAL**	

MINUTE		ACTION
	The Group Chair presented this report for approval. There were no comments or questions raised. **Resolved – that the Foundation Group Boards 2025/26 Calendar of Meetings be approved and ratified.**	
24.089	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
24.090	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
24.090.01	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'Whilst mention has been made of Intelligent Conveyancing, there is no mention of the risk associated with the implementation of the 45-minute protocol. How is it intended to mitigate this risk?'* The Associate Chief Operating Officer for SWFT explained that it represented a large risk for SWFT and other members of the Foundation Group, however the performance turnaround was 30-minutes which therefore already mitigated some of that risk. In terms of mitigations, this had been discussed in detailed throughout this meeting as part of flow, because if a Trust had flow right then it should have the capacity to off-load the ambulances. He added that these risks were also discussed on a daily basis at the Trust's operational calls, including using the escalation spaces. **Resolved – that the position be noted.**	
24.090.02	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'With Covid-19 still circulating in the community, what is the prevalence of Long Covid in the community and how is this being addressed?'* The Associate Chief Operating Officer explained that he had reached out to Duncan Vernon, Public Health Consultant, regarding prevalence. There was not much in place within the community at the moment, however at SWFT the Trust continued to run a bi-weekly post Covid-19 Multi-disciplinary Team (MDT), where they could then access a range of professionals to provide the support they needed. Referrals had reduced significantly into that team since	

MINUTE		ACTION
	2021/22; however, the team were doing a lot of work around educational training with PCNs to ensure the referral pathway was known and offered to patients within the community. **Resolved – that the position be noted.**	
24.090.03	Question from WAHT Patient Forum The following question was submitted by the member of Patient Forum in advance of the meeting: *'Why is the information on the TV screens in Worcestershire Acute Hospital Emergency Department waiting room not up to date and not giving real information? There are three columns, one for General Practitioner wait times, one for waiting room times and the third one is blank. What is it for? During, a 7-hour wait the waiting room column was static at 16 patients only changing to 15 patients at the end of 7-hours despite more patients arriving in the waiting room.'* The Chief Technology Officer for WAHT assured the Foundation Group Boards that they had checked the screens and they were accurate, however it could have been that the data was delayed, or people in the waiting rooms were people with patients or patients waiting to be admitted. **Resolved – that the position be noted.**	
24.090.04	Question from a Member of the Public A member of public had submitted a detailed question in advance of the meeting around WAHT's complaints system, complaints policy, whether the quality of service to complainants had been compromised and whether the Trust complied with NHS Complaints Standards Summary of Expectations 2022. The Group Chair agreed that due to the nature of this question, it was more appropriate to be handled under the Freedom of Information process and also discussed in more detail at the WAHT Trust Board meeting in December 2024. **Resolved – that the Associate Director of Corporate Governance/Company Secretary WAHT/WVT ensure the question be handled under the Freedom of Information process and discussed in more detail at the WAHT Trust Boad meeting in December 2024.**	**GS** **GS**
24.090.05	Question from a Member of the Public A member of public had submitted a detailed question in advance of the meeting around WAHT's mortality data, Learning from Deaths policy and the	

MINUTE		ACTION
	report of such information to the WAHT public Board meeting on a quarterly basis.	
	The Group Chair agreed that due to the nature of this question, it was more appropriate to be handled under the Freedom of Information process and also discussed in more detail at the WAHT Trust Board meeting in December 2024.	**GS**
	Resolved – that the Associate Director of Corporate Governance/Company Secretary WAHT/WVT ensure the question be handled under the Freedom of Information process and discussed in more detail at the WAHT Trust Boad meeting in December 2024.	**GS**
24.091	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
24.092	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
24.093	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
24.094	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 AUGUST 2024**	
24.095	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.096	**ANY OTHER CONFIDENTIAL BUSINESS**	
24.097	**DATE AND TIME OF NEXT MEETING**	
	The next Foundation Group Boards meeting would be held on 5 February 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair) Date: 5 February 2025
Russell Hardy

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

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 5 FEBRUARY 2025

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
24.085 (06.11.24) Winter Preparedness Update and Use of Temporary Escalation Spaces	The Chief Operating Officers, Chief Nursing Officers and Chief Finance Officers do a piece of work around Emergency Department (ED) benchmarking across the Foundation Group.	Chief Strategy Officers / Chief Nursing Officers / Chief Finance Officers	Completed – on the February 2025 agenda.
ACTIONS IN PROGRESS			
24.084 (06.11.24) Foundation Group Performance Report	The Acting Managing Director for SWFT ensure that SWFT's Diagnostic Wait Times that related to Pathology be discussed in more detail at the SWFT Board of Directors in December 2024. The Acting Managing Director for SWFT ensure the SWFT Improvement Board meeting information be shared with the wider Foundation Group, for the session on Theatre start time improvements.	S Gilkes S Gilkes	To be included in the Integrated Performance Report.
24.090.04/24.090.05 Questions from Members of the Public and SWFT Governors	The Associate Director of Corporate Governance/Company Secretary for WAHT/WVT ensure the questions from the members of the public relating to WAHT complaints policy and WAHT mortality data reporting be discussed at WAHT Trust Board in December 2024.	G Scott	
REPORTS SCHEDULED FOR FUTURE MEETINGS			

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.1
Date of Meeting	5 February 2025		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Vidhya Sumesh, Group Business Information Specialist		
Lead Executive Director:	Catherine Free, Managing Director - George Eliot Hospital NHS Trust (GEH), Adam Carson, Managing Director - South Warwickshire University NHS Foundation Trust (SWFT), Stephen Collman, Managing Director - Worcestershire Acute Hospitals NHS Trust (WAHT), and Jane Ives, Managing Director – Wye Valley NHS Trust (WVT)		
1. Purpose of the Report	Assurance and oversight of Group Performance		
2. Recommendations	The Foundation Group Boards are invited to review this report as assurance.		
3. Executive Assurance	This report provides group, regional and national benchmarking on six key areas of performance. A narrative has been provided by each organisation for the key areas benchmarked.		

Foundation Group Performance Overview

Group Analytics

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

	Indicator	Standard	Latest Data	Benchmark		Latest Data	Wye Valley NHS Trust(WVT) Current Month	Wye Valley NHS Trust(WVT) Year to Date	Wye Valley NHS Trust(WVT) Trend - Dec 2019 to date	Wye Valley NHS Trust(WVT) DQ Mark	South Warwickshire University NHS Foundation Trust(SWFT) Current Month	South Warwickshire University NHS Foundation Trust(SWFT) Year to Date	South Warwickshire University NHS Foundation Trust(SWFT) Trend - Dec 2019 to date	South Warwickshire University NHS Foundation Trust(SWFT) DQ Mark	George Eliot Hospital NHS Trust(GEH) Current Month	George Eliot Hospital NHS Trust(GEH) Year to Date	George Eliot Hospital NHS Trust(GEH) Trend - Dec 2019 to date	George Eliot Hospital NHS Trust(GEH) DQ Mark	Worcestershire Acute Hospitals NHS Trust(WAH) Current Month	Worcestershire Acute Hospitals NHS Trust(WAH) Year to Date	Worcestershire Acute Hospitals NHS Trust(WAH) Trend - Dec 2019 to date	Worcestershire Acute Hospitals NHS Trust(WAH) DQ Mark
Urgent and emergency care	ED 4 hour standard	78%	Dec-24	National	71.0%	Dec-24	63.4%	66.6%			60.7%	70.5%			68.2%	73.4%			53.0%	63.8%		
				Midlands	66.3%																	
	Ambulance Handovers < 30 mins (%)	98%				Dec-24	49.4%	63.6%			54.9%	86.1%			43.9%	58.2%			42.1%	58%		
	Ambulance Handovers < 60 mins (%)	100%				Dec-24	69.1%	80.8%			55.7%	92.6%			74.3%	87.3%			61.7%	73.1%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%				Dec-24	46.5%	46.2%			43.1%	42.1%			47.5%	42.9%			15.0%	31.1%		
	General and Acute (G&A) Occupancy(Adult)	< 92%	Dec-24	National	94.3%	Dec-24	98.8%	100.0%			98.4%	96.1%			99.3%	97.3%			93.4%	95.0%		
				Midlands	94.6%																	
MFFD	% of occupied beds considered fit for discharge	5%				Dec-24	15%				18%				16%				12%			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Sep 2023 to Aug 2024	National	1.0	Sep 2023 to Aug 2024	Within expected range	0.995			Within expected range	0.9888			Within expected range	1.0266			Within expected range	1.0370		
Work force	Staff Sickness	3.5%	Aug-24	National	4.7%	Dec-24	6.2%				6.2%			N/A	6.5%				5.9%			
				Midlands	5.1%																	
Cancer	Cancer 62 days Combined (new standard from Oct 23)	85%	Nov-24	National	69.4%	Nov-24	73.4%	70.7%			65.2%	62.0%			66.3%	63.5%			60.3%	66.3%		
	28 day referral to diagnosis confirmation to patients	77%	Nov-24	National	77.4%	Nov-24	79.3%				84.2%				68.7%				77.6%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				Dec-24	764				623				452				1178			
	RTT 65 week plus waiters (English Only)	0					34				51				14				40			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Nov-24	National	58.2%		55.1%				64.4%				58.4%				55.5%			
Theatres	Theatre Utilisation (Capped)	85%	Dec-24	National	80.0%	Dec-24	80.9%	78.9%			85.1%	83.4%			76.7%	78.6%			81.6%	83%		
	Theatre Utilisation (Uncapped)	85%	Dec-24	National	83.0%		85.2%	82.5%			86.9%	85.5%			80.1%	81.5%			84.4%	86%		
Outpatients	PIFU Rate	5%				Dec-24	4.6%	4.3%			6.0%	5.1%			3.6%	3.2%			4.8%	5.0%		
	DNA rate	<4%					6.4%	6.5%			6.4%	5.6%			7.1%	6.4%			5.3%	5%		
	Slot Utilisation	90%					87.8%	88.4%			87.4%	86.8%			82.9%	88.7%			88.2%	89.3%		
	% of OP appointments First or (Fup+procedure)	46%					46.8%	44.0%			39.1%	42.5%			41.5%	39.9%			45.7%	44.9%		
ERF	Total ERF %					Dec-24	127.9%				110.0%				121.3%				121.0%			
	OP First (%)						114.4%				112.0%				115.3%				143.0%			
	OP Procedure (%)						152.8%				76.0%				137.3%				126.0%			
	Daycase (%)						128.2%				117.0%				109.8%				125.0%			
	Elective (%)						129.2%				119.0%				139.5%				88.0%			

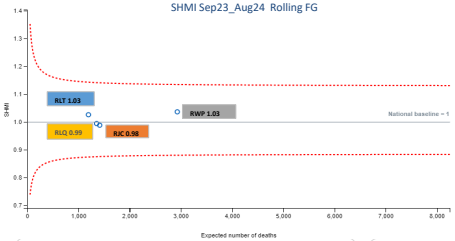
Foundation Group Key Metrics

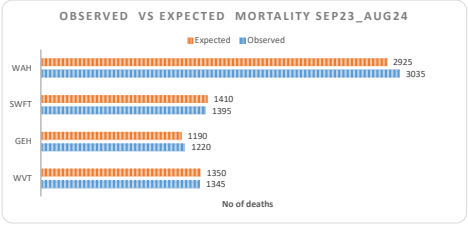
Group Analytics

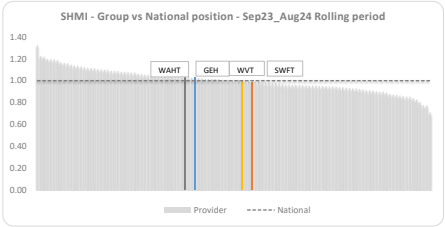
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

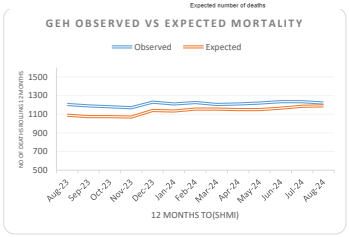
Summary Hospital-level Mortality Indicator (SHMI)- rolling 12 month positions

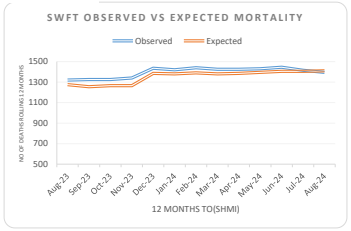
Trust	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
GEH	1.11	1.11	1.13	1.11	1.10	1.08	1.07	1.07	1.08	1.10	1.13	1.18	1.11	1.11	1.10	1.09	1.08	1.06	1.06	1.05	1.06	1.06	1.06	1.04	1.03
SWFT	1.05	1.05	1.07	1.04	1.04	1.04	1.03	1.02	1.02	1.02	1.02	1.03	1.04	1.05	1.05	1.06	1.03	1.03	1.03	1.03	1.03	1.02	1.03	1.01	0.99
WAH	1.05	1.04	1.04	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.05	1.06	1.04	1.03	1.04	1.03	1.03	1.03	1.04	1.04
WVT	1.21	1.04	1.03	1.03	1.04	1.01	1.02	1.02	1.02	1.01	1.01	1.03	1.03	1.03	1.02	1.02	1.02	1.02	1.00	0.98	0.98	1.00	1.00	1.00	0.99

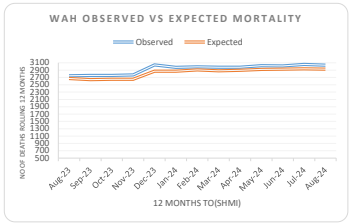


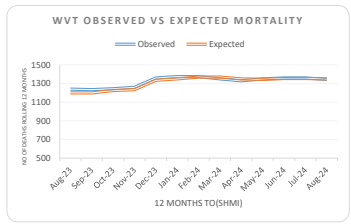












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

The latest 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) - Hospital Episode Statistics (HES) based - from October 2023 to September 2024 shows Wye Valley NHS Trust at an encouraging 98.3. The NHS England SHMI, which is for the period of September 2023 to August 2024, is reporting at 99. Both measures are now reporting under the national average for expected levels of mortality.The latest crude mortality rate for December 2024 was 1.52% for all admissions, which equates to 92 deaths. An overall positive quarter for our key mortality outlier groups, with the latest figures (October 2023 to September 2024) showing the majority of outlier groups are reporting at expected levels of mortality.

Heart Failure (HF) – The latest quarter has continued to report the positive downward trend we have observed over the past 12 months, with the latest SHMI now reporting at 94. Over the past 18 months, there has been significant improvement work undertaken to improve our local HF pathway, where the impact appears to be reflected in the SHMI.

Fracture Neck of Femur (#NOF) – An encouraging reduction of 6 points in the latest 12 month SHMI, which now sits at 121. A continued focus on the implementation of the fast track femoral fracture pathway, including the '#NOF Bleep' and a pre-alert from West Midlands Ambulance Service (WMAS), which aims to be in place by February.

Sepsis – A small increase in the 12 month rolling SHMI to 115. A presentation by the sepsis lead will be in the February meeting for Learning from Deaths. The presentation will outline the findings from the SJR's, including the Sepsis Six compliance and the actions taken to address reoccurring issues.

Stroke – A minor reduction in the latest 12 month rolling SHMI, which currently sits just above the national average at 102.

Medical Examiner Service – The rollout of the service across the County has so far been very successful, with all deaths receiving an in-depth scrutiny from a Medical Examiner. In addition, the service has managed to achieve 100% of all bereaved families speaking with a Medical Examiner to discuss the care of their loved one and any concerns they may have had. During December 2024, the Medical Examiner Service supported 232 deaths from across the county.

Perinatal Mortality – The latest 12-month rolling (December 2023–November 2024) extended perinatal mortality remains at 6.73 per 1000 live births. The latest stillbirth rate is 5.51 per 1000 live births for the same 12 month period. All cases have received an in-depth review with the findings and actions presented at the December Learning from Deaths Committee.

George Eliot Hospital NHS Trust (GEH)

The SHM) is within the expected range when compared to England for the latest period (Aug 23-July 24 (published Dec 24)). However, due to changes in Hospital Standardised Mortality Ratio (HSMR) methodology, HSMR is now an outlier at 118.8 for the latest period (Sept 23–Aug 24 (published Dec 24). Please note: HSMR is now referred to as HSMR+. There have been various changes to the methodology, including the removal of palliative care coding, a reduction of the 56 diagnosis to 41 diagnoses', a change in the co-morbidity indicator from Charlson to Elixhauser, and the introduction of a frailty score. The Trust is working with the Clinical Coding Team, Communications Team, and Mortality Leads to outline the changes to HSMR and highlight the importance of quality patient documentation. An action plan is in place that is being monitored through the Mortality and Deteriorating Patients Group. We anticipate that HSMR+ will persist as an outlier in the upcoming months. In December, there were 67 deaths in primary care and 85 in the hospital. The Medical Examiner Service is very busy; however, the Medical Examiner team continues to work alongside the General Practitioners (GPs) to ensure the process continues to be smooth and efficient.

The Trust continues to be represented at the regional Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) Governance Group, and a joint LeDeR review is in progress between GEH and University Hospitals Coventry & Warwickshire (UHCW) to review and share learning following the death of a patient with learning disabilities. We will share the outcomes at the Mortality Deteriorating Patient Group (MDPG) and distribute them to all governance coordinators for review and discussion at Directorate Governance Meetings.

South Warwickshire University NHS Foundation Trust (SWFT)

This report covers the period September 2023 to August 2024, inclusive. The national quarterly SHMI value has remained within national control limits and stands at 0.99, with the previous reporting period value being 1.01, so a steady improvement from the high point seen in November 2023. This means that the actual mortality rate at SWFT is now below the expected rate, and so this is an excellent position to be in. The Mortality Surveillance Committee (MSC) continues to monitor this value and continues to initiate any deep-dives where needed. The coding team continues to work very closely with the clinical team to improve the depth of coding and quality of in-patient clinical coding. Audits are ongoing to establish if there are any care issues involved in our outlier conditions. Audits are presented at the Deteriorating Patient Group. No care issues have been identified thus far. Our benchmarking partner, CHKS continues to monitor any trends in mortality rates, which allows us to act quickly to investigate.

The in-house mortality dashboard is up and running, and is undergoing some slight revisions following go-live.This will allow information to be pulled from the database of mortality reviews and inform greater learning from deaths. We are also looking at other software options, such as InPhase, for a more dynamic approach to mortality. All deaths at SWFT are now reviewed by either the Coroner or by the Medical Examiner team. Scrutiny around the avoidability of deaths is essential to ensure good quality of patient care. Any deaths where care concerns have been raised are thoroughly investigated by the patient safety team and brought back to the Significant Events Committee, then the MSC to assess avoidability and then to the Clinical Governance Committee (CGC).

Worcestershire Acute Hospitals NHS Trust (WAH)

Our 'official' SHMI for the 12 months to August 2024 is 1.04 and continues to be as 'as expected'. For context, our SHMI has vacillated between 1.03 and 1.04 since December 2020 and has been described as 'as expected' since September 2019. Despite the recent changes in the model, the gap between expected and observed deaths (at trust level) has not worsened. If anything, the gap between our SHMI and the upper control limit for the model has increased (i.e. we are even more 'comfortable' within the confines of the model).

Of the ten Clinical Classifications Software (CCS) diagnostic groups with their own SHMI, all are described as 'as expected'. This is all against the background of being increasingly busier.

Elective recovery has increased this aspect of the SHMI spells to 78% of pre-pandemic activity (previously reported at 74%) and non-elective spells are currently at 103% of pre-pandemic activity. The result being that, overall, activity is now consistently above pre-pandemic levels.

Whilst both Worcestershire Royal Hospital (WRH) and the Alexandra Hospital (ALX) sites have 'as expected' SHMIs, the ALX continues to have a higher SHMI than WRH (1.12 vs 1.0). Whilst this was exacerbated by the methodological changes earlier this year, it has not subsequently worsened. This difference between our two main sites, along with out-of-hospital deaths (within 30 days of discharge), has been subject to detailed analysis (inc. clinical oversight/scrutiny) with no immediate causes of concern identified. It is likely that the site differences in SHMI reflect different services between the two sites (eg. hot/cold) and, more importantly, local population differences. These differences reveal limitations of the model itself rather than material changes in mortality.

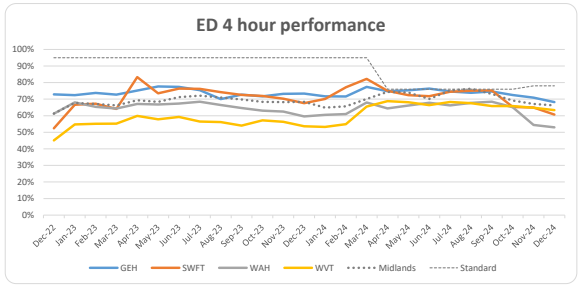
Foundation Group Key Metrics

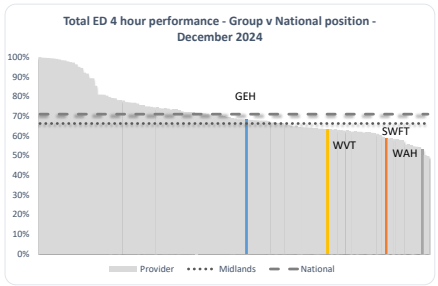
Emergency Department (ED) 4 hour Performance

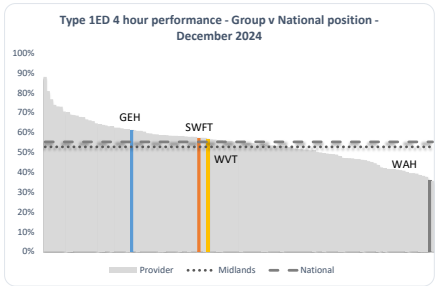
Group Analytics

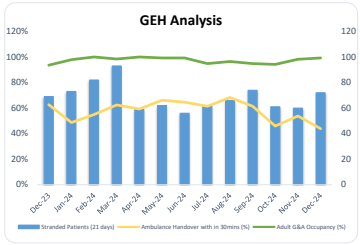
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

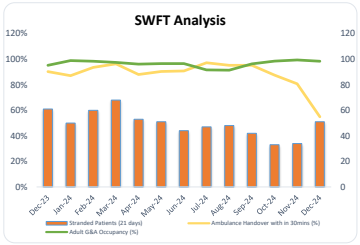
Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD
GEH	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%	73.4%
SWFT	52.4%	66.6%	67.3%	64.1%	83.3%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	70.1%	77.2%	82.2%	75.0%	72.4%	71.8%	74.5%	75.1%	75.3%	65.3%	65.0%	60.7%	70.5%
WAH	61.2%	68.1%	65.4%	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.2%	67.8%	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	63.8%
WVT	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	65.8%	64.8%	63.4%	66.6%

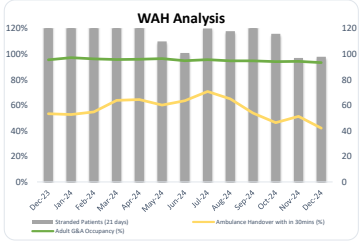


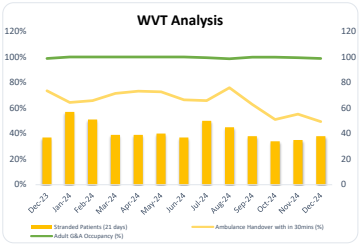












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

December saw the start of significant winter pressures with the increase in Flu A, Flu B, Covid and Respiratory Syncytial Virus (RSV) increasing our Type 1 Emergency Department (ED) attendances by almost 400 more patients than December 2023. ED patient flow was hindered by the increased requirement for isolation in the department, along with higher acuity, challenges with higher >0 length of stay admissions and our ability to isolate and cohort on the wards. In order to support flow, we introduced lateral flow testing for both types of Flu and Covid at the end of the month, facilitating quicker decision making about treatment plans, isolation and cohorting.

During December, our minors Emergency Access Standard was 91% in 4 hours and our paediatric performance was 96%. Our new minor illnesses service in ED saw a total of 313 patients streamed to them via our front door nurse navigation, discharging 276 home or to their GP. We also saw an increase in patients being navigated to off-site out-of-hours Primary Care Services.

Ambulance referrals to our Community Referral Hub for Urgent Community Response (UCR) increased in the month to the highest volume we have seen, with 385 being referred, of which 0 of those patients were admitted to the acute. Out of the 385 referrals, 249 were received via the ambulance control, and 136 were received via telephone via clinical conversations with paramedics on scene. A significant improvement from previous months. Of the 385 referrals, 177 referrals were rejected, the reasoning being head injury/falls/ trauma, which is aligned to the exclusion criteria.

However, despite these changes and new ways of working, our ED remained congested pre and post the festive period and the level of patients in Temporary Escalation Spaces (TES) in our ED and across our wards remains exceptionally high, resulting in a critical incident being called in January 2025.

As a result of our full acute and community hospitals and a congested ED, we saw an increase in ambulance handover delays, with 28%, 485 ambulances, waiting over 1 hour. This is not a position we accept, and our focus in to reduce these delays back to normal positive levels of handover delays.

George Eliot Hospital NHS Trust (GEH)

4-Hour Performance

GEH Emergency Department (ED) attendances have remained significantly high in quarter 3(Q3) 2024/25, with an almost 8% increase compared to Q3 2023/24. December 2024 and November 2024 were the two months with the highest attendance in the adult emergency department. In addition to increased demand and high bed occupancy across the Trust, we have unfortunately experienced prolonged lengths of stay within the department, with many patients staying over 12 hours and a rise in 12-hour trolley waits. We are taking further actions across the trust to support improvements in this situation and our overall performance.

Ambulance Performance

High attendances and limited flow from the ED have created a more challenging situation for ambulance services. The ED continues to implement internal escalation measures, triage all patients awaiting handover, and optimise the use of ambulatory pathways to ensure patient safety both in the hospital and in the community.

South Warwickshire University NHS Foundation Trust (SWFT)

4 Hour Performance – Q3 Performance for SWFT has seen a downward trend largely associated with the continued growth in activity and continued demand of over 300 patients per day peaking at 389 on one day this quarter. Out-of-area numbers continue to also rise, both as walk in's and via ambulance. Conversion rate remains stable. There has also been a rise in the over 90s attending the department with a sustained rise in emergency surgical and paediatric patients similar to previous quarters. Community teams continue to stream catagory 3/4 ambulances away from the acute site into community care and SWFT supported a PDSA week with Frailty Consultants supporting the Urgent Community Response (UCR) teams to widen the scope of this with a project plan for continued new workstreams to support admission avoidance.

Worcestershire Acute Hospitals NHS Trust (WAH)

Caveat on November and December data - this may not reflect fully the actual performance as we implemented a new ED electronic patient record on November 5th 2024 and staff have been getting used to new processes and technology, whilst trying to meet unprecedented demand.

During December, we have seen the highest volume in a decade, of patients admitted to hospital who are flu positive and days when attendances peaked beyond anything previously seen; this placed significant pressures on bed capacity and isolation room usage, and limited hospital flow. We have had to declare some internal critical incidents as a result.

Compared to Q3 2023/24 there has been a growth of 3,400 more attendance through the Emergency Departments (Type 1) with a similar volume of additional breaches. The non-referred, non-admitted performance had been increasing month on month prior to November, but there was a decline reported for November and December (-13-16%), likely to be linked to the new system implementation and significant work at WRH ED on the floor which impacted the ED footprint. January 2025 to date has shown signs of recovery to previous levels. However, there is still more improvement to do for these patients.

The growth in attendances is being driven by walk-ins with the ambulance conveyances are comparable to 2023/24 volumes. The number of ambulances with a handover of 45 minutes or more remains higher than we would want, with 50% of all conveyancings beyond the target time. However, in January 2025, we commenced a pilot called 'ambulance pitstop', where non-alert ambulances have a rapid triage on the ambulance as they enter the WRH site and where possible, an immediate redirection to Same Day Emergency Care (SDEC) rather than ED. Early analysis of this pilot has shown improvements in ambulance delays.

The Single Point of Access (SPA) for GPs and WMAS catagory 2/3 is still embedding and 35% of the SDEC attendances are direct referrals from SPA. The overall conversion of all SDEC attendances to inpatient remains between 12 - 13%.

Other improvements being piloted in December 2024/January 2025 to improve the Emergency Access Standard (EAS) performance are more senior middle grade cover overnight and extended SDEC opening hours. Early indications are that there are green shoots of improvement.

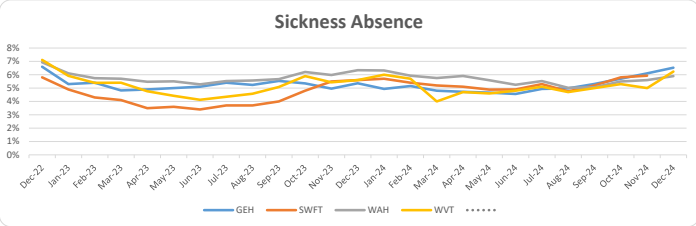
Foundation Group Key Metrics

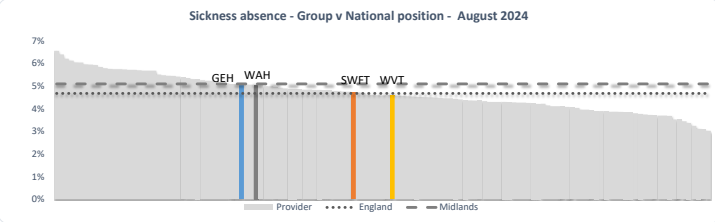
Group Analytics

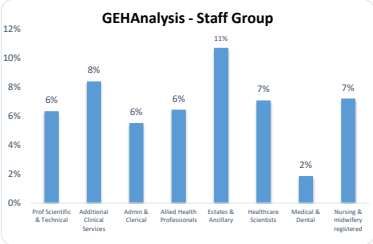
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

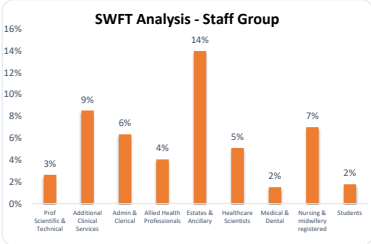
Sickness Absence All Staff Groups

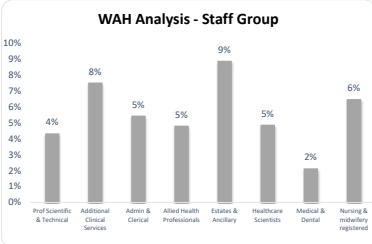
Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%	5.7%	6.1%	6.5%
SWFT	5.8%	4.9%	4.3%	4.1%	3.5%	3.6%	3.4%	3.7%	3.7%	4.0%	4.8%	5.5%	5.6%	5.7%	5.4%	5.2%	5.1%	4.9%	4.9%	5.3%	4.8%	5.2%	5.8%	5.9%	6.2%
WAH	6.9%	6.1%	5.7%	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%
WVT	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5.3%	5.0%	6.2%

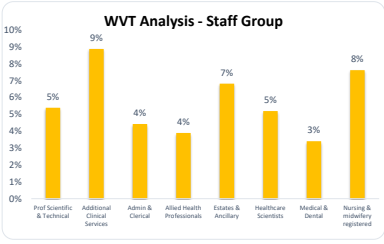












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

With the prevalence of very high flu virus rates over the past few weeks across the NHS, the overall sickness at trust level has increased to 6.2%. We have also seen an increase in mental health conditions, musculoskeletal (MSK) and gastro-related illness. At Finance and Perforamnace (F&PE) meetings, divisions will continue to present comprehensive data on sickness absence, which includes heat maps, costs, number of reviews and % of return-to-work interviews conducted. These reports are important to show concrete actions being taken to manage sickness absence effectively across WVT.

Human resources (HR) teams continue to sensitively support the management of long-and short-term sickness absence, and considerable work continues to be done to enhance the wellbeing staff support offer, including fast-track occupational health referrals, wellbeing training, and more psychological and team-based wellbeing support for staff. The wide range of health & wellbeing initiatives (mental health support, employee assistance programme, NHS apps and support lines, face-to-face counselling, clinical psychology) are still in place for staff. The effective management of absence will remain a key priority area for HR and line managers over the coming year. Case-by-case reviews are undertaken by HR Business Partners (HRBPs) and Occupational Health (OH) for all long-term sickness absence and short-term absence cases of concern to ensure the absence process is being managed appropriately. The HR team is also following NHS England's (NHSE) Improving Attendance Toolkit, in managing sickness absence. Other key actions being taken to reduce sickness absence include the following:

- Offering flu jabs through the OH team and peer vaccinators
- Offering free NHS health checks onsite to all staff through Taurus Healthcare
- Absence management refresher training for all line managers
- HR teams reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate management actions are being taken
- Ensuring all staff above the trigger points for action have a management plan in place

George Eliot Hospital NHS Trust (GEH)

Sickness absence remains above the trust target of 4% and has continued to increase in the winter months. The main driver has been in both long- and short-term absence with managers working closely with People and Workforce colleagues to focus on the management of absence with interventions and plans in place to support and expedite their return to work as necessary. We are currently conducting a review of the occupational health provider, focusing on enhancing service provision to facilitate interventions.

Sickness absence in Estates & Facilities remains a concern. Due to the manual aspects of these roles, identifying alternative duties to support an early return to work can be challenging. With support from a new senior manager in the post and some dedicated People & Workforce support, the trust is hoping to see some improved attendance and a speedier return to work due to proactive absence management.

Staff wellbeing continues to be a priority area for the trust, and ongoing workstreams with our system partners continue to be developed to ensure offerings and interventions provided are based on need.

South Warwickshire University NHS Foundation Trust (SWFT)

The sickness absence rate for the trust increased to 6% for November 2024 and remains above the trust target of 3.8%. This change is driven by an increase in short-term sickness absence, which accounts for 2.99% of all absence, with long-term accounting for 3.01%. The top three reasons for sickness absence are anxiety/stress/depression/other psychiatric illnesses (30.66% of absences), cough, cold, flu (15.51%) and other musculoskeletal (8.15%), which account for 54.32% of total absences.

Reducing sickness absence across the organisation remains a key focus with revised absence management policy due to be implemented that incorporates elements of best practices and strengthens the support to both staff and managers, allowing for earlier intervention, as well as undertaking deep dives to understand any absence trends for areas with high absence rates.

Worcestershire Acute Hospitals NHS Trust (WAH)

Monthly sickness absence has increased by 0.28% to 5.90%, which is 0.44% better than last year. In four divisions, absence due to stress is over 30%: Women's and Children's, Corporate, Digital, and Urgent Care. Long-term sickness has increased in December 2024 to a high of 3.06%, with estate and ancillary very high at 6.93% and worsening. Our sickness has improved when benchmarked against the regional position for Prof and Tech, Healthcare Assistants (HCAs) and Allied Health Professionals (AHPs).

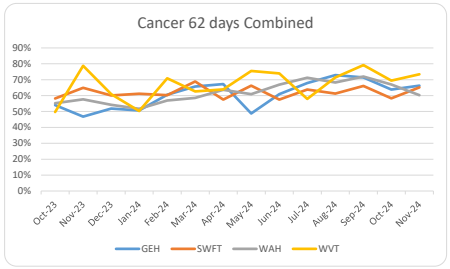
Foundation Group Key Metrics

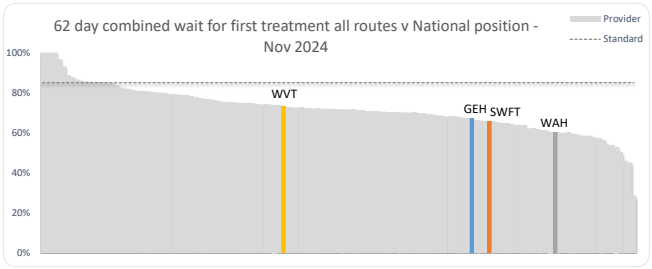
Group Analytics

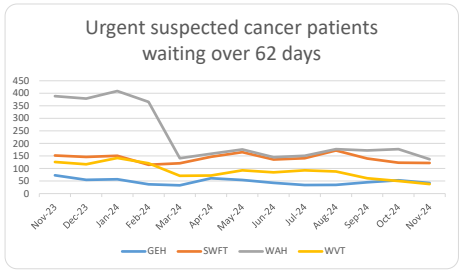
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

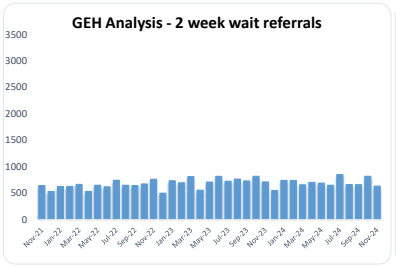
Cancer - Cancer 62 days Combined (new standard from Oct 23)

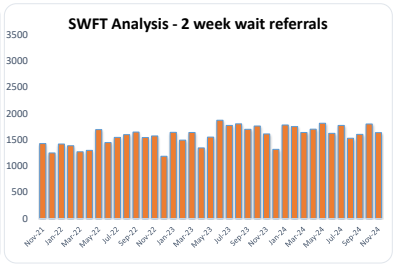
Trust	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
GEH	54.0%	46.8%	51.9%	50.7%	60.5%	65.8%	67.3%	48.8%	60.9%	67.9%	72.9%	71.4%	63.8%	66.3%
SWFT	58.2%	64.9%	60.1%	61.2%	60.3%	68.9%	57.5%	66.3%	57.5%	63.8%	61.3%	66.1%	58.3%	65.2%
WAH	55.2%	57.7%	54.2%	51.7%	56.9%	58.6%	63.6%	60.9%	66.9%	71.3%	68.3%	72.0%	67.0%	60.3%
WVT	49.7%	78.8%	60.9%	50.3%	70.9%	62.6%	63.9%	75.5%	74.0%	57.9%	71.4%	79.2%	69.4%	73.4%

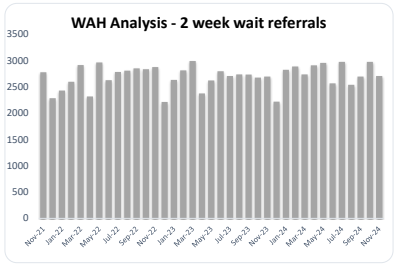


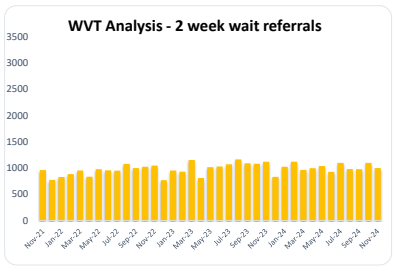












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

The trust reported a 62-day performance of 73.4%. The recently implemented validation process continues to be utilised to ensure all breaches are scrutinised, with any causes of breaches collated to be incorporated into the cancer action plan. Delays have been identified at pre-op, and as a result, an action plan has been drafted to address the delays. Utilisation of the daily pre-op slots ring-fenced for cancer patients is currently under utilised and therefore communications have been circulated to encourage specialties to use them, and the utilisation report has now been incorporated in the weekly cancer Patient Tracking List (PTL) to monitor and improve visibility. 62-day breaches continue to occur in pathways requiring surgery and therefore will be the focus for attention moving forward.

Improvements

Gynaecology workshop – The first workshop was very well attended and fostered some great discussions regarding the current issues. The action plan has identified 20 actions for key stakeholders to address deadlines scheduled up until February. Meetings with key teams are ongoing with a plan to schedule regular working group meetings to maintain traction addressing each action.

Concerns

Breast capacity issues are a concern, and as a result has seen a delay in patients receiving their first appointment with the specialty. This has been driven by sickness, annual leave, and a vacant post. A locum has now joined the team and two further locums are due to join in February. The specialty has been working hard to prioritise patients and maximise use of clinics, which to date has ensured Breast continues to meet the Faster Diagnosis Standard (FDS) target; however, further capacity issues have impacted December and January.

George Eliot Hospital NHS Trust GEH

Our performance for the 62-day treatment metric has slightly improved compared to the previous month, with trust overall performance for November 2024 at 66.3%. For the month, gynaecology, haematology, and Upper GI all achieved 100% for their patients. Breast performance dropped to 43%, which was mainly due to increased referrals and limited capacity, and this is linked to October being Breast Cancer Awareness Month. There continue to be delays at the Pathology laboratory due to staff shortages that increased the waiting time, particularly in Upper GI for some biopsies to be reported; therefore, a definitive diagnosis could not be given to some patients, and therefore a treatment plan could not be organised. As a trust, we are continuing with actions to improve our position in all tumour sites with an aim to achieve above 65%. Delays to pathology will continue to impact performance, although a weekly escalation meeting with SWFT should mitigate some of these delays.

South Warwickshire University NHS Foundation Trust (SWFT)

SWFT's performance (based upon the inclusion of unvalidated December data) for Q3 has seen improvements in our 62 day performance. From a 62 day performance, although we have seen a good improvement over November, which is expected to be built upon in December, our performance over Q3 is some way off the national standard of 85%. The main challenged areas remain urology (however,they have seen significant improvements over Q3), breast (who are having significant challenges with the scheduling of theatres due to difficulties in wire placements at University Hospitals Coventry & Warwickshire-UHCW) and gynaecology (challenges in scheduling patients for diagnostics resulting in lengthy pathways).

Worcestershire Acute Hospitals NHS Trust (WAH)

The Trust's unvalidated position for 62 days cancer waiting time performance in Nov-24 is 60.3%, with recorded 134 breaches and 338 patients treated. Those patients waiting longer than 62 days (cancer backlog) continue to be reviewed and monitored daily. Quarterly trajectories have been confirmed at the specialty level in order to achieve the cancer standard at the trust level (for all pathways, not just urgent suspected, which was the focus in 23/24) with a year-end target of no more than 110 patients over 62 days and no patients over 104 days at the end of September (which was not achieved) (Latest data: three specialities are currently meeting the Cancer Standard). 565 patients were recorded as receiving first or subsequent treatment after the decision to treat in Nov 24; 80% were treated within 31 days. This is linked to addressing a backlog of skin patients who required their first treatment. 31-day performance for non-surgical modalities is compliant with the 96% standard; however, surgical performance is below the expected level, so the focus is on actions to improve 31-day compliance alongside the timeliness of first treatments from decision to treat.

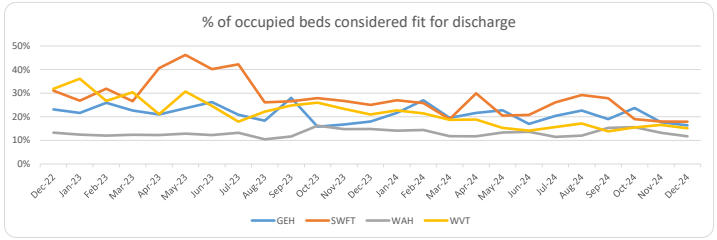
Foundation Group Key Metrics

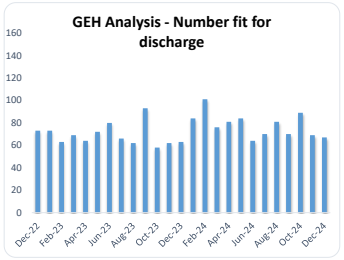
Group Analytics

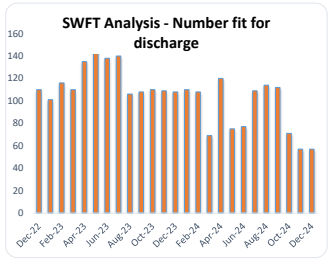
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

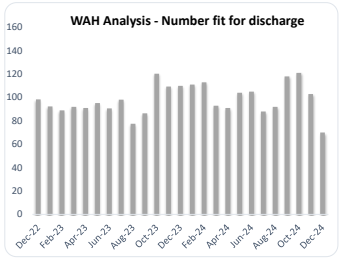
% of occupied beds considered fit for discharge

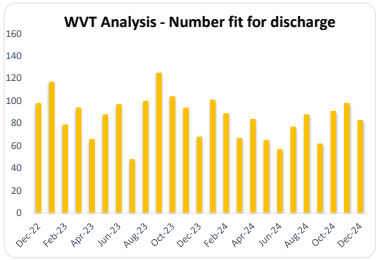
Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%
SWFT	31.1%	26.8%	31.9%	26.6%	40.6%	46.2%	40.2%	42.2%	26.1%	26.6%	27.9%	26.7%	25.0%	27.0%	25.8%	19.0%	29.9%	20.5%	20.8%	26.1%	29.2%	27.8%	19.0%	18.0%	17.9%
WAH	13.3%	12.4%	12.0%	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%	14.1%	14.4%	11.8%	11.7%	13.3%	13.6%	11.5%	12.0%	15.3%	15.6%	13.2%	11.7%
WVT	31.8%	36.1%	26.7%	30.4%	21.1%	30.7%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%	15.5%	16.6%	15.1%











Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Virtual Wards (VW) increased its capacity to undertake a cohort of surgical beds, and we now increased utilisation of our frailty and acute medicine beds during December 2024, along with continued sustained high levels of occupancy, remains a key objective. We have been delayed in increasing the capacity of our Intravenous Outpatient Parenteral Antimicrobial Therapy through the use of Folfusars due to a number of issues, including the lack of supply until the end of January 2025. A task and finish group has been established to review the governance processes ready for implementation on receipt of supply.

Our Urgent Community Response (UCR) and VW team have been in reach with ED and the acute wards to promote the use of the new Community Referral Hub (CRH), including awareness sessions and joining Ward Board Rounds and twice-daily ED huddles.

The UCR bridging team referrals and the team's caseload have increased,and we have seen a reduction in the number of bed days lost to patients waiting for discharge for Herefordshire. Our delays for Pathway 1 discharges in Herefordshire are considerably lower than the delays we saw last year with a more timely response from the time the patient is medically fit for discharge. Our concerns remain around the Pathway 2 and 3 capacity in Herefordshire, which is being addressed through revised commissioning of Discharge to Access bedded capacity with the Local Authority and the Integrated Care Board.

Powys delays also remain a concern for both adult social care and Powys Health and although there are plans to ring-fence Pathway 2 capacity for WVT and we have seen increased social worker support for assessments across Herefordshire, the timeliness remains a challenge.

George Eliot Hospital NHS Trust (GEH)

In December 2024, 16.3% (less than the last report) of patients in the trust's beds did not meet the requirements to live there. Most of these patients were on pathways 1–3 and were waiting for placements or packages of care. The trust persists in hosting Multi-Agency Discharge Events (MADEs) and conducts daily system collaborative complex meetings, culminating in an afternoon call to discuss daily actions and patient outcomes. Work continues across the system to address all actions from the system collaborative event (SCDP Programme). The SCDP has a Senior Responsible Officer (SRO) and meets fortnightly to track progress on deliverables and assurance. The top three key priorities include rehab provision, fracture pathway, and choice policy. The actions and outcomes from a recent Department of Health and Social Care (DOHSC) visit, which occurred on 24/4/24, also directly link to this group.

South Warwickshire University NHS Foundation Trust (SWFT)

A continued decrease in the Medically Fit For Discharge (MFFD) numbers was seen during Q3 of 2024/25, largely due to retraining of the ward teams around the meanings of Criteria to Reside (CTR) and the implementation of a digital site office where CTR is displayed for each patient, along with a CTR team working 7days undertaking twice daily updates with the clinical teams. This data (CTR) has also been audited for validity since go live in November2024 and is at 88% accuracy with 96% completion compared to pre-go-live of 61% accuracy and only 68% completion.

This is part of the winter discharge work SWFT has implemented with monthly focus on topics such as October CTR , November Remember Simple Discharge Facts and December Home for Christmas campaign with roadshows out to the ward areas supporting the discharge process and also in public areas with leaflets showing how relatives and friends can help the teams when their relative / friend is ready to go home . This is run alongside the routine battle rhythm of twice-weekly whole-trust stranded patient reviews with action plans chased daily and weekly out-of-area made events with the associated Integrated Care Boards (ICBs).

Worcestershire Acute Hospitals NHS Trust (WAH)

The number of beds occupied by patients who have been confirmed as MFFD requires improvement. On average, 15% of our General and Acute (G&A) bed base is occupied by patients who no longer require an acute bed; however, from mid-Nov to the end of December 2024, the volume of patients within the hospital who were MFFD decreased, and the occupancy levels increased. Understanding whether this is a reduction in the data capture of MFFD data or a higher case mix (related to the flu infections) is being analysed currently. The January data shows an increase back to previous levels. This is being investigated.

Last time we reported how the Patient Flow Programme has been streamlined to focus on reducing the length of stay. For long length of stays (over 21 days), we have seen an average monthly reduction of 20 patients (from an average of 64 to 44 since October).

Other initiatives that are being developed to support discharging are as follows: VW, Volunteer Discharge Response Team, Site management Improvement Programme - trialling more real-time information direct from wards.

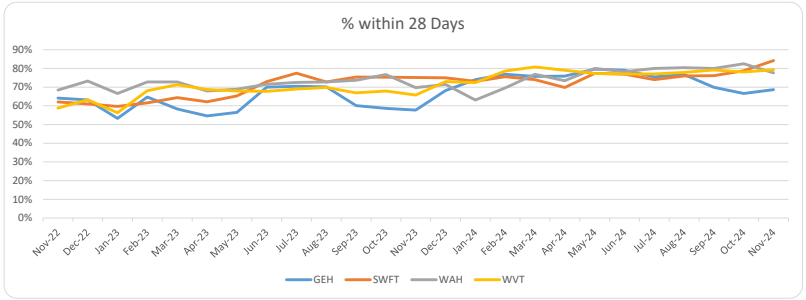
Foundation Group Key Metrics

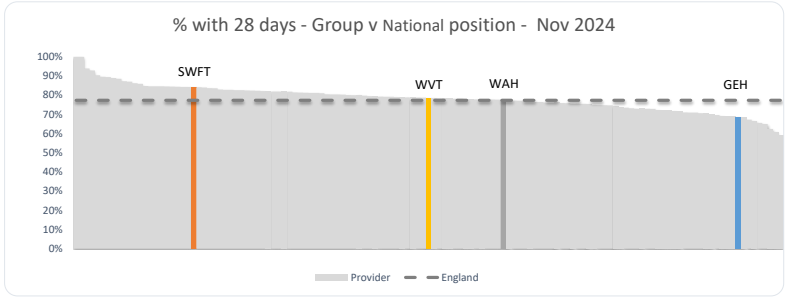
Group Analytics

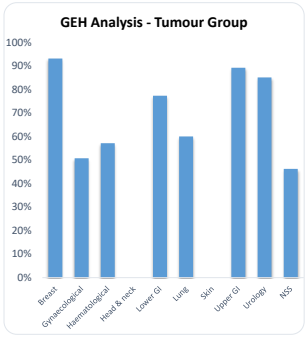
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

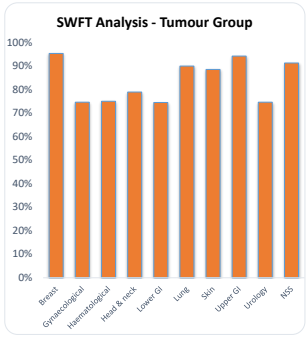
28 Day Faster Diagnosis Standard (FDS)

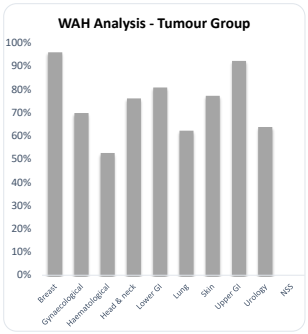
Trust	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
GEH	64.1%	63.2%	53.3%	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%	69.9%	66.6%	68.7%
SWFT	62.1%	61.0%	59.7%	61.6%	64.4%	62.2%	65.3%	73.0%	77.4%	72.8%	75%	75.31%	75.13%	75.0%	73.1%	75.6%	74.0%	69.8%	77.4%	77.0%	74.0%	76.0%	76.1%	78.8%	84.2%
WAH	68.4%	73.3%	66.6%	72.8%	72.8%	68.0%	68.9%	71.6%	72.5%	72.8%	74%	76.68%	69.71%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	80.0%	80.4%	80.0%	82.5%	77.6%
WVT	59%	63%	56%	68%	71%	69%	68%	68%	69%	70%	67%	68%	65.8%	72.9%	72.4%	78.6%	80.8%	79.0%	77.3%	77.1%	77.0%	77.8%	79.2%	78.1%	79.3%

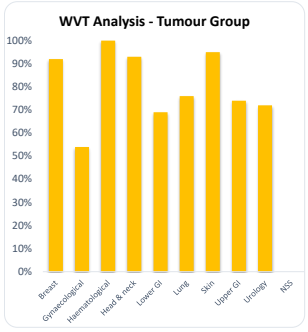












RAG(Red-Amber-Green)rating versus England

Tumour Group	WVT	GEH	SWFT	WAH	England
Breast	92.0%	93.1%	95.3%	95.9%	91.7%
Gynaecological	54.0%	50.7%	74.6%	69.8%	66.8%
Haematological	100%	57.1%	75.0%	52.6%	59.3%
Head & neck	93.0%	N/A	78.9%	76.1%	75.0%
Lower GI	69.0%	77.3%	74.5%	80.8%	64.3%
Lung	76.0%	60.0%	90.0%	62.2%	79.9%
Skin	95.0%	N/A	88.5%	77.2%	84.5%
Upper GI	74.0%	89.2%	94.2%	92.2%	76.8%
Urology	72.0%	85.1%	74.6%	63.8%	64.7%

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Referrals

As of the end of November, referrals were 4.1% up on the same time last year and 16.9% higher when compared to the same time 3 years ago. Noticeable increases have been seen in gynaecology, reporting a 9.4% increase against the last year, and Breast, reporting an increase of 4.8%. Although small numbers, Lung is reporting a 21.7% increase against the same time last year. Colorectal continues to see a decrease, at 17.7% as of the end of November, which is attributed to the implementation of the Faecal Immunochemical Testing (FIT) pathway used to stratify patients from primary care.

28 Day Faster Diagnosis Standard (FDS)

The trust continues to meet the Faster DiagnosisTarget (FDS) in November with a reported position of 79.3%.The specialties who did not meet the Faster DiagnosisTarget are gynaecology, urology, lower gastrointestinal (GI) and upper gastrointestinal (GI). Despite continued challenges in gynaecology, the first performance workshop was held in November to review the endometrial pathway and identify blockages, which has since supported the creation of a targeted action plan to address. Although Upper GI did not meet the target in November, they did reach 74% and current action plans should support the specialty in achieving this in December.

George Eliot Hospital NHS Trust (GEH)

In November, there was a dip in the 28-day performance to 68.7%. Breast performance was 89.6%, which, although high, was a reduction from previous months. Gynaecology continues to sit at 59.7%, which is relatively unchanged from the last three months. We have identified an issue with routine histopathology requests. After conducting a review, we have resolved this issue and are now correctly requesting all histopathology, which should lead to improved performance. Upper GI continued to improve and achieved 83.3% in November. Lung performance has gone down to 54.5% in November, which is reflective of some delays in Positron Emission Tomography (PET) due to the scanner breaking and an increased number of referrals, particularly from the Targeted Lung Health Checks (TLHC) programme.

Our most challenging site for November continued to be non-specific cancer due to increasing referrals and the multiple investigations required. December's unvalidated position has greatly improved, and the trust is working towards 80%.

South Warwickshire University NHS Foundation Trust (SWFT)

SWFT's performance (based upon the inclusion of unvalidated December 2024 data) for Q3 has seen improvements in our FDS performance.
Our FDS has seen improvements, particularly in Lower GI, with the implementation of their new triage and Consultant of the Week models, along with the recovery of capacity within Skin.

Worcestershire Acute Hospitals NHS Trust (WAH)

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

There has been a specific focus on performance in all specialties with tumour sites plans to support improvements in performance for those patients with a cancer diagnosis in all tumour sites, as it underpins more timely access to treatment. Three tumour sites where improvements are challenging remain the same as last reported: Gynaecology, Lung and Urology. Breast is watching wait. Delays in the launch of the Community-led Post-menopausal Bleeding pathway are limiting improvements in Gynaecology due to a lack of guidance. New options being put forward by the ICBs are still being discussed. An additional respiratory consultant is still being sought for the Lung cancer pathway. Urology Investigation Unit impact is yet to be defined.

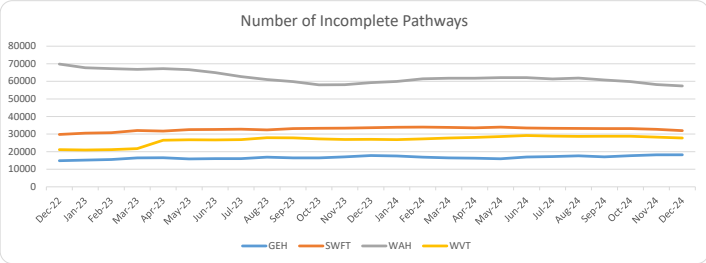
Foundation Group Key Metrics

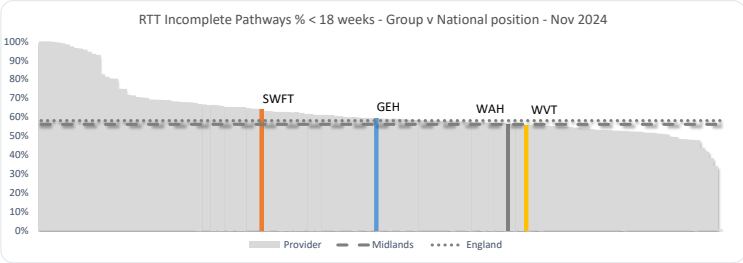
Group Analytics

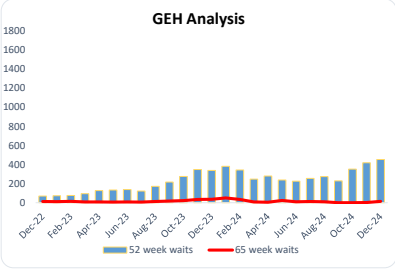
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

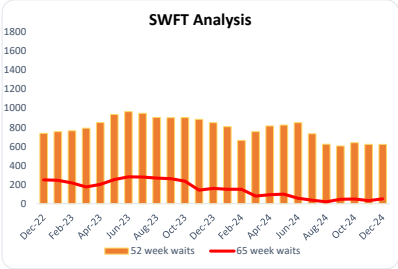
Referral to Treatment (RTT) List Size - English

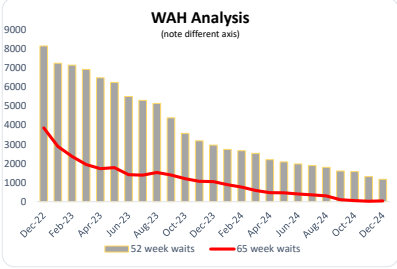
Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	% change v Dec 23
GEH	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	16310	15994	16958	17233	17633	17046	17751	18209	18184	2.2%
SWFT	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33764	33530	33931	33436	33285	33188	33100	33122	32721	31927	-5.0%
WAH	69832	67744	67208	66840	67191	66623	64956	62700	61006	59842	58046	58058	59242	59900	61458	61753	61740	62118	62152	61348	61862	60779	59873	58201	57382	-3.1%
WVT	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	27780	28130	28574	29179	28848	28708	28783	28761	28246	27766	2.7%

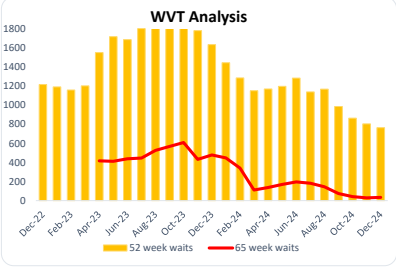












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Despite our Referral to Treatment (RTT) performance remaining static at around 55-56% over the year, we have made a considerable impact on the number of patients waiting over 52 weeks for treatment. Our waiting list of patients over 52 weeks was over 1200 patients at the start of 2024/25 and is now reduced to 750 patients.

At the end of December 2024, we still had a small number of English 65wk waits, a total of 19 patients.We also had 2 patients waiting over 78 weeks for cornea transplant surgery.

The specialties with the significant areas of concern remain Orthopeadics, Ophthalmology, Ear Nose and Throat (ENT), Gynaecology and Cardiology, which all sit just below 65 weeks for the start of treatment.

As we approach the new financial year, we are modelling how we deliver reduced waiting lists and improve our RTT position whilst delivering improved productivity through the Getting it Right First Time (GiRFT) resources with oversight from our Productivity Programme Board.

George Eliot Hospital NHS Trust (GEH)

RTT: There continue to be no 78-week breaches. However, December 2024 saw 14x >65 week breaches. This was mainly due to patient choices during Christmas and the New Year. All of these patients have treatment planned for January 2025. Plans continue with an aim to have eliminated all 52-week waits by the end of March 2025. The main areas of concern are General Surgery, Gynaecology, and ENT. However, plans call for additional capacity in the form of Waiting List Initiative (WLI) theatre lists for General Surgery and weekend outpatient clinics for ENT. Gynaecology has increased its capacity through the recruitment of additional consultants in 2024. While the pathways are complex, there is potential to eliminate 52-week waits. The trust is aiming to eliminate 57-week waiters by the end of January 2025, 54 weeks by the end of February 2025, and then 52 weeks by the end of March 2025. There was an increase in the numbers at 52 weeks in December 2024 to 452, with overall 18-week RTT performance dipping only slightly at 58.4%. We have developed a new RTT Patient Tracker List (PTL) and are currently using it internally. This provides assurance that all patients on an RTT pathway have been identified and allows for robust management of the PTL by the Patient Access team and the specialities.

South Warwickshire University NHS Foundation Trust (SWFT)

RTT performance has seen a stabilisation in performance in Q3 of 2024/25, remaining at around 64%. The performance has remained at around 64% for six out of the last seven months, following a 4% improvement that was seen in Spring 2024. Its important to mention that the focus from NHS England remains on reducing the number of patients who have been waiting for the longest period of time; however, this will change in the next financial year when the focus will be on the 18-week wait performance.

As of the end of December 2024, SWFT had 5 patients waiting over 78 weeks, with these being patients on an orthodontics pathway. The number of patients waiting more than 65 weeks now stands at 51, but this number has crept up over the last 2 months, and SWFT is working with its commissioners and NHS England (NHSE) in terms of producing a plan to ensure that the patients are treated as soon as possible.

The really good news is that the overall number on the RTT waiting list has seen a reduction since May 2024, with a reduction of over 2,000 pathways, with reductions being seen in both the admitted and non-admitted pathways.

In terms of the diagnostic waiting times and the Diagnostics Waiting Times and Activity (DM01), there has been a marked increase in performance over the past few months. SWFT is now at 96.5%, up from 68.7% from this time last year. The Trust is now back in the top quartile in terms of the national benchmarked position. Challenges remain in the increase in demand for Computerised Tomography (CT) scan and X-Ray specifically, especially overnight.

Worcestershire Acute Hospitals NHS Trust (WAH)

Considering the size of the waiting list at the start of the financial year, there has been a monumental effort to see and treat patients who had been or were 'at risk' of waiting above 65 weeks.

In December 2024 (unvalidated), the trust is above plan for outpatient new appointments and outpatient follow-ups with procedures, but also for outpatient follow-ups (without procedures). Inpatient and day case activity is slightly below target.

Our RTT validated submission for December 2024 was 1,178 patients waiting over 52 weeks, of whom 40 were waiting over 65 weeks and three patients over 78 weeks; 55.5% of patients are waiting less than 18 weeks for their first definitive treatment. Our total waiting list had reduced to 57,382, the lowest since March 2022.

Business cases or 'I have an idea' are being developed for the 25-26 annual planning process to maximise productivity, which would reduce the waiting lists, but it is challenging for some specialties where insourcing has been relied upon or in the specialties where new substantive consultants are hard to attract.

There continues to be weekly scrutiny on the PTL.

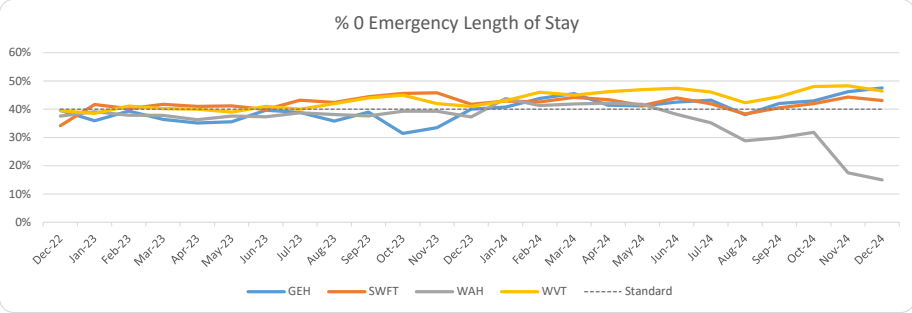
Foundation Group Key Metrics

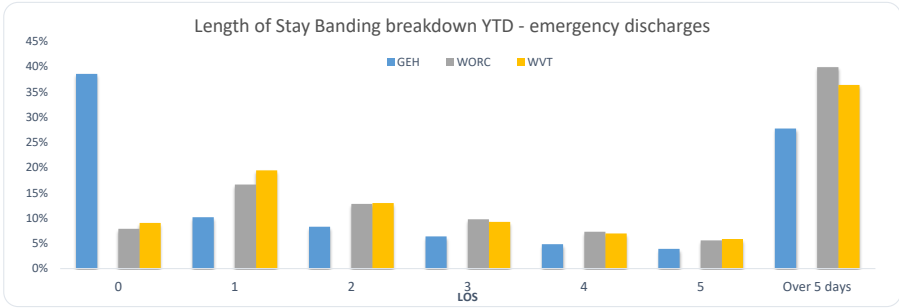
Group Analytics

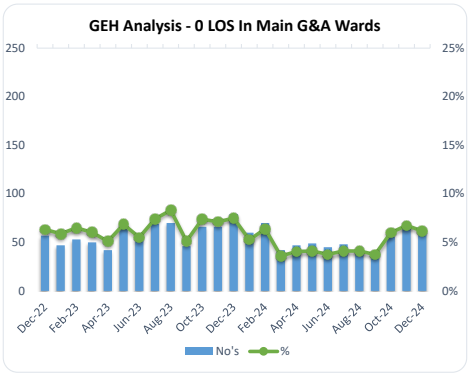
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

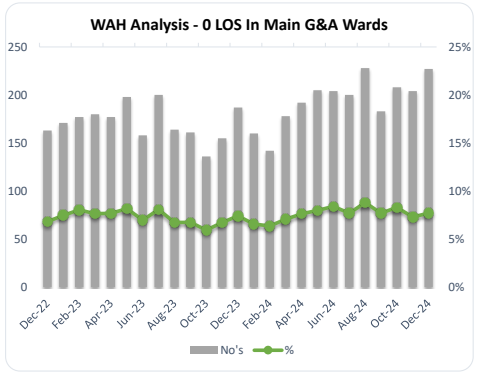
SDEC-Same Day Emergency Care (0 LOS Emergency admissions)

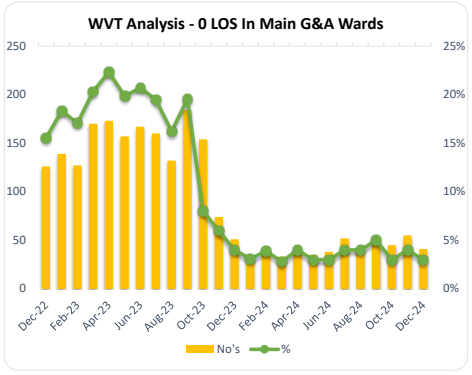
Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	41.4%	41.2%	42.5%	43.2%	38.0%	42.1%	43.0%	46.2%	47.5%
SWFT	34.2%	41.7%	40.2%	41.7%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%	45.6%	45.8%	41.7%	42.9%	42.6%	44.2%	43.4%	41.3%	44.0%	41.9%	38.3%	40.5%	42.0%	44.3%	43.1%
WAH	37.6%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%	43.8%	41.3%	41.8%	42.1%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%
WVT	39.4%	38.5%	41.1%	40.2%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	42.0%	41.0%	43.0%	46.0%	45.0%	46.2%	46.9%	47.4%	46.1%	42.3%	44.4%	48.0%	48.3%	46.5%











SWFT has no reported figures on this section

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Zero Length of Stay on our General and Acute wards remains low at 3% for December 2024, with our SDEC areas managing over 46% of the daily admissions from our ED or directly from Primary Care or Community Services.

However, we know there is more work to do to improve the throughput through our SDEC areas. Recent criteria to admit audits have shown that there is further opportunity to prevent admissions to our Acute Assessment Unit and reduce pressure on ED by decongesting the overspill of follow-up activity through our medical SDEC by utilising the increased estate in our Medical Day Case. The operational and clinical teams are working through the options currently on how to achieve this.

George Eliot Hospital NHS Trust (GEH)

Ongoing work to improve the 0 length of stay continues; the reconfiguration of the site started in April 2024, which will enable the trust to have a frailty area, currently being delivered from the Meriden Unit. The Surgical Assessment Unit (SAU) has increased its capacity to accommodate patients from the Early Pregnancy Assessment Unit (EPAU) and Gynaecology Assessment Unit (GAU). Work is ongoing to increase the number of patients streamed to SDEC over the weekend by ensuring the opening times meet the demand from the emergency department.

South Warwickshire University NHS Foundation Trust

SDEC areas and Urgent Community Response (UCR) are also seeing an increase in numbers supported with new virtual wards in acute medicine and respiratory opening in Q3. Despite some SDEC areas having to be bedded due to a rise in demand, they have continued to function, streaming patients either away from ED .

Worcestershire Acute Hospitals NHS Trust (WAH)

SDEC activities that were not included in the costing and counting emergency changes are being reported as Outpatient News.

During December we have seen the highest volume in a decade of patients admitted to the hospital who are flu positive and days where ED attendances peaked beyond anything previously seen; this placed significant pressures on the bed capacity and isolation room usage and limited hospital flow, which resulted in some patients waiting within the hospital longer than they should.

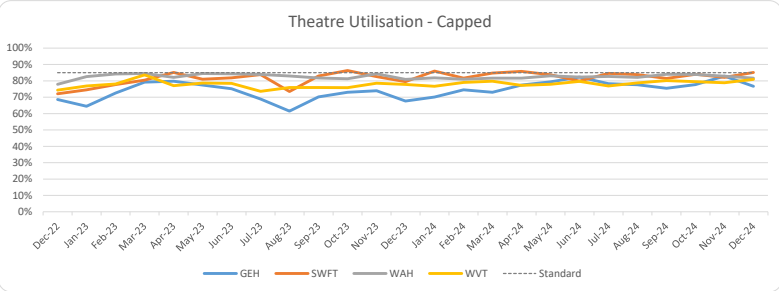
Foundation Group Key Metrics

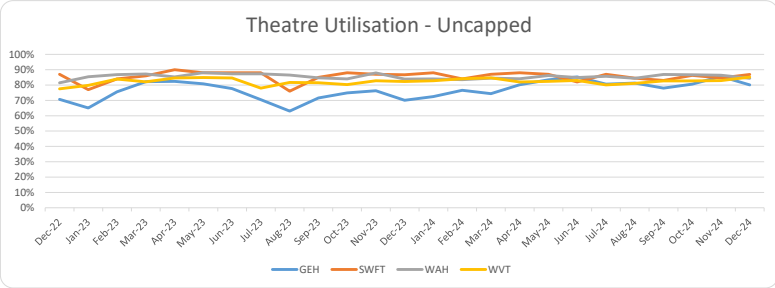
Group Analytics

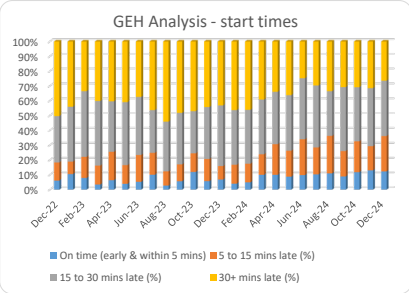
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

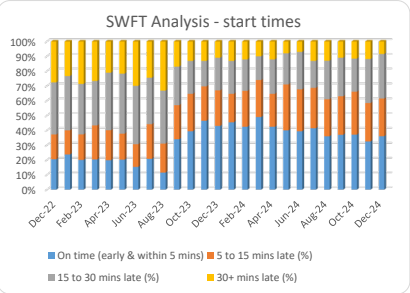
Theatre Productivity - Capped Utilisation (% Touch time within planned session vs planned session time)

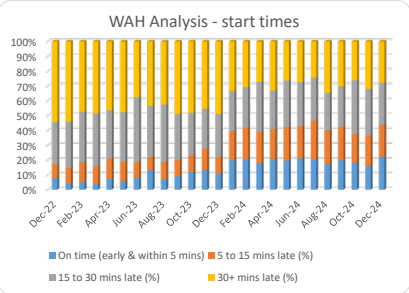
Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	68.56%	64.5%	72.5%	79.2%	79.8%	77.4%	75.2%	68.9%	61.5%	70.2%	73.0%	74.0%	67.6%	70.1%	74.6%	73.0%	77.5%	79.4%	82.4%	78.3%	77.6%	75.5%	77.7%	82.9%	76.7%
SWFT	72.10%	74.5%	77.7%	80.4%	85.1%	81.0%	81.8%	83.8%	73.5%	83.0%	86.3%	82.6%	79.5%	86.0%	81.7%	84.8%	85.8%	83.7%	79.9%	84.6%	83.8%	81.5%	84.0%	82.1%	85.1%
WAH	77.9%	82.6%	84.2%	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	81.7%	81.3%	84.3%	80.9%	81.8%	81.0%	81.6%	81.6%	83.1%	82.3%	82.7%	82.1%	84.0%	83.9%	82.9%	81.6%
WVT	74.3%	76.9%	78.1%	83.6%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%	79.5%	78.8%	80.9%

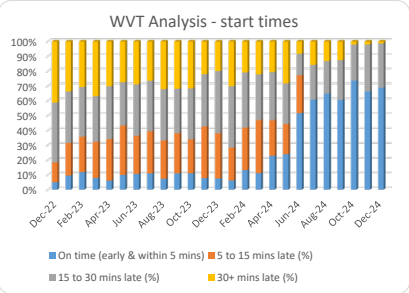












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

The team was faced with significant challenges in December with high levels of absence in the anaesthetic, orthopaedic and breast medical workforce, which impacted some of our theatre lists at short notice and our ability to backfill some vacant sessions. However, we did manage to achieve almost 81% uncapped theatre utilisation and our average cases per list were 3.7 per list. Prior to the Surgical Day Case Unit (SDCU) opening, this averaged just 3 per list.

Our challenges for December 2024 and January 2025 were to raise the capped theatre utilisation of some of the most challenged specialities. Detailed reviews of each specialty were undertaken via the retrospective theatre review meetings and working with each surgeon to improve their list construction, early finishes and how additional patients can be added to lists.

During February 2025 we are aiming to have the GIRFT team on site to start the peer review processes of reviewing our SDCU in order to improve our utilisation and efficiency further and achieve accreditation.

George Eliot Hospital NHS Trust (GEH)

76.7% capped for December 2024 and uncapped 80%, Ophthalmology, Oral surgery, and Plastics had the lowest performance. For some sessions, the actual procedure times were significantly shorter than the planned times. Specialities showed significant differences in the use of capped touch time. Breast and Urology had 90%, but General Surgery had 64.2%, Gynaecology had 51.1%, and Trauma and Orthopeadics had 36.5%. The cancellation rate for the month of December was notably high, at 9.5%. The flu and other illnesses in the community reduced patient availability over Christmas. There was also a need to increase emergency theatres due to demand. There are ongoing actions and a focus on improving the current position to deliver 85% of the capped capacity.

South Warwickshire University NHS Foundation Trust (SWFT)

The new format for the forward look and the look back meetings is embedded as business as usual. The forward look meetings are identifying more issues ahead of the lists taking place, which is ensuring we have the right theatre teams, kit etc. The communication between the booking teams and the theatre teams has improved and short notice changes are discussed to ensure they can be facilitated. Utilisation remains steady and is being maintained well.

There is ongoing work relating to the cancelled-on-the-day report, as it has proved to be considerably more complicated than first envisaged, however, several workshops have taken place and work is progressing.

Late starts continue to be monitored and challenged with any teams or clinicians where it is happening regularly.

Worcestershire Acute Hospitals NHS Trust (WAH)

The Theatres Programme and the supporting teams continue to focus on the capped utilisation performance. The focus on improving the utilisation has been through investigation regarding late starts and early finishes and how to mitigate barriers to starting on time. This is being reviewed at specialty and clinician level to identify improvements. Improving processes for pre-op to increase the capacity and efficiency of the process, this has been implemented and cancellations on the day for this cohort are reducing. Focus on the reasons for cancelled operations and putting in place plans to mitigate those within the hospital's control, such as staffing being available.

We are also looking to reconfigure some services to better utilise the physical space and improve consultant availability (i.e. reduction of travel across sites) and ensure that procedures are carried out in an appropriate setting, i.e. treatment room rather than a theatre where safe to do so. The scope of these changes has been documented and plans are in place to start to implement what is a consecutive and complex set of changes.

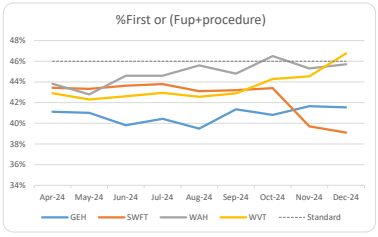
Foundation Group Key Metrics

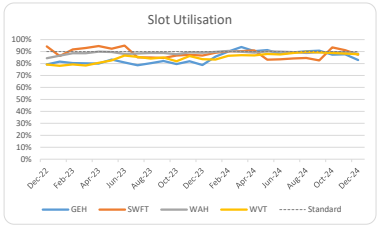
Group Analytics

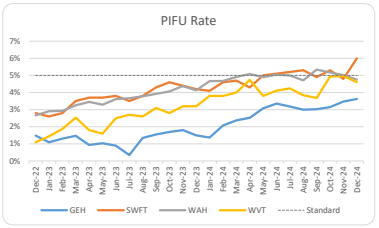
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

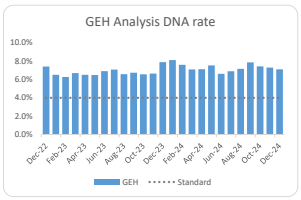
Outpatients procedures-First or (Fup+procedure)

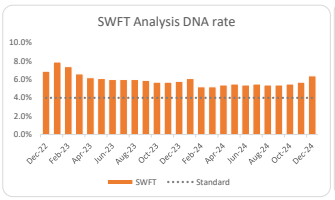
Trust	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	41.1%	41.0%	39.8%	40.4%	39.5%	41.3%	40.8%	41.7%	41.5%
SWFT	43.4%	43.3%	43.6%	43.8%	43.1%	43.2%	43.4%	39.7%	39.1%
WAH	43.8%	42.8%	44.6%	44.6%	45.6%	44.8%	46.5%	45.3%	45.7%
WVT	42.9%	42.3%	42.6%	42.9%	42.6%	42.9%	44.3%	44.5%	46.8%

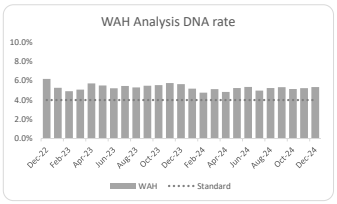


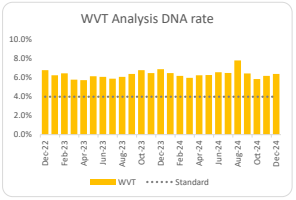












Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Detailed work has been undertaken over the last three months to review all our outpatient clinics to ensure coding is correct, along with some productivity reviews within our Clinical Nurse Specialists (CNS). This has led to an increase in our percentage of New and Follow up with a procedure split within our outpatient clinics. Gastroenterology, cardiology and diabetes have seen the biggest increase through our coding reviews. We are developing reports to feedback coding practices to support ongoing sustainability of improvements.

Patient Initiated Follow-up (PIFU) had a positive movement in the month despite the upgrade to our local systems in order to record all PIFU pathways correctly. The system upgrade should happen at the end of January 2025 and allow for increased patients being recorded on PIFU, in particular the opportunity to record patients in other groups of patients, e.g. in Gastroenterology, Inflammatory Bowel Disease patients can be added to PIFU pathways.

Did Not Attends (DNAs) are still higher than we would like and we are looking at some of the work undertaken across the foundation group around how various specialities and patient demographics were targeted for reminder phone calls in order to reduce cohorts of patients that DNA.

George Eliot Hospital NHS Trust (GEH)

The PIFU rate has increased to 3.6% for December 24, against a trajectory of 4.5%, with 647 patients transferred to a PIFU pathway. The go-live of the new PIFU Structured Query Language (SQL) report has now taken place, enabling the Directorates team to manage their pathways for their specialities, giving assurance to the clinical teams. Electronic reporting will also now commence on 01/02/2025. Further work continues to increase the number of patients added to PIFU.

The DNA rate in December 2024 was 7.1% (GEH OP Spreadsheet), with the DNA number reduced from 1638 in November 2024 to 1523 in December 2024. Focus on the multiple DNAs for the New Year with our volunteers looking to contact these patients with an appointment within 3 months as reminder calls.

Utilisation has seen the seasonal dip in December 2024 to 82.9%. Work is ongoing to improve and maximise utilisation, working toward booking 4-hour sessions and also embedding 6, 4, and 2 style meetings in surgery for outpatients. Outpatient attendances attracting a procedure tariff have remained relatively static over the past couple of months, with December 2024 at 41.5%. Directorates and coding teams are reviewing clinics to ensure procedures are being recorded.

South Warwickshire University NHS Foundation Trust (SWFT)

DNA Rate: The SWFT position has increased to 6.4% in December 2024, however, some of this would have been driven by the higher instances of winter viruses during December 2024. There continues to be a major focus on reducing the Trust's DNA rate, which has seen a recent increase, but this is still below the performance seen at the start of the year. However, SWFT remains in the top quartiles for performance nationally. The Outpatient Improvement Programme continues to monitor the DNA rate at specialty level, with Physiotherapy - Paediatrics, Diabetic Medicine and Orthoptics having the highest rates.

SWFT continued to do work on a previous DNA prediction report that had been developed by the trust's Information Department. This work is still being done in conjunction with operational colleagues and a local voluntary organisation, Helpforce, and will continue the work to reduce the DNA rates in the Trust's specialties with the highest DNA rates. The trial period is coming to an end in the next month or so and then an evaluation report will be produced to establish the effectiveness of the DNA prediction tool.

PIFU: SWFTs PIFU rate continues to see a steady improvement and has peaked at 6% in December 2024, which is in the top quartile nationally. The specialties with the highest PIFU rates continue to be Gastroenterology, Trauma & Orthopaedics and Physiotherapy. The PIFU project group is still running and rolling out to more specialties over the next few months, so further improvements are expected.

Worcestershire Acute Hospitals NHS Trust (WAH)

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

We are focusing on improving the productivity within outpatients, particularly in the utilisation of physical space within the hospital sites, where we can potentially run additional clinics. An internal system has been developed to identify the opportunities; this tool has significant power in linking room utilisation to planned clinic activity and job plans. The tool is in the early stages of being used—it was released in late December 2024. Impact analysis will take place in the coming months.

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

DNAs are performing well with continuous usage of the text reminder service and daily monitoring for any patients who have cancelled so that we can try to reuse the vacated appointment slot.

We are still receiving some patient feedback that letters are not reaching them in time for them to attend the appointment, in some instances after the appointment, but the development of the local patient portal is another medium for patients to access future outpatient appointment details themselves. This goes live before the end of this year.

PIFU usage is becoming more embedded and is being applied appropriately, with few patients requesting PIFU appointments - this is monitored monthly. Further work comparing our values to GIRFT will take place in the coming months to see if we can convert follow-ups to new clinics in some of the high-volume waiting list areas.

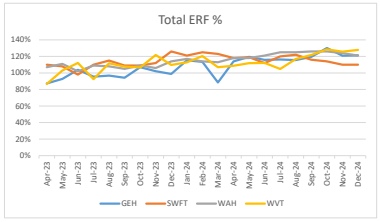
Foundation Group Key Metrics

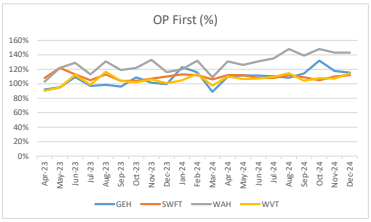
Group Analytics

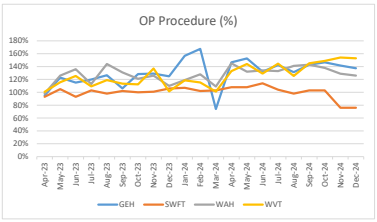
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

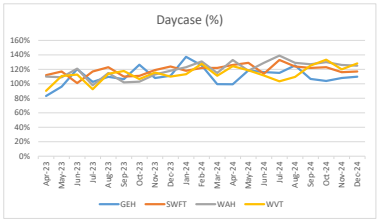
Total Elective Recovery Funding (ERF)

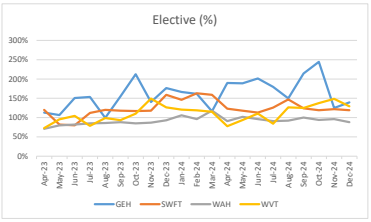
Trust	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	87.3%	92.8%	103.8%	95.5%	96.8%	94.2%	107.0%	102.0%	98.8%	115.2%	113.4%	88.5%	114.0%	119.4%	115.8%	116.2%	115.6%	119.5%	130.2%	120.8%	121.3%
SWFT	110.0%	108.0%	98.0%	110.0%	115.0%	109.0%	109.0%	112.0%	126.0%	121.0%	125.0%	123.0%	118.0%	119.0%	112.0%	120.0%	122.0%	116.0%	114.0%	110.0%	110.0%
WAH	107.0%	111.0%	102.0%	109.0%	108.0%	105.0%	109.0%	106.0%	114.0%	117.0%	114.0%	113.0%	118.0%	118.0%	121.0%	125.0%	125.0%	126.0%	126.0%	124.0%	121.0%
WVT	86.7%	103.0%	112.1%	92.5%	111.8%	107.8%	106.7%	121.8%	109.7%	112.8%	120.4%	106.9%	108.7%	111.9%	112.1%	104.8%	116.8%	121.7%	128.5%	125.8%	127.9%











Analysis / Current Performance:

Wye Valley NHS Trust (WVT)

Our stretched activity plan, which was reviewed and re-profiled as part of the 2024/25 second half of the year check and challenge with the clinical divisions, remains on plan for outpatients and day case procedures overall but slightly behind plan for overnight electives. However, the activity levels, when compared with Vaule Weighted Activity (VWA) is one of the highest in the region and delivery of our Elective Recovery Fund (ERF) remains on target to deliver for this year. The impact of the Day Case Surgical Unit from July 2024 onwards had a significant impact on this achievement, along with improved productivity as part of the GIRFT Faster Further programme.

Nationally they are continuing to indicate that they cannot afford the level of ERF activity and that they will apply a cap. We have received indication that this will be based on our month 8 forecast, which would see us achieve our planned overperformance however, any further improvements in performance would mean we would lose income and have made that clear to the ICB and regional colleagues.

George Eliot Hospital NHS Trust (GEH)

ERF performance has been steadily improving to last year. Driven by improvements in the Outpatint First Attendance (OPFA) setting and Outpatient Procedures(OPROCS), day cases have reduced as we moved Gynaecology activity to the CDC setting (previously in day cases) and Urology cases moved to OPROCS. Our elective performance reflects the way we account for virtual wards since November 2024 but reflects a steady improvement in performance reflecting the focus on the theatre improvement programme.

South Warwickshire University NHS Foundation Trust (SWFT)

For Quarter 2 of 2024/25, SWFT has continued to see strong performance with the ERF, both in terms of activity numbers as well as the estimated financial value. The quarter has seen the estimated value of inpatient activity being the highest at around 120% the value of 2019/20; day-case activity was at 119% and out-patient new at 109%. Where there was a lower performance was around the out-patient new and follow-up procedure code activity.

As part of the work to increase the number and value of the out-patient procedure coding, the Finance Directorate have arranged a series of SPRINT meetings. These meetings bring together operational, clinical, financial, data quality, IQVIA and coding staff to engage in focused sessions looking at out-patient procedure benchmarking data, tariff data, existing out-come sheets and investigating what activity takes part in each specialty area. These meetings attempt to provide a one-stop shop for the discussion of the opportunities for improving the procedure coding at pace, by having all of the correct stakeholders in room at the same time.

The Financial Estimate Year To Date percetage postion at the end of December stood at 116% - the activity percentage is 108%, demonstrating that the value of the activity is higher now than the baseline financial year of 2019/20.

Worcestershire Acute Hospitals NHS Trust (WAH)

ERF value is being driven by the overperformance in Outpatient News (in part due to the SDEC outpatients) and improved data capture of procedures following dedicated benchmarking and advice from Coding. Understanding where our opportunities are with the elective inpatients is a focus for the Theatres Programme.

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)

George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month: Numerator	Latest Month: Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 77% (FY_2024-25)	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%	69.9%	66.6%	68.7%		435	633	73.5%		68.7%	78.6%	Nov 2024			
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	98.0%	100%	100%	96.7%	91.4%	98.7%	100%	100%	100%	96.8%	100%	100%		66	66	98.3%		100%	94.0%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85% (FY_2023-24) ≥ 70% (FY_2024-25)	51.9%	50.7%	60.5%	58.2%	67.5%	48.8%	60.9%	67.9%	72.9%	71.4%	63.8%	66.3%		33	49	63.5%		66.3%	71.7%				
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	65.5%	75.0%	83.7%	83.2%	86.3%	88.5%	86.3%	80.3%	52.1%	51.0%	59.0%	72.2%		426	590	71.4%		72.2%	94.1%				
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	51.6%	64.3%	66.1%	97.4%	100%	87.0%	86.9%	71.4%	8.5%	26.8%	30.9%	38.8%		19	49	58.6%		38.8%	86.9%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	9	7	6	8	8	7	3	6	4	3	3	7											
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	22.0%	25.0%	27.3%	55.6%	58.3%	15.4%	8.3%	40.0%	26.7%	100%	50.0%	66.7%		2.0	3.0	36.0%		66.7%	68.9%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	90.0%	93.5%	77.8%	92.3%	78.3%	89.2%	90.0%	84.6%	90.5%	83.8%	95.2%	100%		10.5	10.5	89.1%		100%	80.7%	Nov 2024			
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	55	57	37	33	61	54	43	34	35	45	53	42											
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	92.1%	92.7%	92.4%	93.3%	92.6%	94.0%	93.4%	94.3%	94.3%	93.1%	92.6%	91.8%	88.8%	2,393	2,696	92.7%							
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,301	8,453	8,102	8,738	8,489	8,913	8,873	8,694	7,795	8,229	8,688	9,199	9,098			77,978		9,098	14,446	Dec 2024			
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	13.7%	9.0%	13.0%	11.9%	10.2%	13.5%	11.4%	11.7%	13.3%	9.6%	6.7%	6.8%	7.1%	107	1,516	10.0%							
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	62.6%	48.7%	54.9%	62.4%	59.3%	66.1%	64.6%	61.4%	68.3%	61.4%	45.9%	53.8%	43.9%	665	1,516	58.2%							
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	6.0%	23.0%	16.7%	13.0%	13.8%	6.4%	6.8%	9.1%	4.9%	9.2%	25.4%	12.2%	25.7%	390	1,516	12.7%							
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	1,042	1,072	931	976	914	872	844	798	865	768	902	856	931										
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	40.0%	40.7%	43.8%	45.5%	41.4%	41.2%	42.5%	43.2%	38.0%	42.1%	43.0%	46.2%	47.5%	1,036	2,180	42.9%							
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		9.1%	12.2%	11.3%	9.6%	11.2%	11.2%	9.6%	12.2%	9.3%	7.5%	7.6%	7.5%	9.2%	841	9,098	9.4%							
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		83	90	96	91	95	92	92	93	85	93	96	111	113			97		111	73	Nov 2024			
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 78% (FY_2024-25)	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%	6,207	9,098	73.4%		68.2%	68.8%	Dec 2024			
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	22	26	23	21	19	18	18	19	15	17	21	24	22			19		24	15.5	Nov 2024			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	98	279	267	245	254	116	51	133	56	161	380	141	345			1637							

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

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

NHS George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-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
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	0.9%	1.6%	2.2%	1.7%	1.9%	1.9%	2.0%	2.3%	2.1%	2.0%	1.4%	2.3%	2.5%	217	8,622	2.0%					P	L	
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	59.8%	59.9%	58.7%	60.1%	59.7%	59.2%	60.7%	61.0%	59.6%	59.5%	60.1%	59.4%	58.4%	10,621	18,184	59.7%		59.4%	55.2%	Nov 2024	F	L	
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		17,799	17,540	16,896	16,484	16,310	15,994	16,958	17,233	17,633	17,046	17,751	18,206	18,184								F	H	
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer		339	381	343	247	279	238	225	255	273	229	352	418	452					418	1,181		F	L	S T A R
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0 End of Sept24	36	50	35	8	5	24	9	13	9	0	1	2	14			17		2	87	Nov 2024	?		
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	0	0	0	0	0	0	0	0	0	0	0	0					0	24		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	93.1%	107%	112%	88.4%	107%	101%	100%	146%	126%	130%	135%	137%	84.6%	7,743	9,151						?	L	S T A R
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	≥ 130%	99.5%	123%	116%	88.9%	110%	112%	111%	110%	108%	114%	132%	118%	115%	5,179	4,384	112%		118%	114%	Nov 2024	?	H	
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	84.5%	107%	105%	79.8%	87.1%	79.1%	81.3%	80.6%	79.7%	79.3%	89.9%	90.5%	85.1%	5,179	6,088						?		S T A R
	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%	39.5%	41.3%	41.0%	42.5%	36.9%	7,427	20,102	37.0%					?		
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 130%	176%	166%	162%	116%	190%	189%	201%	180%	150%	214%	244%	125%	139%	162	119	178%		125%	94.8%	Nov 2024	?	H	
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	140%	128%	129%	93.5%	133%	93.8%	103%	85.8%	78.2%	64.9%	105%	112%	84.8%	162	191						F	L	S T A R
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 130%	111%	137%	125%	99.5%	99.4%	118%	116%	115%	125%	107%	104%	108%	110%	1,340	1,230	110%		108%	109%	Nov 2024	?	H	
	Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	88.8%	79.1%	100%	79.6%	82.5%	84.6%	82.2%	81.1%	83.5%	69.1%	77.2%	86.5%	79.1%	1,340	1,694						?		
	BADS Daycase rates	Chief Operating Officer	≥90%	94.5%	98.0%	93.5%	91.7%	95.3%	95.5%	91.9%	97.9%	97.8%	94.8%	89.8%	96.3%	95.6%	65	68	95.0%					P		S T A R
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	31	17	28	24	21	26	16	31	30	42	34	43	16			29					?	L	S T A R
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	131%	140%	126%	162%	142%	151%	142%	132%	141%	137%	150%	151%	143%	2,295	1,603	143%							
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	93.7%	102%	104%	128%	85.4%	96.0%	89.1%	85.0%	90.6%	92.5%	96.4%	95.0%	96.4%	646	670	91.7%							S T A R
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	75.2%	87.7%	81.5%	99.6%	92.8%	95.8%	104%	104%	85.9%	93.2%	80.6%	83.2%	90.4%	1,164	1,287	91.9%							
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	91.6%	92.4%	97.0%	92.1%	89.9%	95.4%	96.6%	91.9%	87.4%	86.0%	92.3%	95.2%	89.6%	2,168	2,420	91.6%		95.2%	86.5%	Nov 2024	?		
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	97.7%	85.0%	98.7%	95.3%	97.4%	99.5%	98.3%	97.1%	98.3%	97.3%	97.6%	98.3%	98.4%	180	183	97.9%					?		S T A R

George Eliot Hospital NHS Trust

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

Performance Against Target (Status)	Activity Performance Only
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Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-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
Woman and Child Care	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		38.5%	17.4%	4.8%	10.5%	20.0%	25.0%	25.0%	8.3%	4.5%	20.6%	25.0%	20.0%	18.5%	5	27	18.2%		25.0%	10.1%				
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		65.0%	56.8%	63.1%	56.0%	53.1%	50.0%	61.0%	56.3%	55.9%	53.3%	44.6%	55.6%	50.0%	23	46	53.0%		44.6%	64.0%	Oct 2024			
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		92.3%	82.8%	89.5%	84.0%	57.7%	87.1%	71.4%	92.7%	75.0%	92.7%	74.1%	66.7%	88.5%	23	26	81.3%		74.1%	83.9%				
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	173	177	186	167	198	172	163	206	147	187	186	160	175			1,594							
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:29	1:27	1:28	1:23	1:29	1:27	1:25	1:29	1:23	1:30	1:27	1:28				1:27							
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	7.9%	8.1%	7.6%	7.1%	7.1%	7.5%	6.6%	6.9%	7.2%	7.9%	7.4%	7.3%	7.1%	455	6,399	7.2%		7.3%	6.6%	Nov 2024			
	PIFU Rate	Chief Operating Officer	≥ 5%	1.5%	1.4%	2.1%	2.4%	2.5%	3.1%	3.4%	3.2%	3.0%	3.0%	3.2%	3.5%	3.6%	647	17,854	3.2%							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	78.8%	85.7%	90.1%	93.8%	90.3%	91.2%	88.1%	89.4%	90.3%	90.8%	87.4%	87.7%	82.9%	6,399	7,718	88.7%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	16.5%	17.1%	18.4%	18.9%	19.7%	18.9%	19.4%	19.6%	18.5%	17.2%	17.2%	16.9%	18.3%	1,085	5,944	18.4%							
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.1%	5.5%	5.9%	8.4%	5.6%	8.0%	8.9%	12.0%	12.2%	6.9%	6.5%	10.0%	6.9%			8.9%		6.5%	6.3%	Oct 2024			
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	93.6%	97.9%	100%	98.5%	100%	99.2%	99.2%	94.8%	96.5%	94.8%	94.2%	98.3%	99.3%	410	413	97.3%		95.4%	90.5%	Jul - Sep 2024			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	1	0	0	0	0	0	0	0	0	0	0	0			0		0	37	Nov 2024			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		3.2%	2.8%	2.9%	3.3%	3.8%	1.4%	2.0%	1.5%	1.8%	1.9%	1.8%	1.4%	0.9%	12	1,275	1.8%							
	ALoS – D2A Pathway 2	Chief Operating Officer		29.5	21.8	20.6	29.5	23.7	21.3	22.7	32.4	19.6	32.0	21.4	38.4	25.2										
	ALoS – D2A Pathway 3	Chief Operating Officer		26.3	13.6	15.6	26.3	17.1	16.3	14.7	20.9	18.0	25.2	14.0	22.6	16.0										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.5	5.3	5.4	5.3	5.8	4.9	5.1	4.9	4.7	5.1	5.4	4.8	4.5			5.0							
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.6	1.7	2.2	2.9	2.4	2.7	2.1	2.5	2.9	2.7	2.7	2.6	3.5			2.7							
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%	67	410	19.9%							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	9.5%	7.7%	8.5%	9.0%	9.6%	8.7%	8.5%	8.1%	8.8%	9.0%	9.0%	8.0%	10.4%	437	4,209	8.8%							
	HSMR - Rolling 12 months (Published Month)	Chief Medical Officer	<100	108.7	104.7	100.7	100.4	97.5	97.5	97.5	105.3	105.3	104.3	106.7	106.0	118.8			118.8							
	Mortality SHMI - Rolling 12 months (Published Month)	Chief Medical Officer	<1	1.18	1.10	1.10	1.09	1.09	1.09	1.07	1.06	1.05	1.06	1.06	1.04				1.06							
	Never Events	Chief Medical Officer	0	0	1	0	0	0	0	0	0	0	0	0	0	0			0							

George Eliot Hospital NHS Trust
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George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Safe, High-Quality Care	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	1	Oct 2024			
	MSSA Bacteraemia	Chief Nursing Officer		1	1	1	1	1	2	0	2	5	4	2	1	3			20		2	10	Oct 2024			
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA& HOHA)	Chief Nursing Officer	**2022/23 (35)**	4	5	4	7	4	5	3	6	3	1	6	10	3			41							
	Number of falls with moderate harm and above	Chief Nursing Officer	**2021/22 (10)**	0	0	2	1	1	1	0	1	0	0	2	0	1			6							
	Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	**0**	0	0	0	0	1	0	0	1	0	0	0	0	0			2							
	Serious Incidents	Chief Medical Officer	**Actual**	2	0	1	3																			
	Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	**Actual**					5	1	0	2	5	0	1	5	3			22							
	VTE Risk Assessments	Chief Medical Officer	**≥95%**	94.1%	95.2%	94.9%	95.4%	96.9%	95.3%	97.6%	97.5%	97.3%	97.5%	97.2%	97.3%	97.5%	4,415	4,544	97.0%							
	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%**	95.4%	95.5%	96.0%	96.1%	95.8%	95.2%	95.4%	95.6%	95.5%	96.2%	96.8%	97.8%	97.8%			96.4%							
	Number of complaints	Chief Nursing Officer	**2021/22 (352)**	4	10	12	6	13	9	10	12	7	9	8	6	2			76							
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	**0**	1	0	0	0	0	2	0	0	0	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	1	2	0	0	0	0	0	0	0	0				0							
	Complaints resolved within policy timeframe	Chief Nursing Officer	**≥ 90%** (FY_2023-24) **≥ 85%** (FY_2024-25)	100%	80.0%	83.3%	100%	84.6%	88.9%	80.0%	83.3%	85.7%	88.9%	87.5%	100%		6	6	86.5%							
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**≥86%**	79.7%	81.2%	76.7%	78.3%	76.6%	77.3%	77.6%	77.8%	81.9%	100%	100%	40.0%	12.5%	1	8	78.1%		40.0%	78.0%				
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**≥86%**	85.4%	88.9%	82.1%	89.6%	91.8%	91.3%	90.4%	92.5%	87.4%	98.8%	99.0%	94.6%	90.4%	66	73	90.9%		94.6%	94.6%				
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	**≥96%**	93.2%	89.3%	95.4%	95.2%	93.4%	88.6%	94.8%	87.7%	92.7%	0%	66.7%	100%	89.5%	17	19	91.6%		100%	91.0%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**≥25%**	27.6%	29.3%	27.4%	23.9%	23.7%	23.6%	27.7%	24.0%	24.9%	0.1%	0.1%	0.1%	0.1%	8	6539	15.4%		0.1%	10.3%	Nov 2024			
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**≥30%**	31.5%	31.7%	29.7%	35.6%	24.4%	42.4%	33.2%	25.0%	37.9%	11.3%	11.0%	10.3%	3.6%	73	2030	24.5%		10.3%	21.5%				
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	**≥30%**	26.7%	25.3%	30.2%	30.4%	32.2%	35.7%	28.0%	24.9%	22.3%	0%	1.3%	10.0%	8.2%	19	232	20.7%		10.0%	11.7%				

**Due to changes in HSMR methodology, HSMR is now an outlier at 118.8 for the latest period.