George Eliot Hospital NHS Trust

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

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

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

NHS George Eliot Hospital NHS Trust

People		Responsible Director	Standard	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
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	78.8%	81.6%	82.4%	80.0%	81.4%	85.0%	86.9%	88.0%	87.4%	84.3%	83.6%	84.7%	82.8%	1,645	1,986	84.8%		79.3%	80.9%	Sep 2023			
	Mandatory Training	Chief People Officer	≥ 85%	93.7%	94.5%	93.9%	94.1%	94.1%	94.4%	94.2%	94.2%	94.6%	94.2%	93.9%	93.4%	93.7%	2,788	2,976	94.1%		96.6%	89.6%				
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	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%	5,921	90,683	5.3%		5.0%	4.8%	Aug 2024			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	5.2%	5.2%	5.2%	5.2%	5.2%	5.1%	5.1%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	53,169	1,019,944	5.1%		5.4%	5.3%	Oct 2023			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	15.4%	14.7%	14.6%	15.9%	12.5%	12.1%	11.4%	10.9%	11.1%	10.4%	10.2%	10.1%	10.2%	283	2,783	11.0%		10.4%	10.0%	Sep 2024			
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer						10	6	1	2	2	0	0	0	0			21							
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer						8	5	4	6	4	6	4	6	5			48							
	Vacancy Rate	Chief People Officer	< 10%	6.0%	4.3%	3.3%	4.5%	13.9%	12.6%	12.2%	10.0%	10.1%	7.7%	8.8%	8.4%	9.6%	311	3,230	10.2%		7.7%	7.5%	Sep 2024			

Finance and Use of Resources		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 12 Month	Latest Available Monthly Position: GEH Latest month vs benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	Plan	481	48	1,155	954	-1,608	-1,257	-916	208	507	46	465	-1,148	-627			-4,330							
	I&E - Margin (%)	Chief Finance Officer	Plan	2.3%	0.2%	4.8%	3.2%	-7.8%	-6.0%	-4.4%	1.0%	2.4%	0.2%	1.7%	-5.2%	-2.8%	-627	22,452	-2.2%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-503	-391	665	44	26	-18	-247	-39	-31	-527	209	-1,664	-1,291			-3,589							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-51.0%	-89.0%	136%	5.0%	2.0%	-1.0%	-37.0%	-16.0%	-6.0%	-92.0%	82.4%	-323%	-194%	-1,291	664	-484%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-997	-1,175	4,901	-285	521	274	-197	-119	770	-1,420	-1,067	-84	-730			-2,051							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	736	843	842	759	587	520	449	341	617	288	355	361	223			3,740							
	Agency - expenditure as % of total pay	Chief Finance Officer	≤3.2%	5.1%	5.8%	5.6%	3.4%	3.9%	3.5%	3.0%	2.3%	4.4%	1.9%	1.9%	2.3%	1.4%	223	15,753	2.7%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	203%	234%	234%	211%	83.4%	74.0%	64.0%	90.0%	163%	76.0%	93.9%	96.0%	59.0%	223	378	85.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,460	4,325	4,762	4,945	4,851	4,885	4,773	4,328	4,739	5,031	4,355	4,413	4,468			4,549							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-1,264	1,293	1,313	-832	-54	-20	266	193	576	514	781	269	295			2,869							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	37.1	31.8	36.2	32.1	34.7	32.0	27.6	24.2	29.5	27.0	30.6	24.7	25.0			25.0							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	98.7%	84.9%	81.0%	88.7%	96.4%	91.0%	98.0%	97.2%	98.1%	97.2%	93.2%	83.1%	90.0%	8,924	9,914	94.3%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	95.8%	94.4%	91.9%	91.3%	93.7%	96.1%	97.9%	97.9%	98.0%	97.3%	91.7%	94.9%	96.0%	2,908	3,029	95.9%							

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

Relates to the latest months data

South Warwickshire University NHS Foundation Trust

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

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

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

Example

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

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	76.0%	76.1%	78.8%	84.2%		1311	1557	76.6%					
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	61.2%	58.5%	71.9%	80.8%		1199	1484	64.0%					
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	95.2%	90.9%	92.6%	97.0%		96	99	94.0%					
	Cancer 62 Day Standard	Chief Operating Officer	85%	61.3%	66.1%	58.3%	65.2%		76.0	117	62.1%					
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%	95.4%	96.4%	94.6%	95.1%		137	144	93.3%					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	19	16	15	15		15							
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	134.5%	126.7%	130.4%	129.4%	130.1%	87532	67288	132.9%					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.5%	99.5%	99.2%	99.0%	98.9%	1473	1490	99.5%					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	90.1%	88.9%	88.8%	87.8%	85.1%	1458	1713	88.1%					
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.4%	95.7%	96.2%	95.1%	92.6%	2644	2854	95.5%					
	iSPA call response rate within one minute	Chief Operating Officer	80%	92.5%	91.6%	91.3%	93.4%	91.8%	9751	10621	92.1%					
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	122.4%	120.8%	127.3%	130.3%	124.3%	8680	6981	125.2%					
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	44.9%	42.1%	33.7%	31.5%	19.7%	325	1649	36.1%					
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	95.2%	95.2%	87.5%	80.7%	54.9%	587	1069	86.1%					
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	1.0%	1.1%	5.0%	5.0%	44.3%	730	1649	7.5%					
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	124.3%	130.2%	130.3%	130.5%	157.1%	14296	13878	130.5%					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	38.3%	40.5%	42.0%	44.3%	43.1%	922	2141	42.1%					
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	0.9%	1.4%	3.4%	4.1%	7.1%	617	8694	2.7%					
	A&E - Time to treatment (median)	Chief Operating Officer	-	45	49	64	65	63	63		57					
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	75.1%	75.3%	65.3%	65.0%	60.7%	5279	8694	70.5%					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	91.4%	91.5%	84.7%	84.9%	81.0%	2897	3575	87.4%					
	A&E - Time to Initial Assessment	Chief Operating Officer	-	14	14	16	19	19	19		16					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	3	10	1	39	136	136		226					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.8%	4.3%	4.8%	4.2%	4.7%	399	8401	4.6%					

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	64.0%	63.9%	64.0%	64.0%	64.4%	*20560*	*31926*						
	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	**16234**	33188	33040	33122	32721	31926	*31926*							
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	624	605	639	623	544	*544*							
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	20	46	50	33	51	*51*							
	Referrals (GP/GDP only)	Chief Operating Officer	**0**	6825	7044	7986	7360	5907	*5907*							
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	**106% 2019/20 Outturn**	132.9%	133.5%	124.4%	129.4%	132.4%	*8980*	*6785*	**126.3%**					
	Outpatient Activity - Total	Chief Operating Officer	**2019/20 Outturn**	**109.4%**	**111.6%**	**111.1%**	**106.3%**	**108.0%**	***32617***	***30193***	**113.8%**					
	Elective Activity	Chief Operating Officer	**106% 2019/20 Outturn**	115.5%	115.9%	113.1%	108.5%	109.5%	*3113*	*2844*	**114.5%**					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	**75%**	81.8%	83.5%	83.5%	84.1%	82.8%	*74665*	*90165*	**82.8%**					
	Elective - Theatre utilisation	Chief Operating Officer	**85%**	89.0%	86.8%	89.7%	88.2%	88.5%	*85519*	*96600*	**88.0%**					
	Cancelled Operations on day of Surgery	Chief Operating Officer	**0.8%**	0.00%	0.00%	0.00%	0.00%	0.00%	*0*	*96503*	**0.00%**					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**120% 2019/20 Outturn**	100.9%	125.9%	103.4%	114.8%	106.4%	*601*	*565*	**110.2%**					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**120% 2019/20 Outturn**	143.0%	125.7%	101.1%	96.3%	82.6%	*535*	*648*	**121.0%**					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**120% 2019/20 Outturn**	238.8%	221.1%	167.4%	210.6%	197.0%	*1598*	*811*	**240.2%**					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**95%**	84.8%	83.8%	89.7%	95.4%	96.5%	*6944*	*7197*						
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	**70%**	69.6%	77.0%	83.1%	80.1%	80.6%	*154*	*191*	**79.4%**					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	**-**	16.8%	18.4%	19.7%	21.8%	22.1%	*58*	*263*	21.8%					
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	**-**	41	30	40	33	26	*26*		289					
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	**90%**	87.0%	88.2%	89.2%	90.0%	92.3%	*239*	*259*	**88.9%**					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	22.5%	20.8%	21.7%	22.8%	21.2%	*66*	*311*	21.2%					
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	**-**	33.8%	35.6%	38.5%	36.5%	36.4%	*90*	*247*	35.2%					
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	88.3%	87.5%	86.4%	85.0%	84.4%	*232*	*275*	88.2%					
	Maternity Activity (Deliveries)	Chief Operating Officer	**PLAN**	104.6%	104.5%	109.3%	120.8%	108.3%	*260*	*240*	**110.6%**					
	Midwife to birth ratio	Chief Nursing Officer	**1:27**	1:25	1:25	1:24	1:24	1:25	*1:25*		1:25					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q2)	Chief Nursing Officer	**46%**						*706*	*1501*	47.0%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q2)	Chief Nursing Officer	**46%**						*592*	*981*	60.3%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q2)	Chief Nursing Officer	**46%**						*235*	*461*	51.0%					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	**81%**	88.5%	89.7%	91.2%	89.9%	90.5%	*237*	*262*	**89.7%**					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	**3.35%**	5.7%	5.8%	5.7%	5.7%	6.4%	*1038*	*16290*	**5.8%**					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**95%**	92.2%	88.7%	87.7%	84.9%	87.3%	*12593*	*14424*	**88.9%**					
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	**46%**	53.6%	52.8%	54.0%	49.1%	47.9%	*12317*	*25690*	**51.6%**					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	**85% OP/112% OPP 2019/20 Outturn**	112.2%	112.6%	117.6%	112.2%	113.8%	*16710*	*14687*	115.7%					
	Outpatients Activity - Virtual Total	Chief Operating Officer		**20.2%**	**20.2%**	**19.6%**	**18.3%**	**19.1%**	***4274***	***22353***	**20.2%**					
Pre ven tio	Maternity - Smoking at Delivery	Chief Nursing Officer	**8%**	4.1%	2.2%	2.4%	3.8%	1.0%	*3*	*291*	**3.1%**					
	Occupancy Acute Wards Only	Chief Operating Officer	**92%**	91.3%	96.4%	98.5%	99.4%	98.4%	*10299*	*10463*	**96.1%**					
	Bed occupancy - Community Wards	Chief Operating Officer	**90%**	111.2%	108.2%	124.5%	123.1%	126.0%	*1523*	*1209*	**116.7%**					

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Safe, high quality care	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	**0**	0	0	0	0	0	*0*		**0**					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	**2%**	1.0%	0.9%	0.9%	1.0%	1.3%	*40*	*3117*	**1.1%**					
	ALoS – D2A Pathway 2	Chief Operating Officer	**>28 days**	38	26	30	27	27	*50*	*1361*	**32**					
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	**6.0**	6.8	7.1	6.7	7.0	7.0	*6829*	*970*	**7.0**					
	ALoS – Elective Inpatients	Chief Operating Officer	**2.5**	2.1	2.4	1.8	1.8	1.9	*511*	*266*	**2.0**					
	Medically fit for discharge - Acute															
	Medically fit for discharge - Community															
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	**0**	13.3%	14.1%	12.7%	13.4%	10.9%	*256*	*2346*	**12.1%**					
	HSMR - Rolling 12 months Nov 23 - Oct 24	Chief Medical Officer	**100**						*104.3*		**104.3**					
	Mortality SHMI - Rolling 12 months Aug 23 - Jul 24	Chief Medical Officer	**89-112**						*101.0*		**101.0**					
	Never Events	Chief Nursing Officer	**-**	0	0	0	0	0	*0*							
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	1	0	0	*0*		**1**					
	MSSA Bacteraemia	Chief Nursing Officer	**0**	2	1	1	2	0	*0*		**10**					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	**29**	4	1	0	2	2	*2*		**22**					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	**1.14**	1.73	0.63	0.66	TBC	TBC	*TBC*	*13597*	**0.99**					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	**10**	2	1	0	0	0	*0*		**7**					
	Serious Incidents	Chief Nursing Officer	**-**	0	0	0	0	0	*0*							
	VTE Risk Assessments (Q3)	Chief Nursing Officer	**95%**						*3292*	*4165*	79.0%					
	WHO Checklist	Chief Nursing Officer	**100%**	98.3%	99.5%	98.3%	99.1%	98.1%	*8699*	*8872*	**98.8%**					
	zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	**80%**	-	-	-	-	-								
	Stroke - thrombolysis	Chief Operating Officer	**-**	-	-	-	-	-								
	zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	**80%**	-	-	-	-	-								
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**95%**	98.2%	-	-	-	-			**98.3%**					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**95%**	98.1%	-	-	-	-			**98.3%**					
	No. of Complaints received	Chief Nursing Officer	**0%**	17	22	31	18	14	14		**168**					
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	**0%**	1	0	1	1	1	1		**5**					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	100.0%	81.3%	66.7%	81.0%	72.2%	13	*18*	**76.0%**					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	86.1%	58.3%	60.0%	36.4%	82.8%	*226*	*273*	**84.1%**					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	94.9%	99.2%	98.9%	99.5%	95.2%	*8525*	*8959*	**94.7%**					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	99.0%	98.6%	100.0%	100.0%	100.0%	*142*	*142*	**99.4%**					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	100.0%	-	-	-	-			**93.6%**					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**>12.8%**	38.3%	0.3%	0.1%	0.2%	5.8%	*273*	*4723*	**19.9%**					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**>25%**	9.3%	1.9%	1.1%	3.2%	4.9%	*255*	*5192*	**5.4%**					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**>23.4%**	5.9%	0.0%	0.0%	0.0%	0.0%	*0*	*283*	**3.5%**					
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	**>30%**	5.3%	2.7%	2.6%	3.2%	1.9%	*142*	*7639*	**3.0%**					

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
People		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24		Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking	Agency - expenditure as % of total pay	Chief Finance Officer	-	2%	2%	2%	2%	1%	*1%*							
Finance and Use of Resources		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24		Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	338	775	-2177	65	-214	*-214*							
	I&E - Margin (%)	Chief Finance Officer	-	-2%	-1%	-2%	-1%	-1%	*-1%*							
	I&E variance from plan (£)	Chief Finance Officer	-	338	775	-2177	65	-214	*-214*							
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A	N/A	N/A							
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	-553	2194	-741	-447	-335	*-335*							
	Agency - expenditure (£k)	Chief Finance Officer	-	540	464	543	423	334	*334*							
	Agency - expenditure as % of cap	Chief Finance Officer	-	68%	56%	52%	48%	39%	*0*							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4774	4723	5348	5100	4831	*4831*							
	Capital - Variance to plan (£k)	Chief Finance Officer	-	318	-190	-801	-617	-2580	*-2580*							
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	7996	23331	18099	10308	12908	*12908*							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	93%	96%	94%	93%	94%	*94%*							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	96%	93%	94%	97%	97%	*97%*							
	Agency - expenditure as % of cap	Chief Finance Officer	-	68%	56%	52%	48%	39%	*39%*							

Worcestershire Acute Hospitals NHS Trust

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

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

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

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

Example

Data Quality Assurance Questions

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

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

Worcestershire Acute Hospitals 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 (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	**75%**	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	80.8%	80.4%	80.0%	82.5%	77.6%	-	2,003	2,581	79.0%		77.4%	Nov-24			
	2 Week Wait all cancers	Chief Operating Officer	**93%**	85.7%	87.9%	88.9%	86.0%	86.0%	89.0%	85.4%	93.0%	96.2%	96.5%	94.6%	92.0%	-	2,359	2,563	91.5%		81.9%				
	Urgent referrals for breast symptoms	Chief Operating Officer	**93%**	80.0%	77.8%	32.0%	16.8%	35.0%	27.4%	30.0%	67.0%	89.8%	94.0%	96.6%	61.5%	-	48	78	60.7%		73.3%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	**96%**	90.9%	87.2%	88.5%	87.2%	85.3%	87.1%	85.6%	82.4%	78.5%	79.9%	83.1%	78.7%	-	274	348	82.7%		91.4%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	**96%**	89.7%	87.3%	90.5%	87.5%	84.5%	86.8%	87.4%	83.6%	84.0%	84.3%	84.5%	78.0%	-	428	549	84.1%		91.0%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	**85%**	42.3%	42.3%	44.1%	50.6%	57.9%	54.4%	60.4%	67.5%	65.7%	68.4%	65.7%		-	135	226	62.5%		64.5%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	**90%**	83.3%	44.4%	67.8%	61.9%	65.8%	59.4%	66.2%	70.6%	59.0%	79.3%	50.0%	28.6%	-	8	28	60.2%		66.2%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	**85%**	77.8%	78.1%	81.9%	79.5%	82.7%	77.2%	82.6%	84.6%	77.2%	77.8%	76.2%	73.5%	-	61	83	79.0%		79.1%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	**85%**	54.1%	51.4%	56.7%	58.4%	63.6%	60.9%	66.9%	71.3%	68.3%	72.0%	67.0%	60.3%	-	204	338	66.3%		69.4%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	**Plan**	379	409	366	141	159	176	145	151	177	172	177	137	144									
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	**90%**	82.9%	82.6%	82.3%	84.7%	85.6%	85.5%	85.4%	87.2%	87.4%	87.5%	85.5%	84.5%	83.7%	2,817	3,320	86.3%		92.2%	Feb to Jan			
	A&E Activity (any type)	Chief Operating Officer	**Plan**	16,960	17,647	17,190	18,537	18,677	19,875	19,293	19,351	18,672	18,444	19,292	18,654	18,348			152,258						
	Ambulance handover within 30 minutes	Chief Operating Officer	**98%**	53%	53%	55%	64%	64%	60%	64%	71%	65%	54%	46%	51%	42%	1,605	3,809	58%		73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	**0**	1,166	1,072	1,029	869	836	922	784	639	784	1085	1268	1158	1458			7,476		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	**Plan**	100%	116%	111%	112%	130%	119%	104%	123%	113%	123%	134%	126%	130%	3,746	2,892	121.6%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	**>40%**	37%	43.8%	41.3%	41.9%	42.2%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%	555	3,707	31.1%		36%	Feb to Jan			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	**76%**	59.6%	60.5%	61.0%	68.0%	64.4%	66.3%	67.9%	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	8,622	18,348	63.8%		72%	Nov-24			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	**-**	17.0%	19.3%	18.5%	15.8%	16.6%	16.3%	15.4%	14.5%	14.8%	17.0%	17.8%	19.7%	22.0%	2,973	13,472	17.1%		16%	Feb to Jan			
	A&E - Time to treatment	Chief Operating Officer	**-**	167	161	166	143	158	150	146	145	136	135	157	156	135			146		01:41				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	16	16	16	14	14	15	15	15	15	16	16	90	39			26		00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	260	316	304	301	248	271	307	270	335	369	487	305	605			3,197						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**3%**	7.1%	6.7%	7.2%	7.5%	6.8%	7.4%	7.5%	7.5%	7.7%	7.7%	7.2%	12.9%	12.6%	1,496	11,560	8.6%		8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	55.6%	56.6%	56.0%	54.3%	54.8%	55.9%	56.1%	55.9%	55.6%	56.3%	56.9%	56.5%	55.5%	31,873	57,382			59.1%	Nov-24			
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		59,242	59,900	61,458	61,753	61,740	62,118	62,152	61,348	61,862	60,779	59,873	58,765	57,382					7.48mil				
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	2,968	2,746	2,672	2,536	2,204	2,089	1,980	1,891	1,804	1,604	1,576	1,465	1,178					221,889				
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1,048	891	766	587	472	464	402	357	300	105	57	23	40					16,904				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	125	109	68	27	13	14	4	0	0	2	1	0	3					2,051				
	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					151				
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	**2019/20**	7,206	9,156	9,374	8,711	9,438	9,533	8,546	9,787	8,699	8,978	10,138	9,354	8,269			82,742						
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	107%	110%	120%	136%	118%	112%	119%	123%	129%	128%	148%	131%	134%	18,817	14,021	127%						
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	98%	105%	104%	103%	106%	88%	84%	101%	93%	96%	100%	90%	105%	18,817	17,948	95%						
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	102%	104%	116%	123%	113%	108%	110%	113%	118%	117%	133%	115%	117%	54,080	46,239	116%						
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	103%	111%	111%	107%	119%	99%	92%	111%	99%	106%	107%	95%	105%	54,080	51,480	103%						
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	101%	105%	107%	129%	110%	105%	109%	115%	114%	115%	115%	107%	110%	7,070	6,433	111%						
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	99%	101%	102%	104%	97%	102%	98%	117%	99%	110%	111%	99%	99%	7,070	7,115	104%						
	BADS: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end)	Chief Operating Officer	**Actual**	84%	84%	84%	84.2%	84.0%	83.8%	84.0%	84.2%	-	-	-	-	-	5818	6921	-		81%	Dec			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	81%	82%	81%	82%	82%	83%	82%	83%	82%	84%	84%	83%	82%			83%		78%	February			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	84%	84%	83%	85%	84%	86%	85%	86%	84%	87%	87%	86%	84%			86%		82%				
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	-	45	59	40	57	37	49	40	38	42	40	59	59	38			402		21,053	Q4 23-24			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	112%	117%	115%	118%	115%	119%	115%	111%	112%	113%	107%	105%	112%	6,884	6,125	112%						
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	91%	92%	96%	85%	116%	112%	97%	110%	103%	99%	106%	99%	104%	1,400	1,347	105%						
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	103%	97%	86%	89%	100%	105%	96%	101%	116%	120%	111%	99%	94%	2,091	2,228	105%						
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<15%**	18.4%	25.2%	19.5%	25.8%	27.4%	29.7%	34.3%	31.1%	34.7%	29.2%	22.9%	22.6%	17.0%	9,993	1,697			19.9%	Nov-24			
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	86%	87%	88%	87%	83%	85%	86%	88%	88%	84%	90%	90%	90%	433	464	87%						
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	**TBC**	4.4%	4.4%	4.4%	4.7%	5.5%	6.5%	7.2%	7.6%	8.1%	8.4%	8.8%	8.9%	-					9.0%	Nov-24			
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	**TBC**	60.0%	59.5%	59.6%	59.2%	59.3%	60.1%	60.7%	62.1%	63.1%	63.9%	63.8%	63.0%	-					63.9%				
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	**TBC**	81.7%	81.4%	81.3%	81.8%	82.9%	82.3%	83.3%	84.6%	88.6%	87.0%	87.2%	87.8%	-					83.4%				
	Maternity Activity (Deliveries)	Chief Nursing Officer		358	396	372	413	380	418	371	387	416	409	410	349	361			3,501						
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	**<4%**	5.8%	5.5%	4.8%	5.0%	4.8%	5.2%	5.3%	5.0%	5.2%	5.3%	5.1%	5.2%	5.3%	2,978	55,683	5%		6.8%	Nov-24			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	89%	90%	91%	91%	89%	90%	89%	88%	89%	89%	89%	89%	88%	32464	36812	89%						
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	100%	101%	114%	118%	110%	106%	106%	109%	113%	113%	126%	108%	109%	35,263	32,218	111%						
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	106%	114%	114%	110%	126%	105%	97%	118%	102%	112%	111%	98%	105%	35,263	33,532	108%						
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	18%	18%	18%	17%	16%	17%	15%	16%	15%	16%	16%	17%	17%	9,115	54,257	16%		18%	Feb to Jan			
Prevention long term conditions	Maternity - Women who were current smokers at 36 weeks (or last smoking status)	Chief Nursing Officer	-	2.9%	3.4%	2.0%	3.4%	1.9%	2.1%	3.1%	2.6%	3.5%	4.3%	5.6%	4.0%	4.8%	8	349	2.7%						

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	96%	97%	96%	96%	96%	96%	95%	96%	95%	95%	94%	94%	93%	780	835	95%		94%	Dec-24			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	63	75	102	82	69	67	59	56	48	60	65	56	55			535		4,302	Dec-24			
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	7.5	8.1	8.2	8.1	7.8	7.9	7.7	7.5	7.2	7.7	8.1	8.2	8.2	22524	2741	7.8		4.4	Feb to Jan			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	3.5	3.0	3.7	3.2	3.3	3.1	3.3	2.8	3.1	3.0	3.6	3.4	3.3	1176	361	3.2		3.1				
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	15%	14%	14%	12%	12%	13%	14%	12%	12%	15%	15%	13%	9%	70	773	13.0%		23.1%	Dec			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	7.2%	7.1%	7.9%	8.5%	7.5%	8.2%	7.2%	6.9%	6.9%	5.1%	4.8%	4.5%	4.5%	10865	492	5.2%		7.5%	Jan to Dec			
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	**100**	105.8	104.0	103.0	103.5	102.8	103.43	103.17	104.10	103.70	-	-	-	-				As expected					
	Never Events	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0			0						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	1	1	0	0	0	0	0	0	0	0	0			0						
	MSSA Bacteraemia	Chief Nursing Officer	**17**	5	2	4	2	3	3	3	5	5	6	7	8	11			51						
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	**78**	8	8	15	9	11	10	14	17	16	11	13	11	9			112						
	Number of falls with moderate harm and above	Chief Nursing Officer		1	4	2	5	3	6	5	13	10	2	6	3	7			55						
	Serious Incidents	Chief Nursing Officer	**Actual**	0	2	1	0	1	1	1	0	0	2	0	1	0			6						
	VTE Risk Assessments	Chief Medical Officer	**95%**	91.0%	93.3%	93.0%	92.2%	96.3%	96.0%	97.0%	96.9%	97.0%	96.4	97.11	95.82	94.96	265	3,252	97%						
	WHO Checklist	Chief Medical Officer	**100%**	98%	98%	97%	98%	98%	98%	99%	98%	98%	99%	98%	98%	97%	1,179	1,120	97%						
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	**60%**	86%	83%	61%	66%	45%	62%	69%	83%	84%	75%	85%	62%	73%	88	121	71%						
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	50%	50%	75%	75%	33%	57%	57%	43%	55%	67%	-	-	-	6	9	52%						
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	**80%**	81%	77%	75%	82%	78%	68%	74%	75%	59%	64%	-	-	-	48	75	70%						
	Number of complaints	Chief Nursing Officer	**2022/23 (747)**	51	88	77	75	80	66	73	72	70	58	70	60	61			610						
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0			0						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**85%**	62%	63%	82%	69%	48%	62%	73%	61%	62%	70%	59%	54%	50%	30	61	60%						
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	**95%**	84%	74%	71%	77%	76%	75%	75%	78%	82%	79%	75%	71%	61%	22	36	73%		77%				
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	**95%**	96%	94%	93%	94%	94%	94%	94%	95%	96%	95%	94%	95%	94%	3697	3492	95%		95%	Nov-24			
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	**95%**	94%	33%	94%	100%	100%	88%	92%	86%	78%	85%	85%	85%	92%	137	149	85%		92%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**20%**	14%	23%	23%	23%	22%	23%	21%	22%	24%	22%	21%	4%	0%	36	9209	18%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	25%	35%	37%	37%	35%	37%	38%	39%	44%	40%	36%	40%	35%	3697	10631	38%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	12%	1%	9%	1%	4%	9%	8%	20%	10%	26%	19%	32%	28%	149	537	17.3%						

People		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		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
																	Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6%**	8.5%	9.6%	8.4%	8.8%	8.6%	9.0%	7.9%	8.6%	7.9%	8.3%	5.3%	6.9%	7.7%			7.8%						Reasonable Assurance
	Appraisals - Non-medical	Chief People Officer	**90%**	80.0%	79.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	80.0%	82.0%	82.0%	83.0%	84.0%	4,957	5,927	81.2%						
	Appraisals - Medical	Chief People Officer	**90%**	96.0%	93.0%	93.0%	93.0%	94.0%	96.0%	94.0%	93.0%	94.0%	93.0%	94.0%	94.0%	95.0%	541	569	94.1%						
	Mandatory Training	Chief People Officer	**90%**	88%	90%	90%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	90.0%	90.0%	77,480	86,200	90.6%						
	Overall Sickness	Chief People Officer	**4$%**	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%	12,648	214,507	5.5%						
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**11.5%**	11%	11%	11%	11%	11%	11%	10%	10%	10%	10%	10%	10%	10%	604	6,084	10.4%						
	Vacancy Rate	Chief People Officer	**7.5%**	8%	8%	7%	7%	10%	9%	9%	9%	8%	7%	6%	6%	5%	383	6,908	7.8%						

Finance and Use of Resources		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		Year to Date	Latest Available Monthly Position			SPCs		DQ Mark
																	Numerator	Denominator		Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£4,897	-£5,562	-£4,361	-£3,361	-£7,799	-£4,672	-£5,283	-£5,507	-£5,253	£24,901	£6	-£433	-£880			-£4,920						
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-8.7%	-9.8%	-7.5%	-4.7%	-14.0%	-7.8%	-9.1%	-9.8%	-9.0%	28.2%	18.7%	-4.9%	-7.5%			-0.8%						
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£5,177	-£7,277	-£6,677	-£4,954	£971	-£836	-£635	£7	-£75	£190	£355	-£143	-£289			-£24						
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	-6.0%	-31.0%	-53.0%	-47.0%	-11.0%	22.0%	14.0%	0.0%	1.0%	1.0%	-102.0%	50.0%	49.0%			1.0%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£2,195	-£2,510	-£2,741	-£1,323	-£669	-£223	-£240	£251	£194	£368	£456	-£439	£94			-£210						
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	-£3,049	-£3,505	-£3,098	-£3,158	£3,186	£3,406	£2,965	£3,121	£2,961	£3,113	£2,375	£2,700	£3,143			£26,971						
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	8.5%	9.6%	8.4%	8.0%	8.6%	9.0%	8%	9%	8%	8%	5%	7%	8%			7.7%						
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	£757	£401	-£925	£25,631	£0	£0	-£2,314	-£832	-£118	-£1,592	£934	£564	£464			-£2,894						
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£1.303m	£7.862m	£20.333m	£11.384m	£1.125m	£1.712m	£1.182m	£1.617m	£6.732m	£13.291m	£24.208m	£16.708m	£16.428m			-						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	88.2%	83.1%	88.5%	95.6%	95.1%	87.9%	83%	64%	70%	55%	70%	76%	75%			-						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	88.2%	85.9%	89.8%	93.3%	87.4%	89.3%	71.5%	41.1%	54.2%	55.0%	56.3%	62.9%	64.4%			-						

NHS
Wye Valley
NHS Trust

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

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

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

Example

Data Quality Assurance Questions

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

Quality of care, access and outcomes		Responsible Director	Standard	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 v Standard	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	77%	79.0%	77.3%	77.1%	77.0%	77.8%	79.2%	78.1%	79.3%		810	1021	78.1%			77.4%	November			
	2 Week Wait all cancers	Chief Operating Officer	93%	86.9%	93.4%	88.4%	87.8%	88.5%	92.1%	91.3%	86.4%		864	1000	89.4%			81.9%				
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	47.6%	32.1%	20.0%	48.4%	43.8%	39.1%	21.4%	7.7%		1	13	34.1%			73.3%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	84.8%	85.5%	90.7%	88.2%	89.3%	89.8%	89.0%	91.9%		114	124	88.8%			91.4%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	84.3%	82.2%	89.7%	86.8%	88.8%	87.1%	86.0%	91.5%		129	141	87.1%			91.0%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		14	11	10	12	3	7	5	8	7			77							
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	64.5%	75.7%	76.6%	53.5%	74.8%	75.4%	73.5%	76.4%		75	98	71.3%			64.5%	November			
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	80.0%	100.0%	100.0%	83.3%	77.8%	100.0%	33.3%	66.7%		2	3	78.4%			66.2%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	72.4%	63.3%	65.5%	68.1%	65.7%	90.5%	56.8%	65.9%		14	21	68.6%			79.1%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	70%	63.9%	75.5%	74.0%	57.9%	71.4%	79.2%	69.4%	73.4%		90	122	70.7%			75.7%				
	Cancer: number of urgent cancer patients waiting over 62 days	Chief Operating Officer	Plan	72	93	85	93	88	61	50	38	54										
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2023/24	113%	114%	101%	115%	112%	109%	124%	109%	118%	28840	24459	113%							
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%												97.7%							
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	78%	79%	76%	67%	77%	76%	77%	70%	83%	89	107	76.7%			84%	Nov			
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	87.0%	84.7%	85.7%	86.8%	86.9%	87.4%	86.3%	87.3%	86.0%	1590	1848	86.4%			93%	Nov to Oct			
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	108%	107%	100%	100%	102%	103%	101%	105%	104%	6456	6205	103%							
	Ambulance handover within 30 minutes (WMAS Only)	Chief Operating Officer	98%	73.3%	72.7%	66.4%	65.8%	75.9%	62.9%	51.1%	55.2%	49.4%	775	1568				73%	July			
	Ambulance handover over 60 minutes (WMAS Only)	Chief Operating Officer	0%	10.2%	10.5%	15.4%	18.7%	14.5%	18.8%	29.1%	25.1%	30.9%	485	1568	10.4%			12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	114%	112%	112%	113%	115%	120%	119%	129%	124%	1671	1350	117%							
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	46%	47%	47%	46%	42%	44%	48%	48%	46%	1314	2828	46.3%			37%	Nov to Oct			
	A&E - % of patients seen within 4 hours	Chief Operating Officer	78%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	65.8%	64.8%	63.4%	4689	7401	66.6%			71%	Dec			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		11.9%	11.7%	12.3%	12.4%	10.8%	12.5%	12.4%	12.2%	13.3%	982	7401	11.8%			6%	Nov to Oct			
	A&E - Time to treatment	Chief Operating Officer		01:31	01:36	01:41	01:30	01:42	01:38	01:40	01:56	01:58						01:41				
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	In development																		
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:26	00:25	00:28	00:27	00:26	00:25	00:25	00:27	00:28						00:21	Nov to Oct			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	292	318	291	330	312	284	270	256	232			610							
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	8.1%	7.8%	8.0%	9.1%	8.3%	7.7%	8.9%			107	5309	8.2%			9%	Nov to Oct			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**92%**	54.5%	55.6%	55.8%	55.7%	55.6%	55.1%	55.8%	56.0%	55.1%	12982	23544				59.1%	Nov			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	**95%**	67.8%	68.2%	70.0%	70.3%	69.4%	69.5%	70.0%	70.0%	68.4%	2886	4222								
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		28130	28574	29179	28848	28708	28783	28761	28246	27766										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1171	1198	1285	1140	1169	987	865	804	764						221889	November			
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	137	170	196	182	145	74	42	29	34						16904				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	6	13	15	14	14	9	4	1	3						2051				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1	2	3	1	3	2	1	0	0						151				
	GP Referrals	Chief Operating Officer	**2019/20**	116%	103%	91%	102%	86%	95%	103%	89%		3815	4267	98%							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	113%	113%	110%	114%	114%	111%	117%	109%	108%	5191	4802	112%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	110%	106%	85%	115%	98%	83%	111%	78%	101%	5191	5131	97%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	116%	118%	114%	119%	115%	110%	113%	108%	108%	16355	15134	113%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	113%	112%	88%	123%	107%	91%	115%	83%	110%	16355	14888	103%							
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	**46%**	43%	42%	43%	43%	43%	43%	44%	45%	47%	9703	20753	44%			44.3%	Nov to Oct			
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	112%	111%	99%	102%	105%	110%	108%	100%	100%	2606	2611	105%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	119%	113%	86%	101%	91%	88%	105%	78%	90%	2606	2911	95%							
	Elective Recovery Fund (ERF) Actual v Plan (£)	Chief Operating Officer	**Plan**	103%	112%	112%	105%	116%	122%	129%	126%	127%			116%							
	BADS Daycase rates	Chief Operating Officer	**Actual**	77.6%	80.3%	78.5%	82.6%	79.9%	79.7%				0	0	79.6%			80%	Nov to Oct			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%	79.5%	78.8%	80.9%			78.9%			80%	November			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	82.0%	82.4%	83.0%	80.1%	81.1%	82.7%	82.7%	82.9%	85.2%			82.5%			83%				
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	**10 per month**	32	24	39	42	40	32	26	31	39			305			21249	Jul to Sep			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	112%	127%	129%	104%	101%	118%	104%	108%	104%	2923	2823	111%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	130%	98%	77%	156%	127%	93%	91%	72%	83%	730	876	98%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	120%	131%	119%	115%	111%	116%	114%	127%	110%	1544	1407	118%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<5%**	24.7%	24.8%	30.2%	30.0%	27.8%	17.2%	15.1%	13.3%	12.5%	663	5313				19.9%	Nov			
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	94.4%	93.9%	90.6%	95.5%	95.1%	88.9%	94.6%	94.0%	93.7%	119	127	93.4%							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	**<15%**	19.0%	16.0%	16.3%	14.2%	16.3%	15.6%	16.2%	18.4%	17.8%	19	107	17.8%							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	**<34%**	60.6%	55.5%	54.7%	54.8%	55.7%	55.3%	55.6%	61.8%	65.1%	123	189	65.1%							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	**<60%**	85.5%	87.3%	86.3%	88.5%	88.1%	85.9%	87.8%	88.2%	90.2%	111	123	90.2%							
	Maternity Activity (Deliveries)	Chief Nursing Officer	**v 2023/24**	99%	84%	114%	93%	86%	108%	93%	95%	95%	129	136	96%							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:23	1:25	1:26	1:22	1:21	1:27	1:23	1:23											
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development									0	0								
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<4%**	6.3%	6.3%	6.6%	6.5%	7.8%	6.5%	5.9%	6.2%	6.4%	1639	24085	6.5%			7.0%	Nov to Oct			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	86.7%	88.0%	87.6%	88.8%	89.9%	89.3%	88.8%	88.3%	87.8%	13217	15049	88.4%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	117%	120%	116%	122%	116%	110%	112%	107%	108%	11164	10332	114%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	114%	115%	90%	127%	111%	94%	117%	86%	114%	11164	9756	106%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	20.2%	20.5%	19.5%	19.1%	19.6%	19.9%	19.7%	20.0%	19.0%	3110	16355	19.7%			17%	Nov to Oct			
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		11.2%	5.3%	10.1%	6.5%	4.1%	6.7%	7.5%	8.7%	7.9%	10	127								

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	100%	100%	100%	99%	99%	100%	100%	99%	99%	312	316	**100%**			94%	Dec			
	Bed occupancy - Community Wards	Chief Operating Officer	**<92%**	97%	98%	95%	91%	92%	94%	95%	90%	93%	71	76	**94%**							
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	54	99	84	70	134	204	348	150	69			**1212**			3983	Nov			
	Patient ward moves emergency admissions (acute)	Chief Operating Officer		9%	10%	9%	8%	7%	7%	9%	7%	7%	82	1134	8%							
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	6.5	6.2	6.4	6.1	6.5	5.9	6.7	6.0	5.8	8222	1416	**6.2**			4.5	Nov to Oct			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	2.6	2.4	2.7	2.7	2.8	2.6	2.4	2.4	2.6	653	256	**2.6**			3.1	Nov to Oct			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%	15.5%	16.6%	15.1%	1450	9590				23.1%	Dec			
	Medically fit for discharge - Community	Chief Operating Officer	**10%**	46.2%	42.6%	47.4%	48.9%	50.1%	47.5%	53.1%	49.0%	38.8%	931	2400								
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	4.2%	4.6%	4.8%	4.3%	4.5%	4.8%	4.3%			154	3551	**4.5%**			7.6%	Oct to Sep			
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	98.5	100.3	100.1	100.1	99.5					1345	1350				100	Nov to Oct			
	Never Events	Chief Nursing Officer	**0**	1	0	0	0	0	0	0	0	0			**1**							
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0			**0**							
	MSSA Bacteraemia	Chief Nursing Officer		1	0	4	2	1	0	0	2	0			**10**							
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**44**	6	6	5	9	10	6	2	5	6			55							
	Number of falls with moderate harm and above	Chief Nursing Officer	**2022/23 (30)**	1	4	2	1	2	1	2	3	1			17							
	Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	**0**												**0**							
	Serious Incidents	Chief Nursing Officer	**Actual**												0							
	VTE Risk Assessments	Chief Medical Officer	**95%**	90.0%	88.7%	89.4%	88.5%	87.4%	88.2%	87.0%	86.0%	83.0%	4134	4983	**87.6%**							
	WHO Checklist	Chief Medical Officer	**100%**			98.0%			98.7%													
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	**60%**	64.4%	50.9%	63.2%	74.4%	73.9%	65.8%	64.4%	67.6%		11	23	**63.9%**							
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	0.0%	66.7%	20.0%	33.3%	0.0%	66.7%	100.0%	80.0%	55.6%	5	9	**55.0%**							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	77.8%	75.0%	78.7%	89.2%	87.5%	76.5%	75.9%	87.9%	74.2%	23	31	**80.1%**							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**98%**	93.7%	94.7%	95.0%	94.0%	94.7%	95.7%	96.3%	94.7%	97.0%			**95.1%**							
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**98%**	96.7%	94.8%	95.7%	96.8%	98.0%	97.7%	97.0%	97.0%	99.3%			**97.0%**							
	Number of complaints	Chief Nursing Officer	**2022/23 (253)**	45	31	30	29	19	32	44	27	28			285							
	Number of complaints referred to Ombudsman	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0			**0**							
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	44.8%	39.4%	50.0%	53.8%	51.6%	50.0%	51.7%	67.9%	50.0%	19	28	**51.0%**							

	Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	**30%**										4	5023	**0.0%**								
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**95%**	81%	81%	79%	79%	79%	75%	79%	77%	74%						77%					
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	86%	83%	85%	81%	84%	83%	88%	82%	84%	153	183	**83.9%**			95%	November				
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**95%**										4	4	**0.0%**			94%					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	97%	86%	97%	94%	86%	90%	97%	88%	92%			**91.9%**			92%					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	19%	19%	20%	18%	20%	18%	18%	19%	17%											
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	18%	16%	18%	15%	17%	15%	15%	16%	15%	183	1185	**16.1%**								
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	28%	25%	24%	31%	32%	30%	28%	32%	21%	26	122	**27.9%**								

													Latest Month				Latest Available Monthly Position					
People		Responsible Director	Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6.4%**	5.5%	6.3%	5.5%	5.9%	5.8%	4.5%	4.1%	4.6%	4.8%			5%							
	Appraisals	Chief People Officer	**85%**	75.9%	79.2%	80.3%	80.2%	80.3%	79.8%	80.1%	79.5%	79.8%	2642	3310	79%			76%	2021/22			
	Mandatory Training	Chief People Officer	**85%**	89.2%	89.8%	89.7%	89.7%	89.5%	88.0%	88.3%	88.6%	88.8%	35752	40248	89%			88%				
	Overall Sickness	Chief People Officer	**3.5%**	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5.3%	5.0%	6.2%	7237	115972	5%			5%	Aug			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**10%**	9.0%	9.2%	9.4%	9.5%	9.8%	9.7%	9.4%	9.1%	9.1%	330	3639	9%							
	Vacancy Rate	Chief People Officer	**5%**	3.6%	5.5%	5.7%	7.1%	6.3%	3.9%	5.2%	4.7%	4.5%	174	3914	5%							

													Latest Month				Latest Available Monthly Position					
Finance and Use of Resources		Responsible Director	Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£3,854	-£3,387	-£3,387	-£4,957	-£3,686	£12,576	-£602	-£202	-£795			**-£8,295**							
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-1.2%	-10.1%	-12.3%	-18.4%	-13.6%	28.9%	-1.6%	-0.6%	-2.6%	-£795	£30,790								
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£877	-£469	-£524	-£1,793	-£606	-£645	-£178	£106	-£488			**-£5,475**							
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	13.0%	-1.5%	-1.9%	-6.6%	-2.2%	-1.5%	-0.5%	0.3%	-1.6%	-£488	£30,790								
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£433	-£580	-£566	-£844	-£811	£539	-£498	-£598	-£489			**-£4,280**							
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	£1,069	£1,027	£1,048	£953	£725	£573	£755	£634	£582			£7,366							
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	5.9%	3.1%	5.8%	5.2%	3.9%	3.1%	3.0%	3.2%	3.0%	£582	£19,457	4.2%							
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	-£14	£178	-£522	£785	-£284	-£242	-£697	-£345	-£822			**-£1,964**							
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£22	£30	£23	£22	£18	£14	£37	£29	£25			£25							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	99.4%	99.8%	98.9%	98.7%	87.0%	97.6%	95.2%	94.9%	98.6%	£21,399	£21,710	96.9%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	98.7%	99.0%	99.0%	99.3%	99.3%	99.3%	97.4%	98.6%	99.2%	£4,479	£4,513	98.9%							

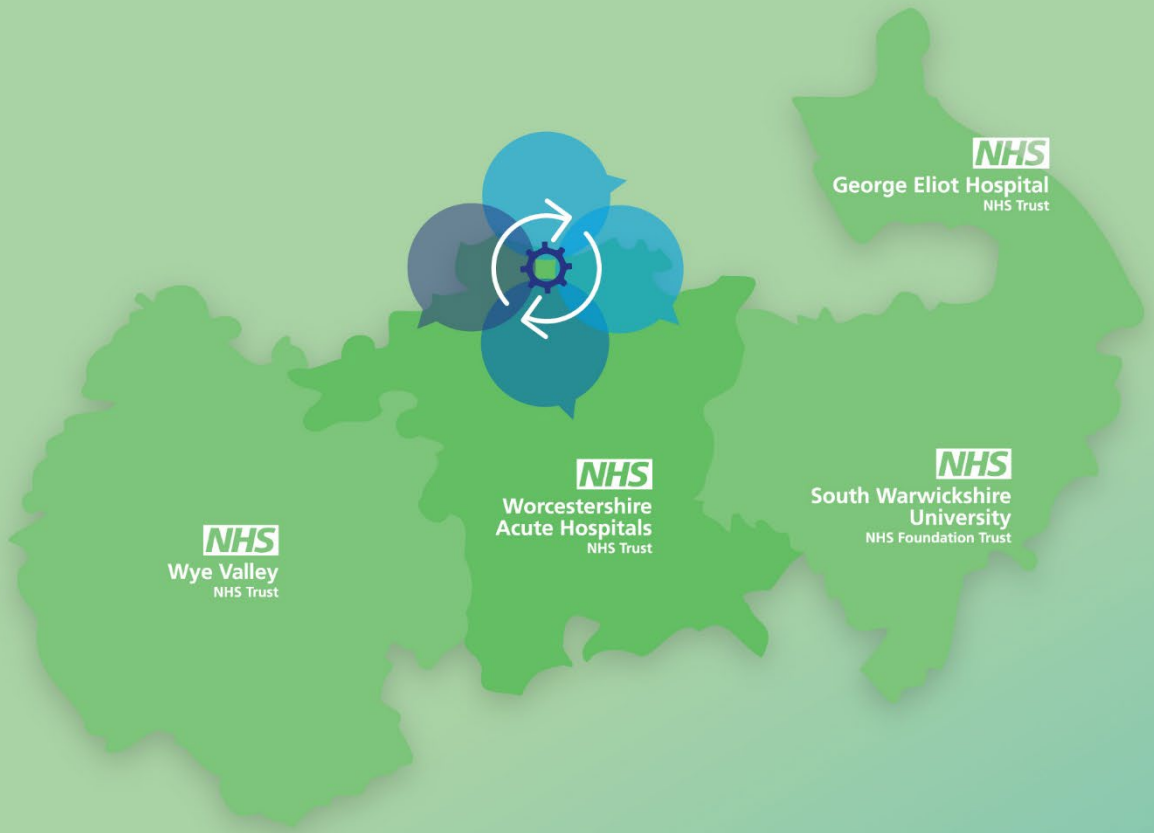
South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.2
Date of Meeting	5 February 2025		
Title of Report	Diagnostics Deep Dive		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion.		
Author:	Harkamal Heran, Chief Operating Officer SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Chris Douglas, Acting Chief Operating Officer WAHT.		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Chris Douglas, Acting Chief Operating Officer WAHT.		
1. Purpose of the Report	To provide the Foundation Group Board with a current update of the position faced across the Foundation Group in the delivery of diagnostics. It is recognised that all Trusts across the Foundation Group have experienced issues, drivers and introduced improvement opportunities with focused plans. The report also shows data graphs pulled by the Group Analyst relating to diagnostic activity and references the Elective Recovery Plan, CDCs and NICE guidance. The Group have identified next-step deep-dive opportunities.		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings.		



Diagnostics Deep Dive

February 2025

Introduction

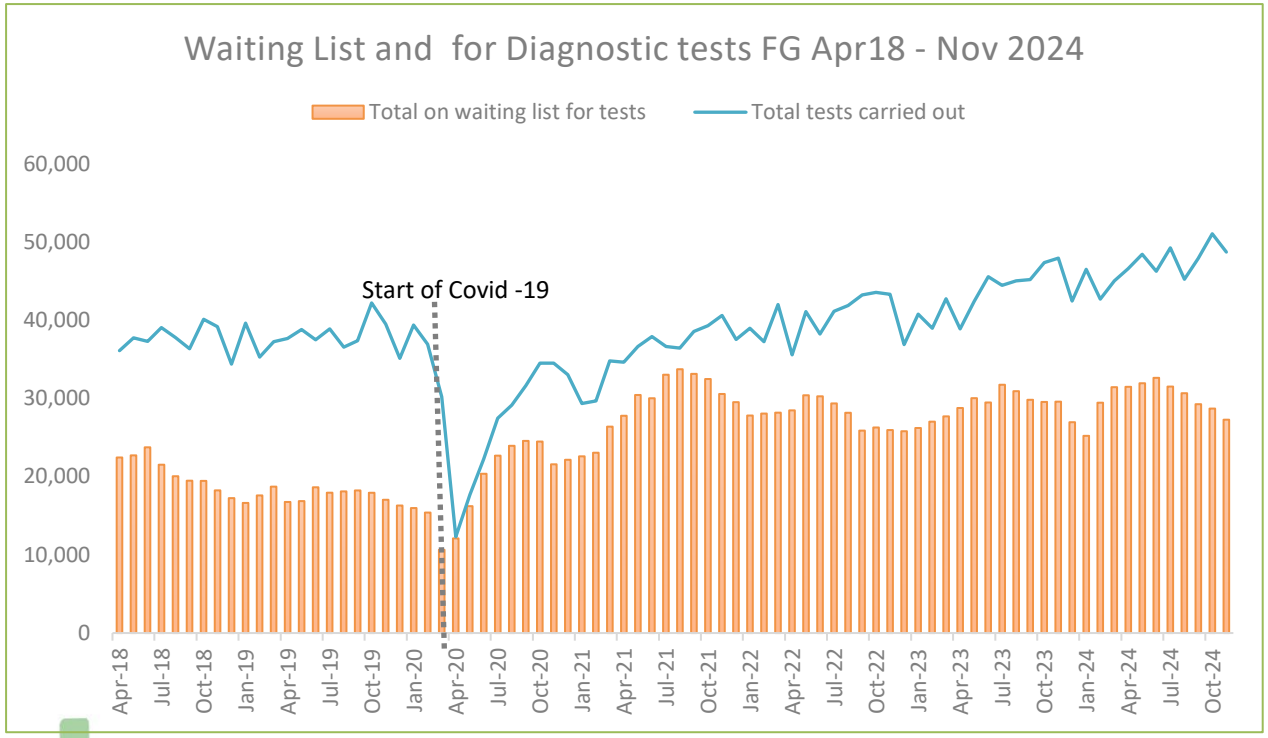
Demand for diagnostics services is on the rise, but a lack of infrastructure combined with staffing shortages means waiting lists are growing. Both NICE Guidance and the Elective Recovery Plan position diagnostics as a cornerstone of modern healthcare delivery, underscoring the need for efficient capacity management, equitable access, and alignment with national recovery goals.

NICE Guidance: Diagnostics are increasingly emphasized in NICE guidelines as critical tools for timely and accurate clinical decision-making. The recommendations prioritise early diagnostics to improve patient outcomes, enhance treatment pathways, and reduce unnecessary delays in care.

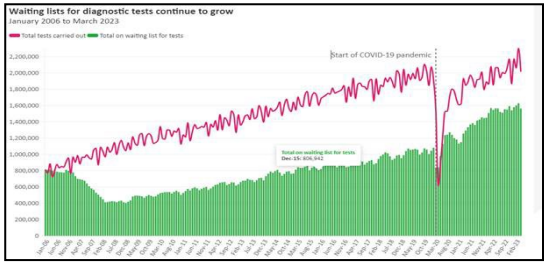
Elective Recovery Plan: The national Elective Recovery Plan underlines diagnostics as pivotal in addressing backlogs and meeting increasing demand. Key objectives include:

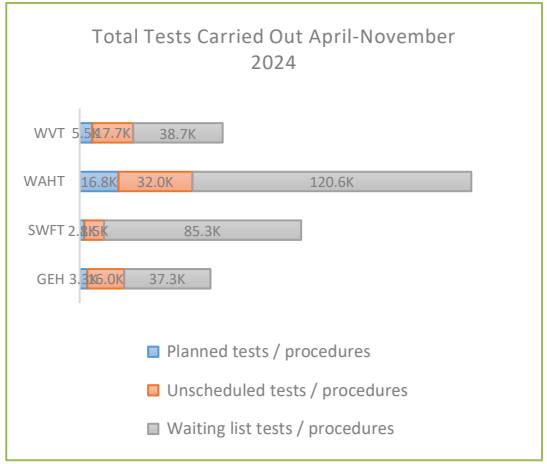
- Expanding diagnostic capacity through community diagnostic centres (CDCs).
- Streamlining access to tests such as imaging, scopes, and physiological measurements.
- Reducing waiting times to achieve sustainable performance improvements across trusts.

Foundation Group view:



National view:

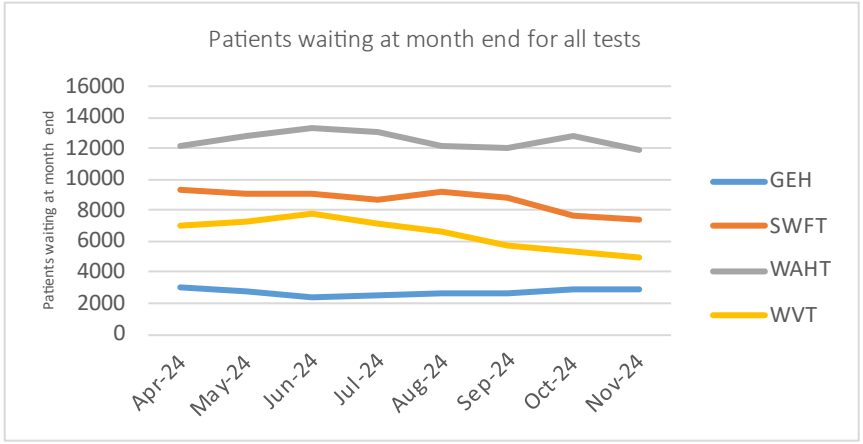


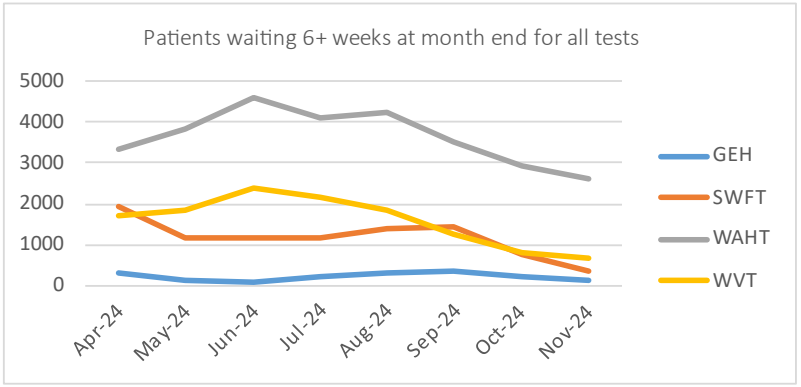


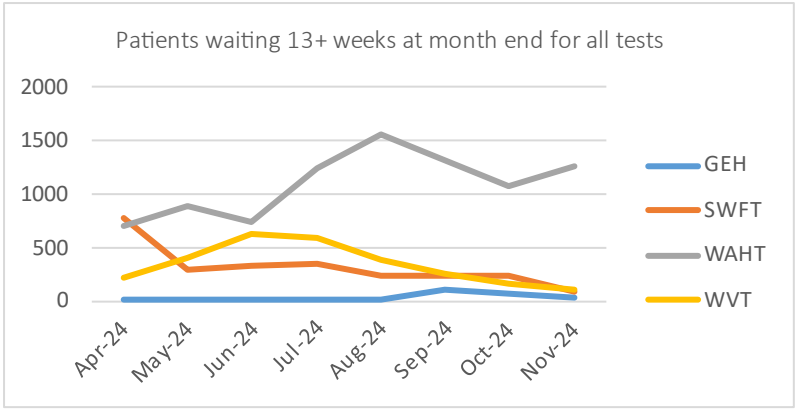
Capacity

	Worcestershire						Warwickshire South			Warwickshire North		Herefordshire					
	WRH	ALX	KTC (inc CDC)	POWCH	ECH	MCH	Warwick	Stratford CDC	CERU	GEH	CDC	County	CDC (August 2025)	Leominster	Ross	Bromyard	Community (Other
CT	3	2	2				2	1		2	1	3	1				
MRI	1	1 + 1 mobile	1				1	2 (from 06/25)		2	1	2	1				
Non-Obstetric Ultrasound Scan	5	4	4	1	1	1	4	4	2	4	2	6	1	1	1	1	1
Plain film	5	4	2	1	1	1	2	2		4	1	3	1	1	1		
Plain film (AED)							2					3					
Fluoro	1	1	1				1					2					
IR	1									2							
Nuc Med	1																
Dexa	1							1		1							1
Endoscopy	3	2	5			1						3			1		
Mammo							1 (inc uss)	1				2					
Nuclear Med												1					

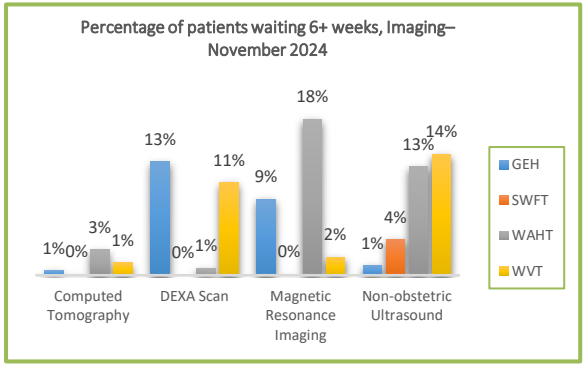
Waiting times across the Foundation Group

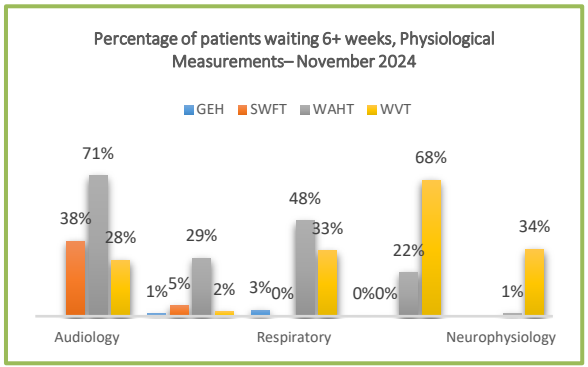


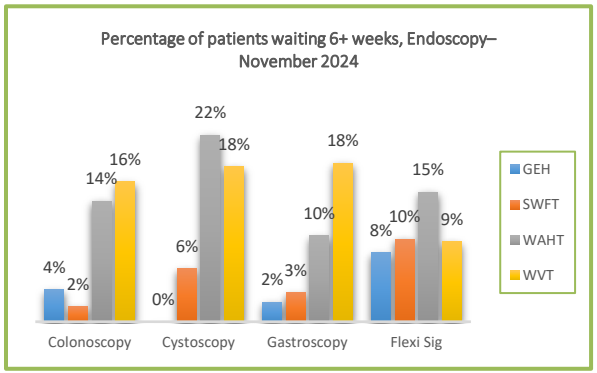


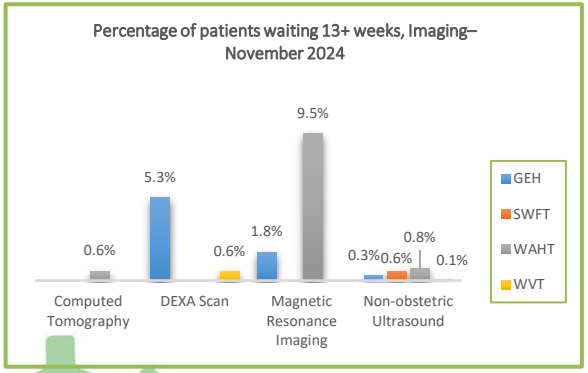


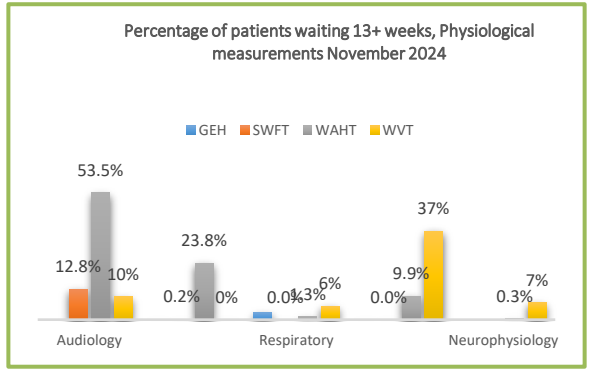
Waiting times across the Foundation Group

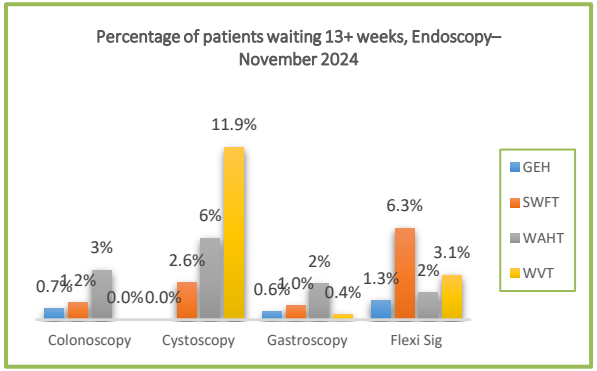








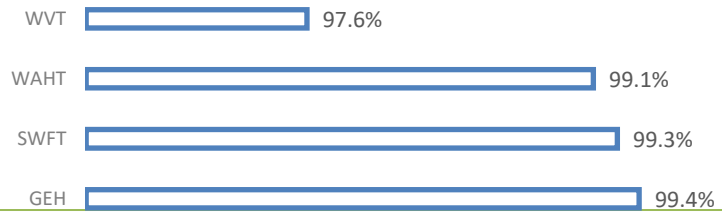




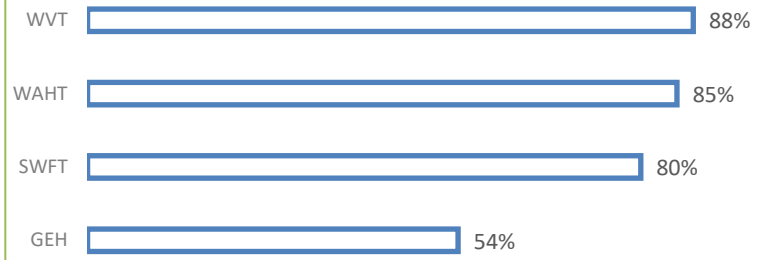
NHS Wye Valley NHS Trust
NHS Worcestershire Acute Hospitals NHS Trust
NHS George Eliot Hospital NHS Trust
NHS South Warwickshire University NHS Foundation Trust

Turnaround Times across the Foundation Group

A&E Report turnaround time **inside 4 hours** for all tests **excluding plain film** Apr-Nov 2024

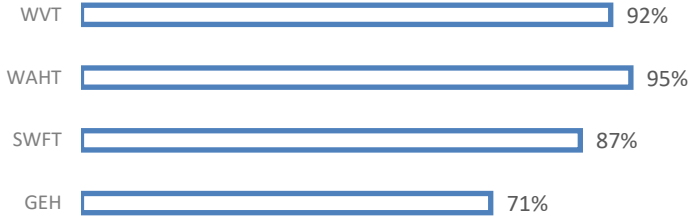


OP Cancer Pathways Report turnaround time **inside 3 days** for all tests Apr-Nov 2024



Urgent IP Report turnaround time **inside 12 hours** for all tests Apr-Nov 2024*

Urgent GP+OP IP Report turnaround time **inside 7days** for all tests Apr-Nov 2024



**The percentage TAT would improve if plain film was excluded from the data as this is not hot reported.*

Turnaround Times Narrative

GEH

Turnaround times have significantly improved at GEH over the last 3 months for both Computed Tomography Scan (CT) and Magnetic resonance imaging (MRI) by changing practices and increasing workforce, further work is still required to continue improvement

SWFT

TAT 3 months, two-week-waits, urgents 7-10 days AE within an hour, inpatients 4 hours

WVT

Significant improvements in imaging made in last 18 months, however heavy reliance on outsourcing/WLI to be addressed with CDC recruitment, job planning, demand management with i-Refer (referral decision support for both primary and secondary care). Utilisation of Allocation Officers to prioritise reporting workload along with developments of Power BI live reporting.

WAHT:

Not all scans have times recorded so the actual figure may differ
A&E within 4 hours 62% – Reporting for exams 8-8 is 91% and 14% overnight, plain film 55% others much higher (90s)
IP Urgent within 12 hours 75% - Plain film 31% others in 90s
Cancer within 3 days 85% - CT and MRI below 80%
Urgent GP 98% - No issues

Challenges

Workforce:
- Testing
- Skillmix
- Reporting capacity

GEH
- Improved access leading to reporting backlogs due to increased demand
- Cardiologist availability for Cardiac MRI
- Dexa delays due to workforce
- Ongoing national changes to CDC services
- Business cases or service improvements that have been previously approved have not included imaging and factored in the additional requirement needed for diagnostic imaging further increasing the bottleneck

SWFT
- Reporting backlogs due to capacity and demand
- Correct workforce
- Skill sets for Paediatric/Ear, Nose, Throat (ENT) work
- Continuing rise in referrals

WVT
- Workforce challenges across modalities – Sonographers / Cardiac Physiologists / Radiologists / monitored, Endoscopists
- Fragility of Paediatric Audiology / Neurophysiology service
- Increase in external and internal referrals

WAHT
- TAT times continually monitored, and the new targets have been implemented but ongoing issues with capacity create limitations. To achieve sustainably we will require investment and access to capital
- Audiology paediatric – currently large backlog. Plan to clear with additional staff.
- Cystoscopy – large backlog but situation improving with waiting list initiatives
- Echo – new insourced clinics to address backlog
- MRI – Extra capacity for cardiac scans via mobile scanners, also challenge of patients requiring general anaesthetic.

Successes

Reduced backlogs

GEH
- Diagnostics Waiting Times and Activity (DMO1)
- British Association of Physicians of Indian Origin (BAPIO)
- Community Diagnostic Centre (CDC)
- Recruitment (Allied Health Professionals),
- Advance practice

SWFT
- Internal training continues for staff
- DM01 targets met
- CDC plans in progress
- Recent recruitment of Radiologists (starting Spring 25)

WVT
- International Recruitment for Cardiac Physiologists – joint Practise Educator Role across H&W for international recruits
- CDC due to open August 2025 providing an additional 336 plain film x-rays, 126 NOUS, 259 CT, 154 MRI, 235 Physiological Sciences.
- Turnaround time for MRI/CT performing well against national standards e.g. 88% 2ww reported within 3 days
- Reduction in Echo waiting list from 654 >6 weeks in May 24 to 17 in December 2025.

WAHT
- **Imaging:** Strong workforce recruitment and training, effective capacity modeling, reduced waiting times for ultrasounds, and a robust imaging strategy.
- **DMO1:** Targets achieved for MRI, CT, Endoscopy, and NOUS; small colonoscopy waiting list distorts performance metrics.
- **Endoscopy:** FIT@80 national pilot site, improved waiting list management, strengthened workforce, and reduced surveillance wait times.
- **CDC3:** Feasibility study in progress.
- **Cardiology:** Prioritization changes and insourcing have significantly cut down waiting lists.

Future analysis to inform actionable intelligence

- Elective & Emergency - A summary of the demand and capacity by modality for each Trust – for the most vulnerable modalities (inc supporting services such as Sterile Services).
  - Current.
  - Future – next 3-5 years based on current resources and rate of growth.

- A summary regarding the proportion of the elective pathway is spent by patients awaiting diagnostics and at what point in the pathway the request is made.
  - This may highlight possible opportunities for sharing best practice at pathway level and improvement in faster diagnosis standard.
  - Improvements can support the improvements required from Reforming Elective care for patients.
  - Productivity – review the datasets for improved productivity i.e. Did not attend (DNA), cancellations, repeated diagnostics in short period of time.

Note: This will be delivered by joining the subject matter analysts from each organisation together as a Task and Finish Group, to ensure consistency of approach and share learning.

Chief Medical Officer's perspective: Issues and Opportunities

1. **Workforce issues**
   a. Imaging
      i. **Lack/Limited specialist skill** set e.g Neonatal and Infant MRI (SWFT, GEH, WVT), Cardiac MRI, ENT (SWFT)
         i. Pool Expertise across the Foundation
         ii. Easier access to second opinion from Tertiary centre
      ii. **Overnight Hot Reporting**: Outsourced at SWFT, WAHT and WVT. At GEH reporting done by Clinical fellows. CPIP opportunity
   b. Pathology : Vacancies affecting turnaround times
   c. Endoscopy : WLI and dependency on insourcing (WVT/WAHT)

2. **Need for demand management**: Clear pathways and criteria for referrals, restricting who can request certain diagnostics to improve quality and cost

3. **AI Opportunities(CXR and MSK)** (GEH trialling AI to assist with MSK Plain Film in ED)

NHS South Warwickshire University NHS Foundation Trust

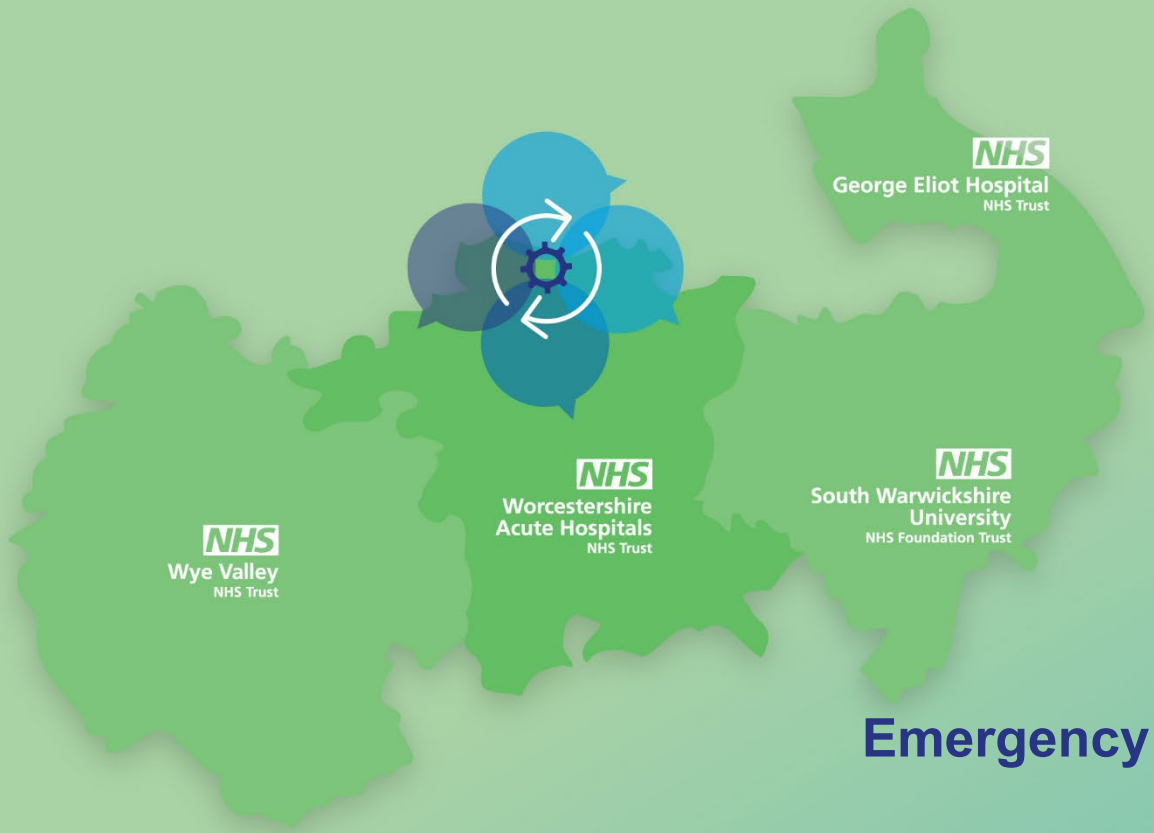
NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.3
Date of Meeting	5 February 2025		
Title of Report	Emergency Department (ED) Benchmarking		
Status of report: (Consideration, position statement, information, discussion)	For Information and Discussion		
Author:	Harkamal Heran, Chief Operating Officer South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer George Eliot Hospital NHS Trust (GEH), Chris Douglas, Chief Operating Officer Worcestershire Acute Hospitals NHS Trust (WAHT), Katie Osmond, Chief Finance Officer WVT, Kim Li, Chief Finance Officer SWFT, Haq Khan, Chief Finance officer GEH, and Neil Cook, WAHT.		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer George Eliot Hospital NHS Trust (GEH), Chris Douglas, Chief Operating Officer Worcestershire Acute Hospitals NHS Trust (WAHT), Katie Osmond, Chief Finance Officer WVT, Kim Li, Chief Finance Officer SWFT, Haq Khan, Chief Finance officer GEH, and Neil Cook, WAHT.		

1. Purpose of the Report	To provide the Foundation Group Boards with an update on the work to compare ED benchmarking across the five EDs across the Foundation Group. This report highlights the current work to date on how each ED compares with the current information available via National Model Hospital benchmarking and Finance costing to maintain our current service delivery models within each organisation. The aim of this work is to evaluate: - Cost to deliver the models across our ED - Understand the difference in the models and the internal / external influences impacting on how these current models function - Evaluation opportunities across the Foundation Group how these models could be adapted locally through shared learning - What is the financial opportunity to redeploying funding within our EDs to admission avoid or improved discharge schemes that could reduce the need to increase funding our EDs and functions across our acute floors.
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) and Chief Finance Officers (CFOs) in the Foundation Group with feedback to future Foundation Board meetings as part of further analysis of the opportunity.



Emergency Department Benchmarking

February 2025

Emergency Departments (EDs) across the NHS face growing pressures, driven by rising patient attendances, workforce challenges, increasingly complex care demands and high acuity; and more recently increased infection. Recent investments have targeted improving patient flow, reducing congestion, and optimising care delivery within EDs.

By benchmarking workforce, analysing flow improvements, and exploring the potential for resource redistribution to community settings, this deep dive seeks to:

- Understand the current state of ED productivity.
- Identify opportunities to improve efficiency while maintaining high-quality patient care.
- Where costs could be utilised elsewhere to improve patient pathways.

Summary Emergency Department Indicator Benchmarking Table - Foundation Group Trusts

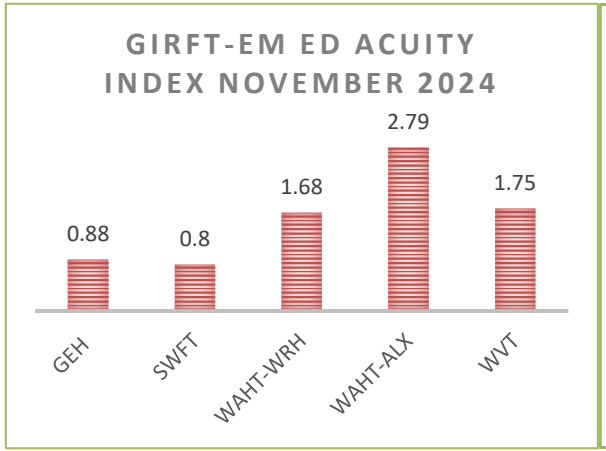
Latest Data **Nov-24**

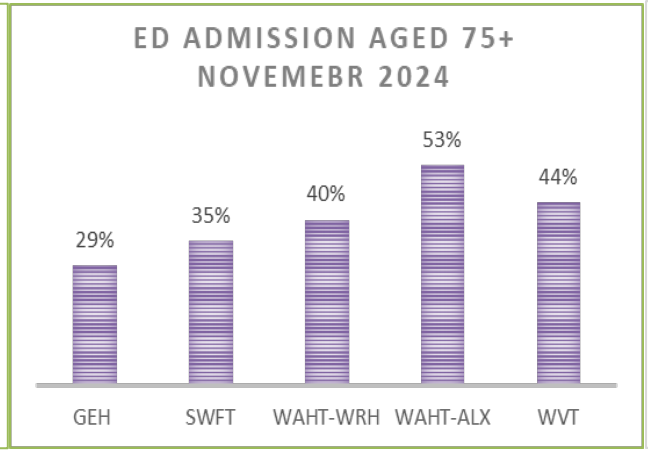
	Activity		Workforce		Cubicles and Beds		Case Mix		
	Type 1 attendances last 12 months – rolling	Admissions via ED last 12 months – rolling	Annual ED attendances per ED consultant	Annual ED attendances per ED registered nurse	Annual ED admissions per Majors and Resus cubicles	Annual all overnight admissions per G&A bed	Average Age of patients admitted from ED	GIRFT-EM ED acuity index	ED admission aged 75+
GEH	82.351 225/day	27.548 75/day	10.042.8	980.4	1967.7	55	55 vears	0.88	29.1%
SWFT	98.441 269/day	26.898 74/day	9844.1	1406.3	1169.5	71.2	54 vears	0.80	34.9%
WAHT-WRH	91.097 249/day	27.105 74/day	13.202.5	1.314.5	1.129.4	65.1	58 vears	1.68	40.0%
WAHT-ALX	64.994 178/day	14.276 39/day	Not reported	Not reported	Not reported	48.4	71 vears	2.79	53.1%
WVT	73.772 202/day	18.890 52/day	14187	1.189.9	1.049.4	66.3	61 vears	1.75	44.3%

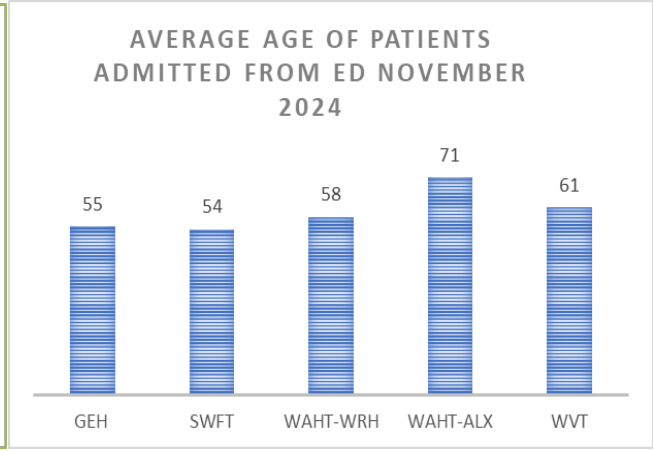
	ED Trauma Status / Patients and UTC		Demand			Outcome	Flow		
	Co-located UTC	Patient and trauma status	Proportion of catchment area attending ED per year	Proportion of all emergency admissions via ED	Proportion of ED arrivals via Ambulance	All ED patients spending > 12 hours in the department	Mean time in ED for admitted patients	Mean time in ED for non-admitted patients	SDEC emergency admissions with Zero LoS
GEH	Yes	Adults and Childern ND	36.4%	96.6%	18.5%	11.7%	8.3hrs	3.9hrs	53.9%
SWFT	No	Adults and Childern ND	32.8%	75.2%	20%	4.40%	6.8hrs	3.9hrs	48.0%
WAHT-WRH	No	Adults and Childern TU	26.3%	73%	22.8%	21.9%	16.7hrs	6.6hrs	19.8%
WAHT-ALX	No	Adults and Childern ND	29.0%	97%	29.3%	11.0%	10.2hrs	5.8hrs	11.9%
WVT	No	Adults and Childern TU	29.8%	90%	26.5%	14.6%	9.7hrs	4.6hrs	15%

Model Hospital current provides useful benchmarking across Group on high level detail on workforce, acuity, case mix that give context on how each ED is unique and how information regarding Productivity needs further interpretation and review

Model Hospital Demographics Summary

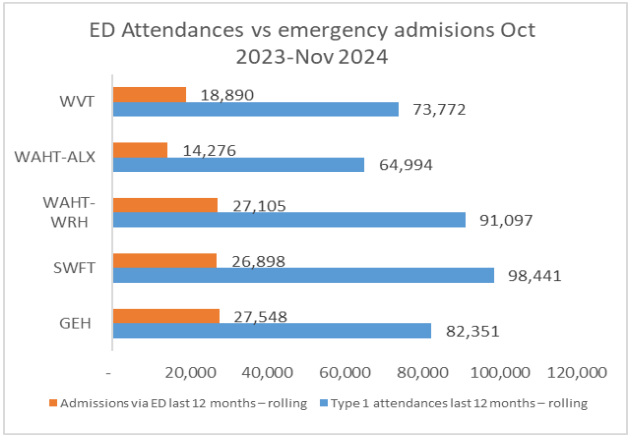


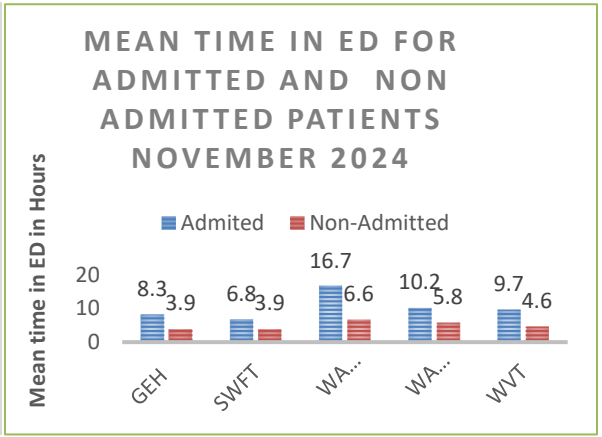


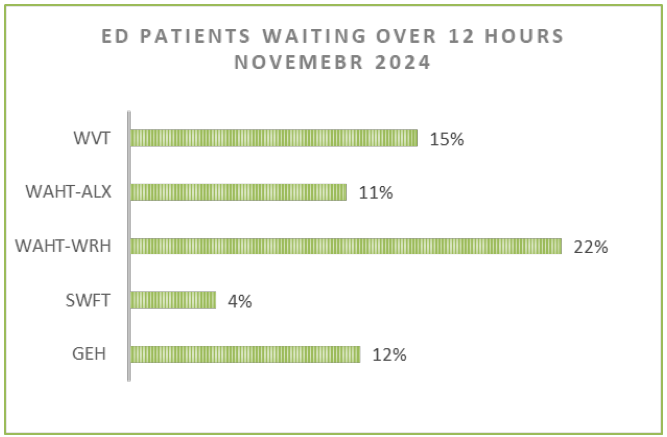


Acuity and patient demographics vary across our EDs. Factors such as Urgent Treatment Centres, paediatric services, Trauma and Stroke units will influence some of the differences in data. Along with geography, social economic factors and proximity to Tertiary Centres.

Model Hospital Activity and Performance Summary





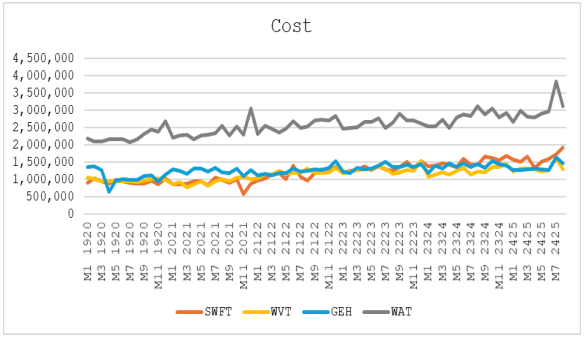


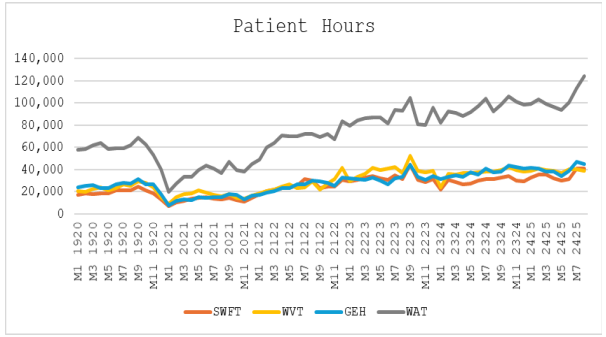
Each of the FG EDs have various degrees of congestion and challenges with ED and Trustwide / PLACE based patient flow

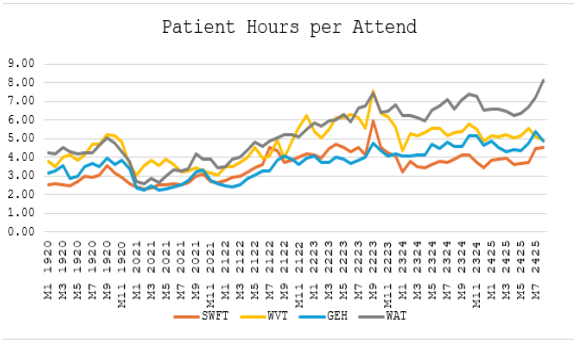
Our EDs have differing degrees of tolerance for becoming “bottlenecks” for Urgent Emerency Care (UEC) flow and various escalation and surge plans influenced resolve their challenges. Some of these will be within the ED or our Acute Floors and others will be across the Trust and local systems

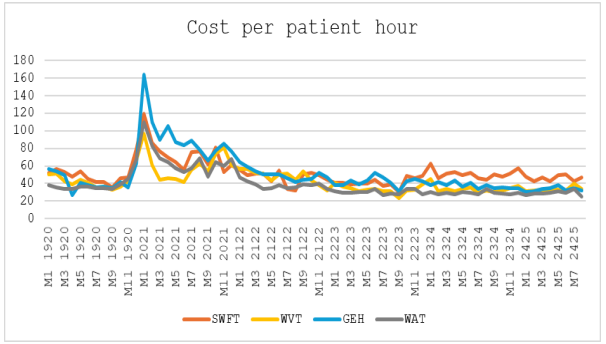
The benchmarking above shows how these factors could have influenced the Financial comparison to follow

Foundation Group Financial Benchmarking









Financial benchmarking evidences increased attendances and patient hours over the last 12 months, and November compared to 2019/20 baseline. Increased demand drives increased use of resources, including temporary workforce at premium cost.

As patients spend longer in ED, we have seen a rise in patient hours per attendance and a reduction in cost per patient hour.

<u>Factors to consider:</u>

- Operational understanding of each ED "cost":
  - Medical / Nurse / Skill mix / Workforce models / Same Day Emergency Care (SDEC) etc.
  - Mandated requirement to address safety concerns e.g. CQC
- Minors / Majors / Resus split
- Floorplan and layout of our EDs to manage patient care and safety
- Crucially the driving factors behind current Patient hours and Cost per patient differences

Next Steps and Actions

- Further work to understand the cost difference and how de-congested EDs will improve our cost per patient
  - Does this change our workforce models?
  - Can we further learn from our workforce models across the Group?

- Others costs across our Trusts and Systems that are at premium / non-substantive in order to resolve ED congestion or create escalation / surge capacity
  - Escalation beds and TES beds
  - Right size Community beds
  - Success of our UCR / VW

- How Point of Prevalence / Criteria to Admit / Criteria to Reside informs our understanding of the opportunity to “left shift” in admission avoidance / discharge pathways *(10 Year Plan ambitions)*

- Have have we tried to fix the Symptoms in ED and not the underlying illness / conditions?

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**	7.1
Date of Meeting	5 February 2025		

Title of Report	Foundation Group Boards Schedule of Business
Status of report: (Consideration, position statement, information, discussion)	For approval and discussion
Author:	Chelsea Ireland, Foundation Group EA
Lead Executive Director:	Russell Hardy, Foundation Group Chairman
1. Purpose of the Report	For approval of the 2025/26 Schedule of Business for the Foundation Group Boards meeting.
2. Recommendations	The Foundation Group Boards is asked to discuss and approve the Foundation Group Boards schedule of business for 2025/26. Key things to note are: - Foundation Group Boards Workshop agenda items to be identified. - The paper submission deadlines have been included at the bottom of the schedule of business for ease and future diary planning.
3. Executive Assurance	N/A

Foundation Group Boards Schedule of Business for 2025/26

Report	May-25	Aug-25	Nov-25	Feb-26	Presenter
Standing Items for Each Meeting	✓	✓	✓	✓	
Apologies for Absence	✓	✓	✓	✓	
Declarations of Interest	✓	✓	✓	✓	
Minutes of the Meeting held on (relevant date to be inserted)	✓	✓	✓	✓	
Matters Arising and Actions Update Report	✓	✓	✓	✓	
Questions from Members of the Public and SWFT Governors	✓	✓	✓	✓	
Quarterly Reports for Noting and Information					
Foundation Group Strategy Committee Minutes	✓	✓	✓	✓	Group Chairman
Foundation Group Strategy Committee Report August's report should include annual report and self-assessment of effectiveness	✓	✓	✓	✓	Group Chairman
Quarterly Reports for Assurance					
Foundation Group Performance Report (leave longer for this on the agenda)	✓	✓	✓	✓	Managing Directors
Overview of Big Moves and Key Discussions from FGB Workshop	✓	✓	✓	✓	Group Chairman / Group Chief Executive
Deep Dive (focus areas to be confirmed throughout the year)	✓	✓	✓	✓	Relevant Executives
Quarterly Reports for Approval					
Bi-Annual Reports for Noting and Information					
Bi-Annual Reports for Assurance					
Group Digital Transformation Update	✓		✓		Group Chief Strategic Digital and Technology Officer
Bi-Annual Reports for Approval					
Annual Reports for Noting and Information					
Annual Reports for Assurance					
Foundation Group Objectives Update		✓			Group Chief Executive
Gender Pay Gap			✓		Chief People Officers
Safe Staffing Overview (to include Nurse Per Bed Ratio)	✓				Chief Nursing Officers
Equality Update Report		✓		✓	Chief People Officers
Annual Reports for Approval					
Calendar of Meetings			✓		Group Chairman
Schedule of Business				✓	Group Chairman
Fit and Proper Persons Test Annual Compliance	✓				Trust Secretary / Company Secretary
Board Committee's Terms of Reference				✓	Trust Secretary / Company Secretary

Dates for Submission				
Deadline for papers	**29-Apr**	**29-Jul**	**29-Oct**	**27-Jan**
Meeting dates	07-May	06-Aug	05-Nov	04-Feb

Key:

Public

Confidential

Foundation Group Boards Workshop Schedule for 2025/26

Meeting Date	Subject/Items	Presenter	Submission Date for Presentations/Papers
07 May 2025	1. Guest Speaker 2. Update on Big Move - Warwickshire's Discharge Front Runner Programme and Herefordshire Better Care Fund 3. Electronic Patient Records Learnings in Conversation with Oracle 4. Foundation Group Succession Planning and Talent Management	1. 2. Zoe Mayhew (Warks) and Jon Barnes (Hereford) 3. Oracle / All 4. Chief People Officers	29/04/2025
06 August 2025	1. Guest Speaker 2. Update on Big Move - 'Embed Prevention in Every Service' 3.	1. 2. Managing Directors 3.	29/07/2025
05 November 2025	1. Guest Speaker 2. Update on Big Move - 'Lead the NHS on Carbon Reduction' 3. Update on Big Move - 'Home First - Supported by Technology and Collaboration' 4.	1. 2. Chief Strategy Officers with Sustainability Leads 3. Chief Operating Officers with Support from Rebecca Brown 4.	29/10/2025
05 February 2026	1. Guest Speaker 2. Update on Big Move - Be a Very Flexible Employer 3.	1. 2. Chief People Officers 3.	27/01/2026

NHS South Warwickshire University NHS Foundation Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	7.2
Date of Meeting	5 February 2025		
Title of Report	Annual Review of Board Committee Terms of Reference		
Status of report: (Consideration, position statement, information, discussion)	For approval		
Author:	Gwenny Scott, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT) Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)		
Lead Executive Director:	Chief Finance Officers and Chief People Officers.		
1. Purpose of the Report	To ensure the Foundation Group Boards have an opportunity to consider and ratify the Board Committee Terms of Reference as part of the annual review process.		
2. Recommendations	The Foundation Group Boards are asked to: (a) consider and ratify the Foundation Group combined Terms of Reference for the Audit Committee; (b) consider and ratify the Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee; (c) consider and ratify the Terms of Reference for the Foundation Group Strategy Committee; (d) receive and note the update on the Foundation Group combined Terms of Reference for the Charity Trustee, and (e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group.		
3. Executive Assurance	The Foundation Group Boards can be assured by the work taken place to review the Terms of Reference for each of the Board Committees across the Foundation Group, which ensures they are aligned and a consistent approach where possible.		

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

Report to Foundation Group Boards – 5 February 2025

Annual Review of Board Committee Terms of Reference

1. Introduction

The Board of each Trust within the Foundation Group is required to review the Terms of Reference of its Board Committees on an annual basis, in accordance with its Schedule of Business.

2. Board Committee Terms of Reference – Annual Review

As part of last year's annual review process, the Foundation Group's Trust Secretaries combined the Terms of Reference for both Audit Committee and Appointments and Remuneration Committee. This ensured that each of the Committees were aligned and there was a consistent approach across the Foundation Group. Where there are unique requirements, such as for SWFT as a Foundation Trust, these are reflected as a footnote.

As part of the this year's annual review process, the Foundation Group combined Terms of Reference were presented to each Audit Committee and Appointments and Remunerations Committee within the Foundation Group, with comments and amendments captured in the final versions attached to this report for consideration and ratification (Appendix A and B).

The Foundation Group Strategy Committee has considered its Terms of Reference and the final version is attached for consideration and ratification (Appendix C).

The Foundation Group combined Charity Trustee Terms of Reference are going through the annual review process to ensure they are considered and approved by each of the Charity Trustees across the Foundation Group. As the Charity Trustee for each Trust is a corporate trustee and not a Board Committee, the Terms of Reference do not require Board approval.

Due to the significant variations in the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee, work has not taken place to combine these Terms of Reference and therefore they will be submitted to the respective Boards for approval and ratification in due course.

3. Recommendations

The Foundation Group Boards are asked to:

(a) consider and ratify the Foundation Group combined Terms of Reference for the Audit Committee;
(b) consider and ratify the Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee;

(c) consider and ratify the Terms of Reference for the Foundation Group Strategy Committee;
(d) receive and note the update on the Foundation Group combined Terms of Reference for the Charity Trustee, and
(e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group.

Gwenny Scott
Company Secretary/
Associate Director of Corporate Governance – WVT and Company Secretary – WAHT

Sarah Collett
Trust Secretary – SWFT and GEH

Appendix B

Appointments and Remuneration Committee

TERMS OF REFERENCE

Remit	The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board) to perform the duties prescribed by the Trust's Constitution[1] or Standing Orders[2] in relation to the appointment and remuneration arrangements of the Chief Executive, Managing Director and Chief Officers (also referred to as Executive Directors). It will also review the Trust's Fit and Proper Persons procedures and receive reports thereon.
Accountability Arrangements	The Committee is accountable to the Board of the Trust to perform the duties prescribed by the following paragraphs of the Trust's Constitution or Standing Orders: • *The non-executive directors shall appoint or remove the Chief Executive*[3] • *A committee consisting of the Chairperson, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors*[4] • *The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors*[5]
Responsibilities	The Committee will: • Review the structure, size and composition of the Board (including the mix of skills, knowledge and experience) in the light of the strategy and priorities of the Trust, and make recommendations to the Board with regard to any restructuring or development needs. • Give full consideration to continuity in the executive team, including the Chief Executive, taking into account the challenges and opportunities facing the Trust and the skills and expertise particularly needed on the Board in future.

[1] For SWFT
[2] For WVT, GEH and WAHT
[3] SWFT Constitution paragraph 27, WVT, GEH and WAHT Standing Order 3~~, GEH Standing Order 2.2 and 4.8.2~~
[4] SWFT Constitution paragraph 27.4, WVT, GEH and WAHT Standing Order 43~~, GEH Standing Order 2.2 and 4.8.2~~
[5] SWFT Constitution paragraph 33, WVT, GEH and WAHT Standing Order 43~~, GEH Standing Order 4.8.2~~

	• Determine, and review from time to time, the terms and conditions of office of the Chief Executive, Managing Director and Chief Officers including the Trust's policies for the remuneration and allowances applicable to these positions. • Approve processes for the annual performance review of the Chief Executive, Managing Director and Chief Officers, and receive an annual report on the outcome of these reviews. • Determine, and keep under review, the consolidated and non-consolidated remuneration of the Chief Executive, Managing Director and each Chief Officer. • Determine for all staff, under delegated powers, arrangements for any non-contractual payment, in line with Department of Health and Social Care and NHSE guidance. The Committee shall also sign-off the payment of contractual severance payments for individual Board level members of staff. • In the event of a vacancy for the Chief Executive, Managing Director or a Chief Officer position, approve the recruitment process, person specification and other particulars and instruct the Chief People Officer to undertake recruitment accordingly. • Identify a process for the short-listing and interview of candidates for the Chief Executive, Managing Director or a Chief Officer position. • To agree an interview panel and delegate authority to such a panel which shall be responsible for identifying and nominating for appointment candidates to fill posts for any Chief Executive[6], Managing Director or Chief Officer vacancies as and when they arise provided that: o the appointment is within the parameters set by the Appointments and Remuneration Committee; o any proposed non-conformance to the parameters is referred back to the Appointments and Remuneration Committee for consideration and approval prior to any appointment being made; o a report confirming the appointment is submitted to the next Appointments and Remuneration Committee meeting. • Consider and decide upon any matter relating to the continuation in office of the Chief Executive, Managing Director and a Chief Officer, including suspension or termination of service in accordance with the terms and conditions of office. • Review succession planning and talent management for the positions of Chief Officers, and recommend to the Chief Executive and Chief People Officer such development activities as may be needed to ensure the continued executive and senior management capability of the Trust. • Approve an annual statement of the Committee's processes and activities for the Chairperson to report to the Board, in a suitable form for inclusion in the Trust's Annual Report.

[6] For SWFT, the appointment of the Chief Executive is to be approved by the Council of Governors, in accordance with the Trust's Constitution.

	• Receive an annual report on the operation of the Trust's Fit and Proper Persons Procedure and the self-declarations made including any concerns raised about Executive Directors through the process, agreeing where necessary the employment process needed. • Receive adhoc reports from the Chairperson, Chief Executive or Managing Director.
Membership / Attendance	The members of the Committee are: • The Trust Chairperson • The Non-Executive Directors (Voting, Non-Voting and Associate) The Chief Executive shall be invited to attend the Committee and: • excluded from any discussion or decision relating to their own appointment, remuneration or terms of office. • a voting member for any decision related to the appointment or removal of the Managing Director or a Chief Officer except themselves. The Managing Director shall be invited to attend at least annually to discuss the performance of the Chief Officers. The Chief People Officer (or a deputy) will attend to advise the Committee, but will be excluded from any discussion or decision relating to their own appointment, remuneration or terms of office. The Managing Director, other officers of the Trust or external advisers may be invited to attend as the Committee considers necessary.
Chair	The Chairperson of the Trust shall be the Chair of the Committee. The Vice-Chair of the Trust will deputise in the Chairperson's absence.
Quorum	The Chairperson (or Vice Chair) and two other NEDs, with at least one being a Voting NED, will constitute a quorum.
Reporting Arrangements	Following each meeting of the Committee the Chairperson will submit a formal report on the proceedings of the meeting to the next meeting of the Board. The Committee will undertake an annual self-assessment of its effectiveness which will be reported to the Board for information. Also an Annual Report of the Committee's performance and compliance against its Terms of Reference, which includes an annual register of attendance, will be produced and submitted to the Board for information.
Frequency of Meeting	The Committee will hold scheduled meetings at least twice a year, and the Chairperson may convene additional meetings as necessary.

Administration	The Trust Secretary (or a deputy) will attend to advise and support the Chairperson and the Trust Secretary or nominated Executive Assistant to take the Minutes of the meeting.
Date Approved	WVT Vice Chair on behalf of the Committee on ~~25 October 2023~~ 29 January 2025 GEH Committee on ~~7~~5 November 202~~3~~4 WAHT Vice Chair on behalf of the Committee on ~~7 November 2023~~ 29 January 2025 SWFT Committee on 1~~4~~2 December 202~~3~~4 Foundation Group Boards on 5 February 2025~~2 May 2024~~
Date Review	To be reviewed annually. Next review due in November/December 2025~~4~~

Appendix A

Audit Committee

TERMS OF REFERENCE

Remit	The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board), in accordance with the Trust's Constitution[1] or Standing Orders[2], as an Audit Committee in relation to providing assurance to the Board, specifically in relation to internal controls, risk management and the Trust's overarching governance framework.
Accountability Arrangements	The Committee is accountable to the Board in accordance with the following paragraphs of the Constitution[3] or Standing Orders[4]: • The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate[5]. • An Audit Committee will be established and constituted to provide the Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS[6]. The Committee has the full support of the Board and the Board has authorised the Committee to: • investigate any activity within its Terms of Reference. • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
Responsibilities	<u>Governance, Risk Management and Internal Control</u> The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and

[1] For SWFT
[2] For WVT, GEH and WAHT
[3] For SWFT
[4] For WVT, GEH and WAHT
[5] SWFT Constitution paragraph 39
[6] GEH ~~Standing Order 4.8.1~~, WVT <u>and WAHT</u> Standing Order 43.1 ~~and WAHT Standing Order 25.9~~

	internal control, across the whole of the organisation's activities (both clinical and non-clinical), including subsidiaries[7], that supports the achievement of the organisation's objectives. In particular, the Committee will review the adequacy and effectiveness of: • all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Board. • the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of disclosure statements. • the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certifications, including the NHS Code of Governance and NHS Provider Licence. • the policies and procedures for all work related to counter fraud, bribery and corruption as required by NHS Counter Fraud Authority (NHSCFA). In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it. As part of its integrated approach, the Committee will have effective relationships with other key Committees so that it understands processes and linkages. However, these other Committees must not undertake the Committee's role. <u>Internal Audit</u> The Committee shall ensure that there is an effective internal audit function that meets public sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable/Accounting Officer and Board. This will be achieved by: • consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

[7] For SWFT

	• review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework. • consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between Internal and External Auditors to optimise the use of audit resources. • ensure a robust system is in place to follow up internal audit, external audit, value for money and any other audit reports presented to the Committee, based on agreed management action plans. • ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation. • monitor the effectiveness of internal audit by carrying out an annual effectiveness review. <u>External Audit</u> The Committee shall review and monitor the External Auditor's (as appointed by the Council of Governors[8] or Trust Board[9]) independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors, and consider the implications and management's responses to their work. This will be achieved by: • consideration of the appointment and performance of External Audit, as far as the rules governing the appointment permit (and make recommendations to the Board<u>, and for SWFT[10] to the Council of Governors,</u> when appropriate). • discussion and agreement with External Audit, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy. • discussion with External Audit of their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee. • review of all External Audit reports, including reports to those charged with governance and any work undertaken outside the annual audit plan, together with the appropriateness of management responses and also recommend the annual audit letter to the Board. • Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services. • Ensuring that the External Audit tenure of appointment conforms with the code of governance regarding rotation of key audit personnel and the provider as a whole. • The Committee shall ensure the cost effectiveness of External Audit.

[8] For SWFT
[9] For GEH, WAHT and WVT
[10] For SWFT

	Other Assurance Functions The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance, risk management and assurance of the organisation, to include IT security and information governance. These will include, but will not be limited to, understanding the implications of working in an Integrated System, ensuring arrangements are aligned and any impact on the Trust's governance arrangements. Also any reviews by NHS England, Department of Health and Social Care arm's length bodies, Regulators/Inspectors (eg Care Quality Commission (CQC), NHS Resolution, etc), NHSCFA and professional bodies with responsibility for the performance of staff or functions (eg Royal Colleges, accreditation bodies, etc). In addition the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee and the Risk, Health and Safety Board/Executive Risk Committee/Executive Risk Management Committee. In reviewing the work of the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function including that the quality account presents accurate data and meets the reporting requirements as prescribed nationally. Counter Fraud The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and shall review the outcomes of counter fraud, bribery and corruption work that meet NHSCFA's standards and shall review the outcomes of work in these areas. With regards to the local counter fraud specialist, it will review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans and discuss NHSCFA quality assessment reports. Management The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

	It may also request specific reports from individual functions within the organisation (eg clinical audit, ICT, compliance reviews and accreditation reports) as they may be appropriate to the overall arrangements. <u>Financial Reporting</u> The Audit Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on: • the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee. • changes in, and compliance with, accounting policies, practices and estimation techniques. • Changes in, and compliance with guidance issued by NHS England. • unadjusted mis-statements in the financial statements. • significant judgements in preparation of the financial statements. • significant adjustments resulting from the audit. • Letter of representation. • Explanations for significant variances. • Qualitative aspects of financial reporting: • The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. • The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board. <u>Waiver</u>[11]<u>/Suspension</u>[12] <u>of Board Standing Orders</u> The Committee shall review every Board decision to suspend the Board Standing Orders. <u>System for Raising Concerns</u> The Committee shall review the effectiveness of the arrangements in place for allowing staff (and contractors) to raise (in confidence) concerns about possible improprieties in any area of the organisation (financial, clinical, safety or workforce matters) and ensure that any such concerns are investigated proportionately and independently, and in line with the relevant policies. <u>Governance Regulatory Compliance</u> The Committee shall review the organisation's reporting on compliance with the NHS Provider Licence, NHS Code of Governance and the Fit and Proper Persons Test.

[11] SWFT Constitution paragraph 3.11

[12] GEH ~~Standing Order 3.13~~, <u>WVT and</u> WAHT Standing Order ~~40.5 and WVT Standing Order~~ 27

	The Committee shall satisfy itself that the organisation's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the policy and procedures relating to conflicts of interest.
Responsibilities for SWFT Clinical Services Ltd Audit Business (the Company) – *(for SWFT only* [13] *and not applicable for GEH, WVT or WAHT)*	• To monitor the integrity of the financial statements of the Company, reviewing significant financial reporting judgements contained in them. • To review the Company's internal financial controls and the Company's general internal control and risk management systems. • To monitor and review the effectiveness of the Company's internal audit function. • To make recommendations to the Company's Board in relation to the appointment of the external auditor. • To approve the Company's remuneration and terms of engagement of the external auditor. • To review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements. • To develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm. • To report to the Company's Board, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.
Membership / Attendance	The Members of the Committee are: • Not less than three Non-Executive Directors ~~(Voting, Non-Voting and Associate)~~. • One of the members shall have recent and relevant financial experience. • A Non-Executive Director maybe coopted to attend a meeting to ensure the quorum of two Non-Executive members is met. The Chairperson of the Trust shall not be a member of the Committee. The Chief Finance Officer, Trust Secretary and appropriate Internal Auditor, External Auditor and Local Counter Fraud Specialist representatives shall normally attend meetings. At least once a year the Committee will meet privately with External and Internal Audit. The Chief Executive, Managing Director, Chief Officers and other Managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

[13] For SWFT

	The Chief Executive will attend at least annually, to discuss the process for assurance that supports the Annual Governance Statement and also when the Committee considers the annual accounts. The Managing Director will attend when the Committee considers the draft internal audit work plan. For SWFT Clinical Services Ltd, the Company's Chief Executive, Director of Finance, Company Secretary and appropriate Internal and External Auditor representatives should be invited to attend when discussing the Company's audit business[14]. In exceptional circumstances, deputies may be nominated to attend prior to the meeting, with the Chair's approval. The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. The Audit Committee, supported by the Chief People Officer, will ensure that all members are suitably trained and have continuing appropriate training to enable them to be effective.
Chair	The Chair of the Committee shall be appointed by the Board from amongst the Non-Executive Directors. The Vice Chair or Senior Independent Director should not Chair the Audit Committee. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the Chair.
Quorum	A quorum shall be two Non-Executive members, to include the member with significant, recent and relevant financial experience/ Chair of the Committee (who will be a voting Non-Executive Director).
Reporting Arrangements	The Minutes of Audit Committee meetings shall be formally recorded and the approved Minutes will be submitted to the Board. Following each meeting, the Committee Chair will submit a formal report on the proceedings of the meeting, drawing the Board's attention to any issues that require disclosure to the full Board, or require executive action, to the next meeting of the Board. The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements, the

[14] For SWFT

	appropriateness of the evidence compiled to demonstrate fitness to register with the CQC and the robustness of the processes behind the quality accounts.
Reporting Arrangements for SWFT Clinical Services Ltd *(for SWFT only* [15] *and not applicable for GEH, WVT or WAHT)*	The Minutes of the Audit Committee relating to Company business will be formally recorded separately and submitted to the Company's Board. Any confidential matters will be identified as such in the Minutes.
Frequency of Meeting	The Committee will hold scheduled meetings not less than four times a year. The External Auditor or Head of Internal Audit may require a meeting if they consider that one is necessary. Therefore the Committee Chair may convene additional meetings as necessary.
Administration	The Trust Secretary will provide appropriate support to the Committee Chair and Committee members which will include: • Advising the Committee on pertinent areas relating to governance and risk management arrangements. • Supporting the Chief Executive as Accountable Officer on issues in relation to internal controls, governance and risk management particularly providing assurance on such systems through the drafting of the Annual Governance Statement. • The development of an annual programme of work for the Committee to approve. The Committee shall be supported by a nominated Executive Assistant/Board Administrator, whose duties will include: • Preparation of agenda in consultation with the Committee Chair and Chief Finance Officer. • Collation and publishing reports / presentations at least 5 working days in advance of the meeting. • Taking the Minutes, ensuring they are an accurate reflection of the business of the meeting and keeping an accurate record of matters arising and issues to be carried forward. • Ensuring the Minutes and actions are circulated to the Committee Chair for review within 5 working days of the meeting and circulated to the other members for information within 10 working days. • Keeping a record of matters arising and seeking updates on action points ready for the next meeting.

[15] For SWFT

Date Approved	GEH Committee on ~~30 January 2024~~14 January 2025 SWFT Committee on ~~13 December 2023~~11 December 2024 WAHT Committee on ~~9 January 2024~~ 9 January 2025 WVT Committee in ~~December 2023~~ 12 December 2024 Foundation Group Boards on ~~2 May 2024~~5 February 2025
Date Review	To be reviewed annually. Next review due by each Trusts Committee in December ~~2024~~2025/January ~~2025~~2026. Next Foundation Group Boards Review Date: February ~~2025~~2026

Appendix C

Foundation Group Strategy Committee

TERMS OF REFERENCE

Remit	The Foundation Group Strategy Committee advises the Boards of South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals NHS Trust on all matters relevant to identifying and sharing best practice at pace.
Accountability Arrangements	The Committee is accountable to the Board of Directors/Trust Board (hereafter referred to as the Board) of each Trust and is authorised by the Boards to investigate any activity within its Terms of Reference. It is also authorised to: • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • ensure the engagement of all Board members in the formation and execution of the strategy. • decide upon, and require officers to implement, appropriate action to ensure achievement of, or to correct deviation from, the strategic objectives agreed by the Boards.
Responsibilities	The Committee will advise the Boards on the following matters; **Strategic Financial and Operational Planning** • developing strategy and investment plans, including finance, IT, estates, and commercial development. • overseeing processes which benchmark clinical outcomes and productivity across the Group supporting the implementation of best practice solutions. • developing new working models for corporate functions. • developing new business models to progress the development of integrated health and care. • developing and executing a communications strategy. • developing and maintaining business development capacity and capability across the Group.

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	• Determining the framework that supports each provider's organisational objectives and targets. • developing and supporting achievement of operating, business, efficiency and delivery plans. • identifying, reviewing and mitigating strategic risks. • proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies. • overseeing service transformation and pathway redesign.
Membership/ Attendance	Members of the Committee are: • Chair of the Trusts • Chief Executive of the Trusts • A Non-Executive Director from each Trust • Managing Director from each Trust • Chief Medical Officer from each Trust • Chief Strategy Officer from each Trust • Group Strategic Financial Advisor • Group Medical Advisor • Other Group Advisors • Representatives from Key Partner Organisations (as agreed by the Chair or Chief Executive Other officers of the Trust may be invited to attend as required. Where a member is unable to attend routinely, an appropriate deputy who will attend on a regular basis should be nominated and notified to the Chair.
Chair	The Chair of the Committee will be the Chair from the Trusts.
Quorum	A quorum shall be six members which will include two Non-Executive Directors (one of which could be the Chair), the Chief Executive and a Managing Director. The quorum should include either a Non-Executive Director or Managing Director from South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, George Eliot NHS Trust and Worcestershire Acute Hospitals NHS Trust.
Reporting Arrangements	The Minutes of the Foundation Group Strategy Committee will be formally recorded and the approved Minutes will be submitted to the respective Boards through the Foundation Group Boards meeting. Any confidential matters will be identified as such in the Minutes and separately recorded. Following each meeting, the ~~Non-Executive Directors~~Foundation Group EA ~~of the Foundation Group Strategy Committee~~ will submit a formal report to the next Board meetings on the proceedings of the meeting, drawing the Board's attention to any issues and significant developments, highlighting areas where further assurance is required and matters requiring Board decisions.

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	The Committee's agendas and meeting papers will be made available to all Board members of the respective Boards. The Committee will review its work annually to highlight key issues in the development of the Groups Operational and Financial Strategies and their management, as well as the effectiveness of the Committee.
Frequency of Meeting	The Committee shall normally meet quarterly. The Chair may call an additional meeting if they consider one is necessary.
Administration	The Committee shall be supported by a member of the Corporate Support staff, whose duties in this respect will include: • Preparation of agenda in consultation with the Chair • Collation and circulation of papers/ presentations in advance of the meeting • Taking the minutes and agreeing these with the Chair • Keeping a record of matters arising and seeking updates on action points
Date Approved	Foundation Group Strategy Committee on ~~16 January 2024~~17 December 2024 Foundation Group Boards on ~~2 May 2024~~5 February 2025
Date Review	To be reviewed annually. Next Committee Review Date: December 2025 ~~January 2025~~ Next Foundation Group Boards Review Date: February 202~~6~~5

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**	8.1
Date of Meeting	5 February 2025		
Title of Report	Foundation Group Strategy Committee Report from the Meeting on 17 December 2024		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on 17 December 2024.		
3. Executive Assurance	N/A		

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

Report to Foundation Group Boards – 5 February 2025

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

1. **Group Job Planning**
   The Group Medical Advisor provided the Committee with an update on Job Planning across the Foundation Group. Three measures had been agreed, with the view that behaviours would change with the measures being monitored and reported on moving forward. The measures were Direct Clinical Care (DCC): Programmed Activity Ratio, DCC's delivered vs DCC's promised, and value for money by looking at additional responsibility payments.

2. **Group Procurement**
   The Chief Finance Officer for WVT and Acting Associate Director of Procurement updated the Committee on Procurement Shared Services. Key things to note included some of the Foundation Group Non-Executive Directors becoming engaged with the review of the service and supporting the service. Procurement Shared Services had achieved a lot since it had formed, including enhanced compliance through the 'No PO, No Pay' rule, improved catalogue and contract coverage, and an enhanced procurement profile. Working relationships between Procurement Shared Services and WAHT had improved with all four Trusts working off one platform for projects, contracts and the workplan which had created cost savings through collaboration. All four Trusts were also in the process of completing a data benchmarking exercise to leverage further opportunities.

   Key Performance Indicators for 2023/24 vs 2024/25 had improved with turnaround time of requisition processed within five days going from 97.1% to 98.82%. Email ticketing had seen an increase of 305 and a catalogue cleanse removed 157 suppliers into the NHS Supply Chain, resulting in a cost saving of circa £52k.

   The next steps for Procurement Shared Services included Inventory Management, developing the Social Value Policies, looking at current resource, furthering collaboration and completing an Options Appraisal in line with Central Commercial Function Standards with a NED led Task and Finish Group.

3. **Clinical Training and Education**
   The Heads of Education and Development from across the Foundation Group provide an annual update to the Committee on Clinical Education and Training. Achievements through 2024/25 included creating a Joint Knowledge and Library Services Strategy and Vision, all Trusts being assess against the Quality Library Framework (WVT due in June 2025), and the development of the LEO (Leading and Empowered Organisation) Faculty.

   At the previous Foundation Group Strategy Committee update on Clinical Training and Education in 2023, the Heads of Education and Development were asked to provide a breakdown of the proportion of school leavers required for healthcare training roles. This was quite challenging data to get, which was partly due to the long-term Workforce Plan having only high-level outputting value for increase in workforce. However, took the time

to assure the Committee that the Education and Development teams engaged with schools regularly around Apprenticeships and Work Experience opportunities.

Ongoing projects included the Introduction of the West Midlands Evidence Repository across the Foundation Group, implementing shared Information Skills training, rolling out a General Managers programme, and the development of the long-term Foundation Group Education Forum. The Foundation Group Education Forum would focus on delivery of actions from the long-term Workforce plan. Other areas of focus would include ensuring placement capacity as part of the Workforce Plan, embedding the Safe Learning Charter, Preceptorship and reviewing local education strategies to identify alignment and further collaboration opportunities.

4. Aseptics Services

The Directors of Pharmacy presented the Aseptics Services Update to the Committee, providing an overview that the current model was unsustainable and the G5 (the Foundation Group plus University Hospital Coventry and Warwickshire) recognised that Aseptic Services was a fragile service. A national piece of work was being undertaken to provide a 'Mega Unit' in each region to support Aseptic production, however, delivery of these would likely be in five to ten years' time. Regional advice was therefore for Groups of Trusts where close working relationships had been formed to move forward with redesigning local services to improve efficiency and resilience of Aseptic Service provision.

Herefordshire and Worcestershire (H&W) now had the support of a project manager from SWFT CS, who had facilitated an outline business case including an options appraisal, which had been shared with senior managers in each Trust. The proposal was that two new licensed units be required (one for WVT and one for WAHT). WVT had now been deemed high/medium risk by External Audit and WAHT had been deemed medium risk. Coventry and Warwickshire (C&W), were looking at linking cancer pathways across the ICS, aligning workforce and training between existing units and focusing on business continuity by linking licencing of both the units. C&W plans included UHCW. Other areas to consider in the future included the feasibility of a single prescribing system across the G5 and looking into a single provider for quality assurance which would support staff being able to work across all areas where necessary. Next steps for H&W included SWFT CS supporting the completion of the full business case and ensuring that this was ready for WVT and WAHT by March 2025. As part of that business case development, they would be translating the narrative and options appraisal from an outline case into the full case and would be completing the financial element including identifying estates solutions and confirming capital costs.

A discussion took place on the position of the Single Prescribing System, as it was felt this was a must to help improve Aseptic Services. The Director of Pharmacy for SWFT/GEH explained that SWFT/GEH were linked with UHCW due to clinicians and the movement of patients. Moving to a Single Prescribing System was the way forward but was a bigger piece of work due to the challenges that it posed. The Group Chairman asked the Chief Medical Officers (CMOs) to discuss the Single Prescribing System and come up with a single agreed position.

5. Group Roles and Recharges

The Group Strategic Financial Advisor presented an update on the Foundation Groups shared roles and subsequent recharges. Group costs were charged based on the

2023/24 turnover, and had not yet been updated for 2024/25 however would be updated ready for 2025/26.
A discussion took place regarding the importance of keeping everything in one overall schedule and recharge, and default proportion to be based on income analysis. It also avoided several transactions taking place across the Group. It was also felt that SWFT CS should be used as much as possible to ensure best value, and the importance of using the expert advisory roles that sat within the company to avoid unnecessary consultancy costs.

6. Prostate Cancer Pathways and Project Scope

The Group Medical Advisor presented the Prostate Cancer Pathways Project Scope to the Committee explaining that he was asked by the Group Chief Executive to look at the Cancer Pathways. Prostate Cancer presented itself as a common area of concern across the Foundation Group, with key problem areas discovered. These were access to MRI, MRI reporting and the timeliness of the Prostate biopsy. Following this he was asked to bring back a project scope to the Committee to find a way forward for improving the pathway.

The Group Medical Advisor provided the Committee with the three project scope options and explained that for the project to be successful leads needed to be identified with dedicated time and business intelligence support. He also recommended appointing a Project Co-ordinator/Project Manager. It would be important that each Trust had an Executive sponsor, to act as a trouble shooter for the leads. The results of the project would lead to clear recommendations on how to improve access to and the reporting of MRIs, agreed standardised reporting, an increase in MRI time, and a training programme for a CNS led Prostate Biopsy Service. The Group Medical Advisor concluded by explaining that the project would result in the Foundation Group knowing how it can reliably meet the current and future demand for Prostate Cancer Pathways over the next five years.

The Group Chief Executive explained that the challenge around Urology would always be that there was a Urology Area Network that brought the Foundation Group and UHCW together, however he sensed that the Urologists within the Foundation Group seemed quite supportive of each other and that there could be the potential for WAHT to lead on some of the Prostate Cancer Pathways work. He highlighted that there was an issue with Specialist Multidisciplinary Teams (MDT) and how that would move forward so the design needed a bit more working through. The Managing Director for WAHT echoed the Group Chief Executive's comment regarding WAHT leadership and offered to work with the Group Medical Advisor on how to move the work forward.

7. NHS Strategic Developments Update

The Group Chief Executive updated the Committee on the current strategic developments within the wider NHS. This included the NHS Long-term plan, financial challenges and future changes and the Earned Autonomy model.

8. Foundation Group Boards Overview and Agenda Planning

The Committee reviewed the draft agenda for the February 2025 Foundation Group Boards meeting, which was approved. They did request the removal of the National Single Oversight Framework Update, which was scheduled, due to this be unlikely to be ready.

9. Foundation Group Strategy Committee Terms of Reference Review

The Committee reviewed and approved its Terms of Reference for 2025/26.

Recommendation

The Foundation Group Boards is asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 17 December 2024.

Chelsea Ireland
Foundation Group EA