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

Quality of care, access and outcomes		Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	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
Safe, High-Quality Care	MSSA Bacteraemia (COHA & HOHA)	Chief Nursing Officer		0	1	2	0	0	2	2	2	0	1	1	1	0			12		1	10.0	Jan 2025			
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA & HOHA)	Chief Nursing Officer	2022/23 (35)	7	4	5	3	6	3	1	6	4	2	5	0	6			45		5	21.8	Jan 2025			
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (10)	1	1	1	0	1	0	0	2	1	1	1	1	1			10							
	Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	0	0	1	0	0	2	0	0	0	0	0	0	0	0			3							
	Serious Incidents	Chief Medical Officer	Actual	3																						
	Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	Actual		5	1	0	2	5	0	1	5	3	2	0	3			27							
	VTE Risk Assessments	Chief Medical Officer	≥95%	95.4%	96.9%	95.3%	97.6%	97.5%	97.3%	97.5%	97.2%	97.3%	97.5%	96.9%	96.4%	96.5%	4,161	4,310	96.8%							
	WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	96.1%	95.8%	95.2%	95.4%	95.6%	95.5%	96.2%	96.8%	97.8%	97.8%	97.4%	97.1%	98.2%			96.5%							
	Number of complaints	Chief Nursing Officer	2021/22 (352)	6	13	9	10	12	7	9	8	6	2	5	9	5			95							
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	2	0	0	0	0	0	0	1	2	0				5							
	Number of complaints referred to Ombudsman - Investigation stage BFWD	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0				0							
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	2	0	0	0	0	0	0	0	0	0	0	0				0							
	Complaints resolved within policy timeframe	Chief Nursing Officer	≥ 90% (FY_2023-24) ≥ 85% (FY_2024-25)	100%	84.6%	88.9%	80.0%	83.3%	85.7%	88.9%	87.5%	100%	100%	100%	100%		9	9	88.9%							
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	78.3%	76.6%	77.3%	77.6%	77.8%	81.9%	100%	100%	40.0%	12.5%	55.6%	90.9%	86.1%	31	36	74.1%		55.6%	80.0%				
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	89.6%	91.8%	91.3%	90.4%	92.5%	87.4%	98.8%	99.0%	94.6%	90.4%	95.5%	95.1%	95.6%	219	229	93.7%		95.5%	94.0%				
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	95.2%	93.4%	88.6%	94.8%	87.7%	92.7%	0%	66.7%	100%	89.5%	96.4%	89.5%	95.7%	22	23	82.8%		96.4%	91.0%	Jan 2025			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	23.9%	23.7%	23.6%	27.7%	24.0%	24.9%	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%	0.5%	36	7183	10.6%		0.2%	10.0%				
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	35.6%	24.4%	42.4%	33.2%	25.0%	37.9%	11.3%	11.0%	10.3%	3.6%	4.5%	6.0%	9.9%	229	2306	18.5%		4.5%	20.0%				
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	30.4%	32.2%	35.7%	28.0%	24.9%	22.3%	0%	1.3%	10.0%	8.2%	15.5%	8.2%	14.4%	23	160	16.9%		15.5%	13.0%				

George Eliot Hospital NHS Trust

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

Performance Against Target (Status)	Activity Performance Only
Meeting Target	Over 5% above Target
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	More than 2% below Target to 5% below Target
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Type	Item	Description
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Trend Variation		Common cause variation
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Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

NHS George Eliot Hospital NHS Trust

People		Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	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%	80.0%	81.4%	85.0%	86.9%	88.0%	87.4%	84.3%	83.6%	84.7%	82.8%	84.3%	84.4%	85.1%	1,739	2,044	84.8%							
	Mandatory Training	Chief People Officer	≥ 85%	94.1%	94.1%	94.4%	94.2%	94.2%	94.6%	94.2%	93.9%	93.4%	93.7%	93.5%	93.7%	94.0%	2,850	3,032	94.0%							
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%	5.7%	6.1%	6.5%	6.5%	6.0%	5.3%	4,977	93,432	5.5%		6.1%	5.6%	Nov 2024			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	5.2%	5.2%	5.1%	5.1%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	5.3%	5.4%	5.4%	56,546	1,041,941	5.2%							
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	15.9%	12.5%	12.1%	11.4%	10.9%	11.1%	10.4%	10.2%	10.1%	10.2%	10.2%	9.9%	9.8%	279	2,855	10.7%		10.2%	9.8%	Dec 2024			
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer			10	6	1	2	2	0	0	0	0	2	0	0			23							
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer			8	5	4	6	4	6	4	6	5	8	6	4			66							
	Vacancy Rate	Chief People Officer	< 10%	4.5%	13.9%	12.6%	12.2%	10.0%	10.1%	7.7%	8.8%	8.4%	9.6%	7.6%	7.3%	6.8%	221	3,237	9.5%		9.6%	6.4%	Dec 2024			

Finance and Use of Resources		Responsible Director	Standard	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	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	954	-1,608	-1,257	-916	208	507	46	465	-1,148	-627	-692	-333	2,377			-2,979							
	I&E - Margin (%)	Chief Finance Officer	Plan	3.2%	-7.8%	-6.0%	-4.4%	1.0%	2.4%	0.2%	1.7%	-5.2%	-2.8%	-3.1%	-1.5%	6.1%	2,377	39,190	-1.1%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	44	26	-18	-247	-39	-31	-527	209	-1,664	-1,291	-1,027	-959	1,891			-3,684							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	5.0%	2.0%	-1.0%	-37.0%	-16.0%	-6.0%	-92.0%	82.4%	-323%	-194%	-307%	-153%	389%	1,891	486	-523%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-285	521	274	-197	-119	770	-1,420	-1,067	-84	-730	91	424	-531			-2,067							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	759	587	520	449	341	617	288	355	361	223	308	294	393			4,734							
	Agency - expenditure as % of total pay	Chief Finance Officer	≤3.2%	3.4%	3.9%	3.5%	3.0%	2.3%	4.4%	1.9%	1.9%	2.3%	1.4%	1.9%	1.8%	1.4%	393	27,557	2.4%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	211%	83.4%	74.0%	64.0%	90.0%	163%	76.0%	93.9%	96.0%	59.0%	81.5%	78.0%	104.0%	393	378	86.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,945	4,851	4,885	4,773	4,328	4,739	5,031	4,355	4,413	4,468	4,250	4,563	4,288			4,567							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-832	-54	-20	266	193	576	514	781	269	295	1,071	-2,198	-2,494			-745							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	32.1	34.7	32.0	27.6	24.2	29.5	27.0	30.6	24.7	25.0	22.5	25.4	40.6			40.6							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	88.7%	96.4%	91.0%	98.0%	97.2%	98.1%	97.2%	93.2%	83.1%	90.0%	79.9%	73.1%	89.8%	10,728	11,945	90.7%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	91.3%	93.7%	96.1%	97.9%	97.9%	98.0%	97.3%	91.7%	94.9%	96.0%	89.6%	97.5%	97.1%	2,599	2,678	95.6%							

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
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- Over 5% below Target

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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	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	**75%**	84.2%	80.7%	75.5%	80.9%		*1141*	*1410*	**77.2%**						
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	**93%**	80.8%	83.1%	69.7%	77.1%		*1051*	*1364*	**67.1%**						
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	**93%**	97.0%	98.6%	95.5%	94.4%		*85*	*90*	**94.5%**						
	Cancer 62 Day Standard	Chief Operating Officer	**85%**	65.2%	73.3%	59.7%	55.6%		*55.0*	*99*	**62.4%**						
	Cancer 31 Day Treatment Standard	Chief Operating Officer	**96%**	95.1%	94.3%	80.7%	91.1%		*112*	*123*	**92.0%**						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	**0**	15	15	19	14		*14*								
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	**2019/2020 Outturn**	**130.3%**	**132.2%**	**131.8%**	**132.8%**	**138.5%**	***92207***	***66560***	**133.9%**						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	**80%**	99.0%	98.9%	99.5%	99.3%	99.0%	*1345*	*1358*	**99.5%**						
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	**70%**	87.8%	85.1%	87.9%	87.6%	89.8%	*1412*	*1572*	**88.1%**						
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.6%	95.0%	94.6%	95.6%	91.5%	*2597*	*2838*	95.3%						
	iSPA call response rate within one minute	Chief Operating Officer	**80%**	93.4%	91.8%	92.4%	89.3%	86.4%	*9809*	*11357*	**91.4%**						
Urgent and emergency care	A&E Activity	Chief Operating Officer	**PLAN**	130.3%	124.3%	116.9%	119.4%	177.9%	*8893*	*4999*	**127.3%**						
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	**65%**	31.5%	19.7%	24.4%	35.8%	37.3%	*612*	*1641*	**35.2%**						
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	**95%**	80.7%	54.9%	73.2%	81.4%	92.5%	*933*	*1009*	**85.2%**						
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	**0.0%**	5.0%	44.3%	12.2%	20.8%	1.9%	*31*	*1641*	**8.4%**						
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	**PLAN**	**130.6%**	**146.2%**	**128.1%**	**129.0%**	**164.2%**	***14451***	***11715***	**131.8%**						
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	46.3%	44.7%	45.7%	43.1%	44.9%	*942*	*2097*	43.9%						
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	4.1%	7.1%	9.0%	4.5%	3.4%	*297*	*8861*	3.3%						
	A&E - Time to treatment (median)	Chief Operating Officer	-	65	63	45	53	61	*61*		56						
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	65.0%	61.1%	64.0%	67.6%	69.4%	*6149*	*8861*	**69.7%**						
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	84.9%	81.0%	86.5%	86.9%	83.5%	*3217*	*3854*	**87.0%**						
	A&E - Time to Initial Assessment	Chief Operating Officer	-	19	19	14	15	15	*15*		16						
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	39	136	122	36	47	*0*		**431**						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.2%	4.7%	4.0%	3.5%	4.2%	*359*	*8608*	4.4%						
	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	64.0%	64.4%	64.2%	64.2%	TBC	*TBC*	*TBC*							

Quality of care, access and outcomes		Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Elective care	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	**16234**	32721	31926	32007	31906	TBC	*TBC*								
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	623	544	503	472	TBC	*TBC*								
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	33	51	39	36	TBC	*TBC*								
	Referrals (GP/GDP only)	Chief Operating Officer	**0**	7487	6149	7786	6899	7506	*7506*								
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	**106% 2019/20 Outturn**	129.8%	133.6%	136.0%	135.9%	171.0%	*9941*	*5815*	**135.5%**	•					
	Outpatient Activity - Total	Chief Operating Officer	**2019/20 Outturn**	**106.3%**	**109.1%**	**113.0%**	**111.1%**	**130.1%**	***35412***	***27224***	**113.8%**						
	Elective Activity	Chief Operating Officer	**106% 2019/20 Outturn**	108.5%	110.1%	106.8%	112.5%	138.3%	*3457*	*2499*	**115.3%**	•					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	**75%**	84.1%	83.2%	83.9%	83.3%	83.6%	*88124*	*105360*	**83.3%**	•					
	Elective - Theatre utilisation	Chief Operating Officer	**85%**	88.2%	88.5%	88.4%	88.7%	88.2%	*99165*	*112440*	**88.1%**	•					
	Cancelled Operations on day of Surgery	Chief Operating Officer	**0.8%**	0.00%	0.01%	0.00%	0.00%	0.00%	*0*		**0.00%**	•					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**120% 2019/20 Outturn**	114.8%	106.4%	123.2%	205.0%	346.4%	*821*	*237*	**124.6%**	•					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**120% 2019/20 Outturn**	96.3%	82.6%	120.2%	112.5%	172.6%	*744*	*431*	**123.5%**	•					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**120% 2019/20 Outturn**	210.6%	197.0%	212.5%	227.7%	324.7%	*2000*	*616*	**242.8%**	•					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**95%**	95.4%	96.5%	97.4%	98.2%	95.4%	*9092*	*9529*							
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	**70%**	80.1%	80.6%	79.2%	70.4%	69.6%	*149*	*214*	**77.7%**	•					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	**-**	21.8%	22.1%	16.9%	21.3%	22.0%	*62*	*282*	21.4%						
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	**-**	33	26	33	29	36	*36*		387						
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	**90%**	90.1%	91.9%	93.1%	88.2%	94.2%	*258*	*274*	**89.7%**	•					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	23.4%	21.8%	18.6%	19.0%	20.2%	*56*	*277*	20.9%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	**-**	36.5%	36.5%	35.5%	36.3%	36.8%	*93*	*253*	35.6%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	**-**	85.1%	84.5%	85.8%	86.3%	86.3%	*215*	*249*	87.6%						
	Maternity Activity (Deliveries)	Chief Operating Officer	**PLAN**	120.8%	108.3%	103.9%	113.3%	104.5%	*280*	*268*	**109.7%**	•					
	Midwife to birth ratio	Chief Nursing Officer	**1:27**	1:24	1:25	1:22	1:24	1:24	*1:24*		1:24	•					
	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%**	89.9%	90.5%	91.0%	89.6%	88.7%	*250*	*282*	**89.7%**	•					
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	**3.35%**	5.7%	6.2%	5.8%	5.0%	5.4%	*894*	*16524*	**5.7%**	•					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**95%**	84.8%	87.2%	88.8%	89.4%	88.2%	*13175*	*14936*	**88.9%**	•					
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	**46%**	49.7%	49.6%	49.0%	49.7%	49.4%	*13564*	*27446*	**56.0%**	•					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	**85% OP/112% OPP 2019/20 Outturn**	111.8%	115.0%	118.9%	113.9%	128.1%	*17505*	*13660*	117.5%						
	Outpatient Activity - New Virtual	Chief Operating Officer	**Virtual vs Total**	**16.6%**	**17.2%**	**16.8%**	**17.7%**	**18.0%**	*1447*	*8037*	18.30%						
	Outpatient Activity - Follow Up Virtual	Chief Operating Officer	**Virtual vs Total**	21.8%	23.3%	22.3%	21.8%	20.9%	*2902*	*13882*	22.06%						
	Outpatients Activity - Virtual Total	Chief Operating Officer		**19.9%**	**21.1%**	**20.3%**	**20.3%**	**19.8%**	***4349***	***21919***	**20.7%**						
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	**8%**	3.5%	0.8%	2.7%	3.2%	2.1%	*6*	*282*	**3.0%**	•					
	Occupancy Acute Wards Only	Chief Operating Officer	**92%**	99.7%	98.7%	102.0%	98.9%	99.7%	*10423*	*10451*	**97.2%**	•					
	Bed occupancy - Community Wards	Chief Operating Officer	**90%**	123.1%	126.1%	125.6%	126.8%	125.7%	*1520*	*1209*	**119.0%**	•					

Quality of care, access and outcomes		Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numertor	Denominator	Year to Date	Rags	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%	1.3%	0.9%	0.8%	0.5%	15	3086	1.0%						
	ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	27	27	29	38	33	39	1277	32						
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	7.2	7.1	8.1	7.5	7.5	6983	934	7.3						
	ALoS – Elective Inpatients	Chief Operating Officer	2.5	1.8	1.9	2.0	2.5	2.6	886	339	2.1						
	Medically fit for discharge - Acute																
	Medically fit for discharge - Community																
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	13.5%	12.7%	13.5%	12.5%	12.3%	286	2331	12.4%						
	HSMR - Rolling 12 months Feb 24 - Jan 25	Chief Medical Officer	100						102.6		102.6						
	Mortality SHMI - Rolling 12 months Nov 23 - Oct 24	Chief Medical Officer	89-112						97.0		97.0						
	Never Events	Chief Nursing Officer	-	0	0	0	0	0	0								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0		1						
	MSSA Bacteraemia	Chief Nursing Officer	0	2	0	2	1	0	0		13						
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	2	2	4	2	2	2		30						
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.12	1.09	1.82	1.12	1.58	46	12463	0.00						
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	1	0	0	0	0	0		8						
	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%	99.1%	98.1%	98.1%	98.8%	98.6%	8483	8602	98.7%						
	#N/A	#N/A	80%	-	-	-	-	-									
	Stroke - thrombolysis	Chief Operating Officer	-	-	-	-	-	-									
	#N/A	#N/A	80%	-	-	-	-	-									
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	-	-	-	-	-			98.3%						
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	-	-	-	-	-			98.3%						
	No. of Complaints received	Chief Nursing Officer	0%	18	14	19	16	22	22		225						
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	1	0	1	0	0		6						
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	81.0%	72.2%	62.5%	55.9%	80.0%	8	10	71.4%						
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	36.4%	82.8%	85.7%	92.1%	86.4%	261	302	84.5%						
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	99.5%	95.2%	92.7%	94.6%	94.0%	4402	4681	94.6%						
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	100.0%	94.1%	97.8%	99.0%	96	97	99.1%						
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	-	-	-	-	90.9%	10	11	93.3%						
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	0.2%	5.8%	5.6%	7.5%	6.1%	302	4942	16.8%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	3.2%	4.9%	2.5%	3.4%	2.1%	150	7207	4.6%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	-	-	-	-	4.7%	14	296	3.2%						
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	3.2%	1.9%	0.8%	3.1%	1.3%	97	7606	2.7%						

People		Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking	Agency - expenditure as % of total pay	Chief Finance Officer	-	2%	1%	1%	1%		1%								

Quality of care, access and outcomes		Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Numertor	Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance and Use of Resources		Responsible Director	Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Denominator	Year to Date	Rags	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	65	-214	325	774		*774*								
	I&E - Margin (%)	Chief Finance Officer	-	-1%	-1%	-1%	-1%		*-1%*								
	I&E variance from plan (£)	Chief Finance Officer	-	65	-214	325	774		*774*								
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A		0.0								
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	-447	-335	-337	378		*378*								
	Agency - expenditure (£k)	Chief Finance Officer	-	423	334	363	359		*359*								
	Agency - expenditure as % of cap	Chief Finance Officer	-	48%	39%	42%	41%		*41%*								
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	5198	6311	4448	5317		*5317*								
	Capital - Variance to plan (£k)	Chief Finance Officer	-	-617	-2580	-845	-944		*-944*								
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	10308	12908	18306	31269		*31269*								
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	93%	94%	95%	93%		*93%*								
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	97%	97%	97%	97%		*97%*								
	Agency - expenditure as % of cap	Chief Finance Officer	-	48%	39%	42%	41%		*41%*								

Worcestershire Acute Hospitals NHS Trust

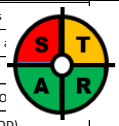
Trust Key Performance Indicators (KPIs) - up to Mar-25 data

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
Trend Variation		Special cause variation - cause for concern (indicator where LOW is
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOO
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Example



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

NHS Worcestershire Acute Hospitals NHS Trust

Quality of care, access and outcomes		Responsible Director	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	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	73.4%	80.0%	78.3%	80.8%	80.4%	80.0%	82.5%	77.6%	77.3%	77.0%	79.9%	-	1,953	2,444	78.8%		80.2%	Feb-25			
	2 Week Wait all cancers	Chief Operating Officer	86.0%	89.0%	85.4%	93.0%	96.2%	96.5%	94.6%	92.0%	88.4%	92.9%	87.7%	-	2,279	2,600	91.0%		84.2%				
	Urgent referrals for breast symptoms	Chief Operating Officer	35.0%	27.4%	30.0%	67.0%	89.8%	94.0%	96.6%	61.5%	26.7%	56.0%	7.4%	-	5	68	53.9%		71.4%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	85.3%	87.1%	85.6%	82.4%	78.5%	79.9%	83.1%	78.7%	81.8%	82.7%	88.6%	-	279	315	83.1%		93.0%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	84.5%	86.8%	87.4%	83.6%	84.0%	84.3%	84.5%	78.0%	82.7%	86.6%	89.5%	-	469	524	84.7%		91.8%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	57.9%	54.4%	60.4%	67.5%	65.7%	68.4%	65.7%	59.6%	55.9%	54.2%	53.9%	-	107	199	60.5%		61.4%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	65.8%	59.4%	66.2%	70.6%	59.0%	79.3%	50.0%	28.6%	27.0%	29.6%	34.9%	-	11	32	52.2%		59.1%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	82.7%	77.2%	82.6%	84.6%	77.2%	77.8%	76.2%	73.5%	80.8%	82.5%	84.8%	-	67	79	80.1%		78.1%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	63.6%	60.9%	66.9%	71.3%	68.3%	72.0%	67.0%	60.3%	59.8%	61.6%	59.7%	-	185	310	64.8%		67.0%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	159	176	145	151	177	172	177	137	144	145	151	144									
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	85.6%	85.5%	85.4%	87.2%	87.4%	87.5%	85.5%	84.5%	83.7%	83.0%	84.7%	85.0%	2,872	3,379	85.4%		92.2%	Feb to Jan			
	A&E Activity (any type)	Chief Operating Officer	18,677	19,875	19,293	19,351	18,672	18,444	19,292	18,654	18,348	17,439	16,264	20,008			224,317						
	Ambulance handover within 30 minutes	Chief Operating Officer	64%	60%	64%	71%	65%	54%	46%	51%	42%	54%	72%	64%	2,516	3,904	58%		73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	836	922	784	639	784	1085	1268	1158	1458	1134	529	801			11,398		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	130%	119%	104%	123%	113%	123%	134%	126%	130%	111%	96%	99%	3,635	3,676	116.8%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	42.2%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%	14.7%	14.0%	15.4%	541	3,538	29.6%		36%	Feb to Jan			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	64.4%	66.3%	67.9%	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	58.7%	66.2%	66.0%	6,809	20,008	63.8%		72%	Nov-24			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	16.6%	16.3%	15.4%	14.5%	14.8%	17.0%	17.8%	19.7%	22.0%	21.3%	18.3%	16.9%	2,328	13,805	17.5%		16%	Feb to Jan			
	A&E - Time to treatment	Chief Operating Officer	158	150	146	145	136	135	157	156	135	111	95	107			139		01:41				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	14	15	15	15	15	16	16	90	39	18	16	16			24		00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	248	271	307	270	335	369	487	305	605	713	663	730			5,303						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	6.8%	7.4%	7.5%	7.5%	7.7%	7.7%	7.2%	12.9%	12.6%	12.5%	13.3%	13.9%	1,925	13,805	9.4%		8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	54.8%	55.9%	56.1%	55.9%	55.6%	56.3%	56.9%	56.5%	55.5%	55.3%	58.2%	59.3%	32,880	55,450			59.2%	Feb-25				
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	61,740	62,118	62,152	61,348	61,862	60,779	59,873	58,765	57,382	55,581	56,124	55,450					7.40mil					
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	2,204	2,089	1,980	1,891	1,804	1,604	1,576	1,465	1,178	1,024	961	811					193,516					
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	472	464	402	357	300	105	57	23	40	39	28	18					13,223					
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	13	14	4	0	0	2	1	0	3	3	1	3					1,691					
	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	1	1	1					161					
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	9,438	9,533	8,546	9,787	8,699	8,978	10,138	9,354	8,269	10,073	9,701	10,060			112,576							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	118%	112%	119%	123%	129%	128%	148%	131%	134%	129%	138%	180%	22,172	12,314	131%							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	106%	88%	84%	101%	93%	96%	100%	90%	105%	100%	102%	102%	22,172	21,828	97%							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	113%	108%	110%	113%	118%	117%	133%	115%	118%	114%	121%	145%	61,409	42,219	127%							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	119%	99%	92%	111%	99%	106%	107%	95%	106%	103%	103%	99%	61,409	62,153	113%							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	110%	105%	109%	115%	114%	115%	115%	107%	111%	114%	112%	142%	8,092	5,687	114%							
	Total Elective Activity (volume v plan)	Chief Operating Officer	97%	102%	98%	117%	99%	110%	111%	99%	100%	100%	99%	97%	8,092	8,362	102%							
	BADS: Day case and outpatient % of total procedures (inpatient, day case and outpatient) (3mths to period end)	Chief Operating Officer	84.0%	83.8%	84.0%	84.2%	84.6%	85.1%	85.2%	85.7%	85.5%	-	-	-	5818	6921	-		81%	Dec				
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	82%	83%	82%	83%	82%	84%	84%	83%	82%	83%	81%	84%			83%		78%	February				
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	84%	86%	85%	86%	84%	87%	87%	86%	84%	86%	85%	87%			86%		82%					
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	37	49	40	38	42	40	59	59	38	45	32	33			512		21,053	Q4 23-24				
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	115%	119%	115%	111%	112%	113%	105%	103%	112%	109%	108%	110%	6,899	6,279	111%							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	115%	112%	97%	109%	103%	99%	112%	100%	106%	106%	107%	99%	1,473	1,483	116%							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	100%	105%	96%	101%	116%	120%	106%	94%	94%	89%	93%	106%	2,425	2,290	102%							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	27.4%	29.7%	34.3%	31.1%	34.7%	29.2%	22.9%	22.6%	17.0%	16.0%	12.0%	14.4%	1,638	11,363			22.4%	Jan-25				
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	83%	85%	86%	88%	88%	84%	90%	90%	90%	89%	88%	86%	392	443	87%							
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	5.5%	6.5%	7.2%	7.6%	8.1%	8.4%	8.8%	8.9%	9.4%	9.7%	9.5%	-					8.8%	Dec-24				
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	59.3%	60.1%	60.7%	62.1%	63.1%	63.9%	63.8%	63.0%	62.9%	63.2%	62.7%	-					62.5%					
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	82.9%	82.3%	83.3%	84.6%	88.6%	87.0%	87.2%	87.8%	86.9%	87.5%	86.7%	-					84.1%					
	Maternity Activity (Deliveries)	Chief Nursing Officer	380	418	371	387	416	409	410	349	361	353	343	393			4,590							
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	4.8%	5.2%	5.3%	5.0%	5.2%	5.3%	5.1%	5.2%	5.3%	4.8%	4.6%	4.6%	2,900	63,471	5%		4.7%	Jan-25				
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	89%	90%	89%	88%	89%	89%	89%	89%	88%	89%	90%	90%	37017	41161	89%							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	110%	106%	106%	109%	113%	113%	126%	108%	110%	107%	113%	131%	39,237	29,905	112%							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	126%	105%	97%	118%	102%	112%	111%	98%	106%	105%	104%	97%	39,237	40,325	106%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	16%	17%	15%	16%	15%	16%	16%	17%	17%	17%	17%	17%	9,834	59,184	17%		18%	Feb to Jan				
Prevention long term conditions	Maternity - Women who were current smokers at 36 weeks (or last smoking status)	Chief Nursing Officer	1.9%	2.1%	3.1%	2.6%	3.5%	4.3%	5.6%	4.0%	4.8%	4.3%	3.0%	2.8%	6	393	3.5%							

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	96%	96%	95%	96%	95%	95%	94%	94%	93%	96%	96%	94%	634	671	95%		90%	Q3 24/25			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	69	67	59	56	48	60	65	56	55	50	48	55			535		4,371	Feb-25			
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	7.8	7.9	7.7	7.5	7.2	7.7	8.1	8.2	8.2	8.3	8.5	7.6	21838	2891	7.9		4.4	Feb to Jan			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	3.3	3.1	3.3	2.8	3.1	3.0	3.6	3.4	3.3	3.1	3.1	2.7	1335	488	3.2		3.1				
	Medically fit for discharge - Acute	Chief Operating Officer	12%	13%	14%	12%	12%	15%	15%	13%	9%	15%	15%	15%	117	779	13.0%		23.1%	Dec			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	7.5%	8.2%	7.2%	6.9%	6.9%	5.1%	4.8%	4.5%	4.5%	4.3%	4.2%	4.63	546	11792	5.1%		7.5%	Jan to Dec			
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	102.8	103.43	103.17	104.10	103.70	103.76	104.39	105.00	-	-	-	-				As expected					
	Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0			0						
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	1			1						
	MSSA Bacteraemia	Chief Nursing Officer	3	3	3	5	5	6	7	8	5	5	6	9			65						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	11	10	14	17	16	11	13	11	9	11	5	9			137						
	Number of falls with moderate harm and above	Chief Nursing Officer	3	6	5	13	10	2	6	3	7	6	4	2			67						
	Serious Incidents	Chief Nursing Officer	1	1	1	0	0	2	0	1	0	0	0	2			8						
	VTE Risk Assessments	Chief Medical Officer	96.3%	96.0%	97.0%	96.9%	97.0%	96%	97%	96%	95%	95%	97%	91.66	10,831	11,817	96%						
	WHO Checklist	Chief Medical Officer	98%	98%	99%	98%	98%	99%	98%	98%	97%	97%	97%	97.25	1,352	1,390	97%						
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	45%	62%	69%	83%	84%	75%	85%	62%	73%	89%	-	-	109	123	71%						
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	33%	57%	57%	43%	55%	67%	63%	43%	33%	-	-	-	-	-	52%						
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	78%	68%	74%	75%	59%	64%	70%	59%	61%	-	-	-	-	-	70%						
	Number of complaints	Chief Nursing Officer	80	66	73	72	70	58	70	60	61	76	52	65			738						
	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						
	Complaints resolved within policy timeframe	Chief Nursing Officer	48%	62%	73%	61%	62%	70%	59%	54%	50%	71%	46%	54%	44	82	66%						
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	76%	75%	75%	78%	82%	79%	75%	71%	61%	80%	79%	82%	2274	2757	78%		80%				
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	94%	94%	94%	95%	96%	95%	94%	95%	94%	97%	97%	96%	4143	4319	95%		95%	Jan-25			
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	100%	88%	92%	86%	78%	85%	85%	85%	92%	96%	95%	97%	158	163	88%		92%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	22%	23%	21%	22%	24%	22%	21%	4%	0%	4%	12%	20%	2757	13741	16%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	35%	37%	38%	39%	44%	40%	36%	40%	35%	25%	36%	37%	4319	11565	37%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	4%	9%	8%	20%	10%	26%	19%	32%	28%	22%	22%	18%	163	902	17.9%						

People		Responsible Director	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	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	8.6%	9.0%	7.9%	8.6%	7.9%	8.3%	5.3%	6.9%	7.7%	6.9%	7.3%	5.8%			7.5%				F	L	
	Appraisals - Non-medical	Chief People Officer	79.0%	80.0%	80.0%	81.0%	80.0%	82.0%	82.0%	83.0%	84.0%	84.0%	83.0%	84.0%	5,110	6,063	81.8%				F	H	
	Appraisals - Medical	Chief People Officer	94.0%	96.0%	94.0%	93.0%	94.0%	93.0%	94.0%	94.0%	95.0%	96.0%	94.0%	94.0%	546	578	94.3%				?	H	
	Mandatory Training	Chief People Officer	91.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	79,888	88,381	90.4%				?	H	
	Overall Sickness	Chief People Officer	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.1%	11,131	217,765	5.5%				F		
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	11.0%	10.9%	10.5%	10.4%	10.3%	10.4%	10.1%	9.8%	9.9%	9.7%	9.4%	9.2%	568	6,203	10.1%				?	L	Reasonable Assurance
	Vacancy Rate	Chief People Officer	9.8%	9.3%	9.3%	9.2%	8.2%	7.0%	6.3%	5.7%	5.3%	6.2%	5.5%	5.0%	372	7,032	7.2%				F	L	

Finance and Use of Resources		Responsible Director	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	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	-£7,799	-£4,672	-£5,283	-£5,507	-£5,253	£24,901	£6	-£433	-£880	£1	-£9	-£557			-£5,485						
	I&E - Margin (%)	Chief Finance Officer	-14.0%	-7.8%	-9.1%	-9.8%	-9.0%	28.2%	18.7%	-4.9%	-7.5%	12.2%	-0.2%	-0.6%			-0.7%						
	I&E - Variance from plan (£k)	Chief Finance Officer	£971	-£836	-£635	£7	-£75	£190	£355	-£143	-£289	£457	£336	-£163			£173						
	I&E - Variance from Plan (%)	Chief Finance Officer	-11.0%	22.0%	14.0%	0.0%	1.0%	1.0%	-102.0%	50.0%	49.0%	-100.0%	-97.0%	41.0%			-3.0%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	-£669	-£223	-£240	£251	£194	£368	£456	-£439	£94	-£403	-£226	£831			-£7						
	Agency - expenditure (£k)	Chief Finance Officer	£3,186	£3,406	£2,965	£3,121	£2,961	£3,113	£2,375	£2,700	£3,143	£2,756	£2,875	£2,404			£35,006						
	Agency - expenditure as % of total pay	Chief Finance Officer	8.6%	9.0%	8%	9%	8%	8%	5%	7%	8%	7%	7%	4%			7.3%						
	Capital - Variance to plan (£k)	Chief Finance Officer	£0	£0	-£2,314	-£832	-£118	-£1,592	£934	£564	£464	£2,580	£2,746	£12,471			£2,432						
	Cash - Balance at end of month (£m)	Chief Finance Officer	£1.125m	£1.712m	£1.182m	£1.617m	£6.732m	£13.291m	£24.208m	£16.708m	£16.428m	£14.106m	£18.729m	£35.262m			-						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	95.1%	87.9%	83%	64%	70%	55%	70%	76%	75%	74%	76%	77%			77.0%						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	87.4%	89.3%	71.5%	41.1%	54.2%	55.0%	56.3%	62.9%	64.4%	65.0%	67.0%	70.0%			70.0%						

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

Example

Data Quality Assurance Questions

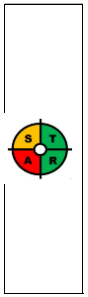
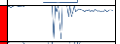
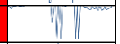
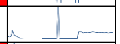
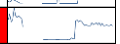
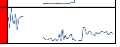
S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?
T - Timely & Complete	Is the data available and up to date at the time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

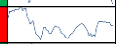
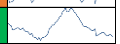
Overall KPI Rating Key
No Assurance
Limited Assurance
Reasonable Assurance
Substantial Assurance

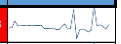
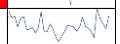
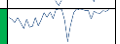
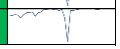
Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Latest Month: Numerator	Latest Month: Denominator	Year to Date v Standard	Trend - Apr 2019 to date	Latest Available Monthly Position: WVT Latest month v benchmark	Latest Available Monthly Position: National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	**77%**	77.8%	79.2%	78.1%	79.3%	77.1%	72.7%	82.9%		828	999	**78.0%**			80.2%	February	?	H	
	2 Week Wait all cancers	Chief Operating Officer	**93%**	88.5%	92.1%	91.3%	86.4%	84.3%	85.9%	79.1%		881	1114	**87.6%**			84.2%		?	L	
	Urgent referrals for breast symptoms	Chief Operating Officer	**93%**	43.8%	39.1%	21.4%	7.7%	20.0%	15.4%	0.0%		0	6	**30.5%**			71.4%		?	L	
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	**96%**	89.3%	89.8%	89.0%	91.9%	96.5%	90.2%	94.1%		80	85	**89.9%**			93.0%		?	L	
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	**96%**	88.8%	87.1%	86.0%	91.5%	95.8%	88.3%	95.0%		96	101	**88.5%**			91.8%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		3	7	5	8	7	3	7				87					?		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	**85%**	74.8%	75.4%	73.5%	76.4%	71.3%	69.5%	67.2%		40	60	**70.8%**			61.4%		?	L	
	Cancer 62-Day National Screening Programme	Chief Operating Officer	**90%**	77.8%	100.0%	33.3%	66.7%	100.0%	88.9%	100.0%		1	1	**84.9%**			59.1%	February	?		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	**85%**	65.7%	90.5%	56.8%	65.9%	87.9%	77.1%	74.3%		13	18	71.4%			78.1%		?		
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	**70%**	71.4%	79.2%	69.4%	73.4%	77.6%	70.6%	68.6%		54	78	**71.0%**			75.7%				
	Cancer: number of urgent cancer patients waiting over 62 days	Chief Operating Officer	**Plan**	88	61	50	38	54	52	60	74								?		
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	**v 2023/24**	111%	109%	124%	109%	118%	126%	110%		27801	25183	**113%**					?		
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	**80%**											**97.7%**					P		
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	**70%**	77%	77%	75%	70%	84%	88%	88%	86%	136	159	**81.6%**			85%	Feb	?	L	
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	**90%**	86.9%	87.4%	86.3%	87.3%	85.9%	85.2%	86.6%	86.2%	1582	1835	**86.3%**			93%	Feb to Jan	?	H	
Urgent and emergency care	A&E Activity	Chief Operating Officer	**Plan**	102%	103%	101%	105%	104%	100%	96%	102%	6466	6340	**102%**					?	H	
	Ambulance handover within 30 minutes (WMAS Only)	Chief Operating Officer	**98%**	75.9%	62.9%	51.1%	55.2%	49.4%	54.3%	60.3%	55.2%	849	1539				73%	July	F		
	Ambulance handover over 60 minutes (WMAS Only)	Chief Operating Officer	**0%**	14.5%	18.8%	29.1%	25.1%	30.9%	29.7%	21.4%	26.6%	409	1539	**10.4%**			12%		?	H	
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	**Plan**	115%	120%	119%	129%	124%	121%	122%	127%	1660	1304	119%					?	H	
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	**>40%**	42%	44%	48%	48%	46%	47%	47%	49%	1349	2747	**46.7%**			37%	Feb to Jan	?		
	A&E - % of patients seen within 4 hours	Chief Operating Officer	**78%**	67.6%	65.8%	65.8%	64.8%	63.4%	64.1%	65.9%	63.5%	4869	7672	**66.1%**			75%	Mar	?	L	
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		10.8%	12.5%	12.4%	12.2%	13.3%	14.6%	13.0%	13.2%	1014	7672	11.8%			5%	Feb to Jan	F	H	
	A&E - Time to treatment	Chief Operating Officer		01:42	01:38	01:40	01:56	01:58	01:51	01:43	01:47						01:42				
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	In development																	
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	00:26	00:25	00:25	00:27	00:28	00:26	00:22	00:26						00:21	Feb to Jan	F	L	
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	312	284	270	256	232	322	219	293			**610**					F	H	
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**3%**	8.3%	7.7%	8.9%	9.2%					107	5309	**8.4%**			9%	Feb to Jan	F		

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**92%**	55.6%	55.1%	55.8%	56.0%	55.1%	56.0%	56.4%	56.5%	13123	23209				59.2%	Feb		
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	**95%**	69.4%	69.5%	70.0%	70.0%	68.4%	69.2%	70.3%	70.0%	2988	4267							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		28708	28783	28761	28246	27766	27410	27488	27476									
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1169	987	865	804	764	740	727	692						193516	February		
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	145	74	42	29	34	34	39	32						13223			
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	14	9	4	1	3	2	5	5						1691			
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	3	2	1	0	0	0	0	0						161			
	GP Referrals	Chief Operating Officer	**2019/20**	87%	95%	103%	91%	105%	99%	91%	102%	4101	4031	98%						
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	114%	111%	117%	109%	108%	113%	114%	148%	6273	4226	115%						
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	98%	83%	111%	78%	101%	104%	94%	82%	6273	7650	96%						
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	115%	111%	113%	108%	110%	109%	110%	140%	19533	13940	115%						
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	107%	91%	116%	83%	111%	113%	98%	86%	19533	22721	102%						
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	**46%**	43%	43%	44%	45%	47%	47%	47%	47%	12167	25143	44%			44.7%	Feb to Jan		
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	105%	110%	108%	101%	101%	104%	104%	128%	3049	2389	107%						
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	91%	88%	105%	78%	90%	98%	91%	77%	3049	3951	93%						
	Elective Recovery Fund (ERF) Actual v Plan (£)	Chief Operating Officer	**Plan**	114%	119%	126%	121%	120%	131%	127%	122%			117%						
	BADS Daycase rates	Chief Operating Officer	**Actual**	81.0%	80.6%	81.7%	77.5%	80.8%				0	0	80.3%			80%	Jan to Dec		
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	78.7%	80.2%	79.5%	78.8%	80.9%	80.3%	83.1%	82.0%			79.6%			80%	February		
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	81.1%	82.7%	82.7%	82.9%	85.2%	83.4%	85.9%	86.7%			83.2%			85%			
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	**10 per month**	40	32	26	31	39	34	20				359			22681	Oct to Dec		
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	101%	118%	104%	108%	104%	87%	87%	103%	3047	2967	106%						
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	127%	93%	91%	72%	83%	80%	89%	79%	830	1051	94%						
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	111%	116%	114%	127%	110%	93%	88%	119%	1760	1476	113%						
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<5%**	27.8%	17.2%	15.1%	13.3%	12.5%	21.1%	16.6%	21.4%	1468	6612				17.5%	Feb		
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	95.1%	88.9%	94.6%	94.0%	93.7%	97.1%	97.7%	97.8%	133	136	94.4%						
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	**<15%**	16.3%	15.6%	16.2%	18.4%	17.8%	20.4%	22.5%	21.8%	24	110	21.8%						
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	**<34%**	55.7%	55.3%	55.6%	61.8%	65.1%	64.6%	61.5%	66.5%	127	191	66.5%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	**<60%**	88.1%	85.9%	87.8%	88.2%	90.2%	89.7%	89.2%	90.8%	108	119	90.8%						
	Maternity Activity (Deliveries)	Chief Nursing Officer	**v 2023/24**	86%	108%	93%	95%	95%	101%	94%	88%	132	150	96%						
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:21	1:27	1:23	1:23	1:23	1:24	1:21	1:21									
	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%**	7.8%	6.5%	5.9%	6.3%	6.5%	6.2%	5.9%	5.4%	1539	26760	6.3%			6.9%	Feb to Jan		
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	89.9%	89.3%	88.8%	88.3%	87.8%	86.7%	88.7%	88.0%	15489	17611	88.2%						
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	116%	110%	112%	107%	110%	108%	108%	137%	13260	9714	115%						
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	111%	95%	118%	86%	117%	118%	100%	88%	13260	15071	105%						
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	19.8%	20.1%	19.9%	20.2%	20.1%	21.4%	21.4%	19.9%	3896	19533	20.2%			17%	Feb to Jan		
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		4.1%	6.7%	7.5%	8.7%	7.9%	8.0%	8.4%	7.4%	10	136							

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	99%	100%	100%	99%	99%	100%	100%	95%	319	336	**99%**			95%	Mar		
	Bed occupancy - Community Wards	Chief Operating Officer	**<92%**	92%	94%	95%	90%	93%	97%	93%	97%	73	76	**94%**						
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	134	204	348	150	69	129	81	64			**1486**			4371	Jan		
	Patient ward moves emergency admissions (acute)	Chief Operating Officer		7%	7%	9%	8%	7%	7%	7%	6%	76	1104	8%						
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	6.5	5.9	6.7	6.0	5.9	6.6	6.1	6.1	8631	1406	**6.2**			4.5	Feb to Jan		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	2.8	2.6	2.4	2.4	2.2	2.0	1.9	1.9	506	260	**2.5**			3.0			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	17.1%	13.8%	15.5%	16.6%	15.1%	17.2%	19.3%	17.3%	1576	9111				23.1%	Dec		
	Medically fit for discharge - Community	Chief Operating Officer	**10%**	50.1%	47.5%	53.1%	49.0%	38.8%	38.5%	36.6%	24.9%	556	2236							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	4.5%	4.9%	4.5%	5.0%	4.5%	4.5%			161	3540	**4.6%**			7.8%	Jan to Dec		
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	99.5	100.2	101.8	102.8					1385	1345				100	Nov to Oct		
	Never Events	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0			**1**						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	1			**1**						
	MSSA Bacteraemia	Chief Nursing Officer		1	0	0	2	0	2	1	2			**15**						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**44**	10	6	2	5	6	0	3	3			61						
	Number of falls with moderate harm and above	Chief Nursing Officer	**2022/23 (30)**	2	1	2	3	1	2	1				20						
	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%**	91.6%	91.9%	92.0%	91.5%	89.2%	91.6%	92.0%	90.8%	3762	4413	**91.9%**						
	WHO Checklist	Chief Medical Officer	**100%**		98.7%			99.4%												
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	**60%**	73.9%	65.8%	64.4%	67.6%	63.0%	51.5%	65.5%	65.4%	19	26	**63.6%**						
	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%	100.0%	80.0%	71.4%	54.5%	66.7%	66.7%	6	9	**59.7%**						
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	87.5%	76.5%	75.0%	86.0%	80.9%	73.9%	80.4%	75.9%	22	29	**80.0%**						
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**98%**	94.7%	95.7%	96.3%	94.7%	97.0%	97.7%	97.2%	96.2%			**95.6%**						
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**98%**	98.0%	97.7%	97.0%	97.0%	99.3%	98.0%	98.6%	97.8%			**97.3%**						
	Number of complaints	Chief Nursing Officer	**2022/23 (253)**	18	31	44	26	25	33	27	34			372						
	Number of complaints referred to Ombudsman	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0			**0**						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	51.6%	50.0%	51.7%	67.9%	50.0%	60.0%	45.5%	26.5%	9	34	**49.3%**						

	Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	**30%**									4	5023	**0.0%**					?	L	
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**95%**	79%	75%	79%	77%	74%	80%	81%	76%						80%	January			
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	84%	83%	88%	82%	84%	87%	87%	86%	144	168	**84.5%**			94%		?		
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**95%**									4	4	**0.0%**			95%		?		
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	86%	90%	97%	88%	92%	93%	94%	100%			**92.8%**			92%		?		
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	20%	18%	18%	19%	17%	18%	19%	19%										
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	17%	15%	15%	16%	15%	15%	16%	15%	168	1107	**15.9%**					F	L	
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	32%	30%	28%	32%	21%	23%	31%	24%	29	119	**27.4%**					?		

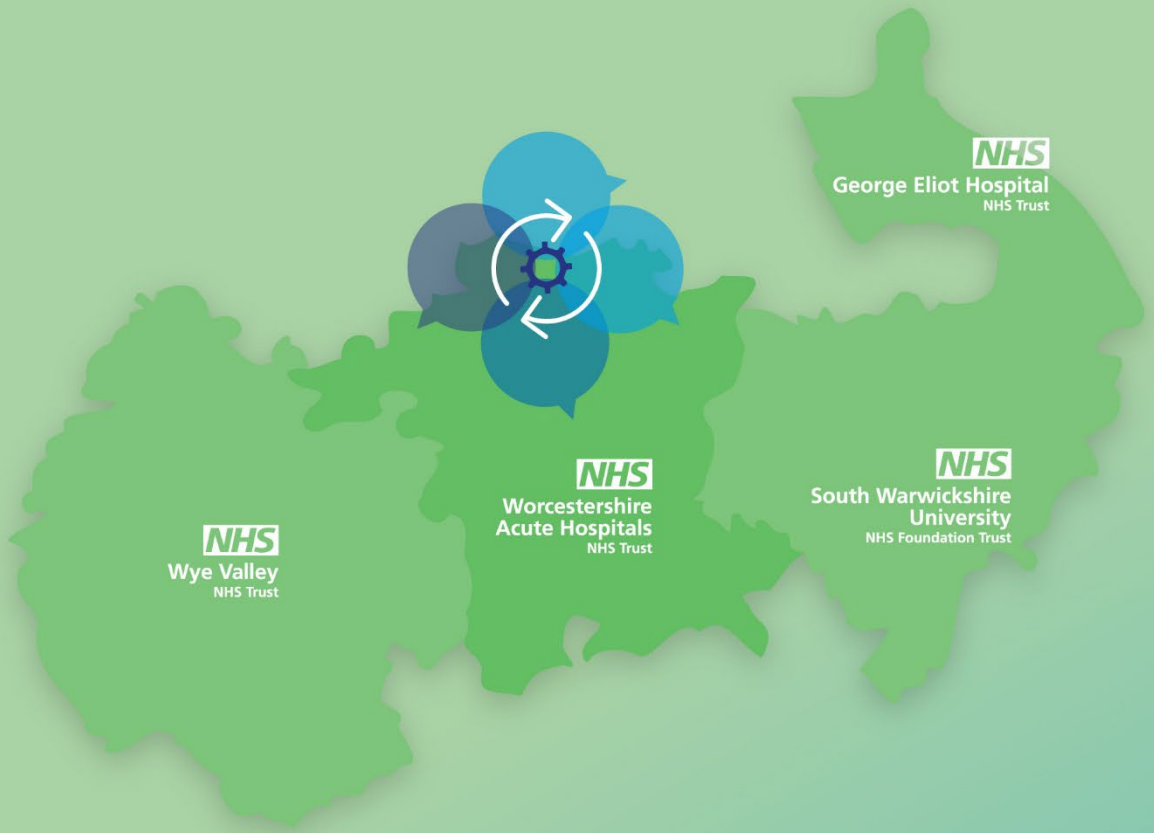
People		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position			Pass/ Fail	Trend Variation	DQ Mark
												Numerator	Denominator			WVT Latest month v benchmark	National or Regional				
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6.4%**	5.8%	4.5%	4.1%	4.6%	4.8%	5.3%	4.0%	2.6%			**5%**					?		
	Appraisals	Chief People Officer	**85%**	80.3%	79.8%	80.1%	79.5%	79.8%	79.7%	77.6%	77.7%	0	0	**79%**			76%	2021/22	F	L	
	Mandatory Training	Chief People Officer	**85%**	89.5%	88.0%	88.3%	88.6%	88.8%	89.3%	89.3%	89.4%	36045	40337	**89%**			88%		P	L	
	Overall Sickness	Chief People Officer	**3.5%**	4.7%	5.0%	5.3%	5.0%	6.2%	6.0%	5.2%	5.0%	5853	116661	**5%**			5%	Nov	F		
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**10%**	9.8%	9.7%	9.4%	9.1%	9.1%	9.4%	9.2%	8.9%	326	3656	**9%**					F		
	Vacancy Rate	Chief People Officer	**5%**	6.3%	3.9%	5.2%	4.7%	4.5%	4.1%	6.9%	4.2%	165	3902	**5%**					F	L	

Finance and Use of Resources		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position			Pass/ Fail	Trend Variation	DQ Mark
												Numerator	Denominator			WVT Latest month v benchmark	National or Regional				
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£3,686	£12,576	-£602	-£202	-£1,260	-£3,002	-£133				**-£11,428**							
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-13.6%	28.9%	-1.6%	-0.6%	-4.1%	-9.6%	-0.4%		-£133	£31,110								
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£606	-£645	-£178	£106	-£953	-£2,908	-£39				**-£8,420**							
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	-2.2%	-1.5%	-0.5%	0.3%	-3.1%	-9.7%	-0.1%		-£39	£31,110								
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£811	£539	-£498	-£598	-£489	-£798	-£487				**-£5,565**							
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	£725	£573	£755	£634	£582	£2,848	£804				£11,018							
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	3.9%	3.1%	3.0%	3.2%	3.0%	14.7%	4.1%		£804	£19,414	5.2%							
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	-£284	-£242	-£697	-£345	-£431	£175	-£873				**-£2,271**							
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£18	£14	£37	£29	£25	£21	£31				£31							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	87.0%	97.6%	95.2%	94.9%	98.6%	97.5%	99.7%		£12,498	£12,530	**97.2%**							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	99.3%	99.3%	97.4%	98.6%	99.2%	98.9%	99.3%		£4,729	£4,763	**98.9%**							

Report to	Foundation Group Boards	**Agenda Item**	6.2
Date of Meeting	7 May 2025		

Title of Report	Outpatients Deep Dive
Status of report: (Consideration, position statement, information, discussion)	For information and discussion
Author:	Robin Snead, Chief Operating Officer – George Eliot Hospital NHS Trust (GEH), Chris Douglas, Acting Chief Operating Officer – Worcestershire Acute Hospitals NHS Trust (WAHT), Harkamal Heran, Chief Operating Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Andrew Parker, Chief Operating Officer – Wye Valley NHS Trust (WVT)
Lead Executive Director:	Robin Snead, Chief Operating Officer of GEH, Chris Douglas, Acting Chief Operating Officer WAHT, Harkamal Heran, Chief Operating Officer SWFT, and Andrew Parker, Chief Operating Officer of WVT
1. Purpose of the Report	To provide the Foundation Group Boards with an overview across all four Trusts of some key Outpatient productivity metrics. This report is to: - stimulate discussion for areas of potential variance, - to share approach and learning between trusts for initiatives that provided productivity improvement, - reduce variances where they are not expected.
2. Recommendations	The Foundation Group Boards are asked to receive the report and be assured that shared learning is occurring and to anticipate a future report that provides evidence of improvement as a result.

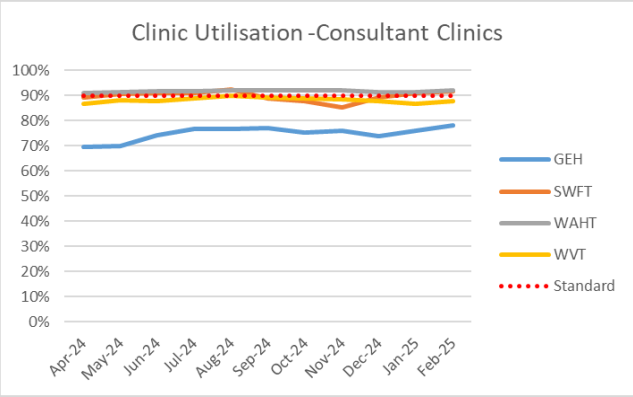
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings

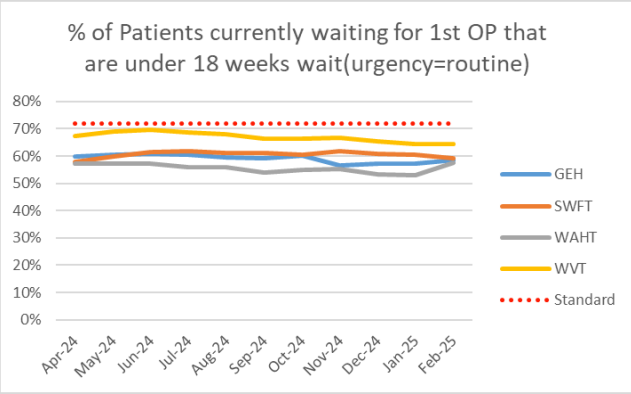


Outpatients Deep Dive

Chief Operating Officers

Clinic Utilisation - What variance does the data show?





- GEH has the most opportunity for increased productivity in clinic utilisation*, and has second most opportunity to improve the percentage of patients waiting under 18 weeks for a first Outpatient (OP) appt.
- WAHT has the most improvement required to meet the national standard of 72% for patients waiting below 18 weeks.
- All Trusts have submitted a national compliant plan for patients waiting under 18 weeks for a first OP appt.

Clinic Utilisation- Shared Learning

- Pathway analysis and the use of Patient Initiated Follow Up (PIFU) could release follow up appts to be converted to new appt clinics.
- Maximise clinic templates to focus on Outpatient new and urgent capacity.
- Approach and findings of a Follow up waiting list review – impact of follow up appointments for patients (post clock stop).
- Outpatient Improvement Programmes are running. Share approach and success implementing a 6-4-2 process (similar to Theatre approach)
- Approach to monitoring blocked appointments – shared logic and investigation.
- *Ensure comparability of data.

Clinic ave.appts- What variance does the data show?

Data has been analysed and shows the following:

- SWFT, WVT and WAHT consistent average appts for Cardiology, Ear, Nose, Throat (ENT), Ophthalmology, Respiratory, Trauma & Orthopaedics (T&O) and Urology.
- Consistency in Gastroenterology between WVT and WAHT, but lower than both SWFT and GEH.
- Possible improvement for WVT within Gynaecology.
- Consistency across all Trusts within Urology.

Clinic ave.appts – Shared Learning

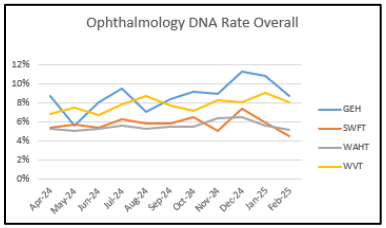
- Ensure clinic templates and governance is robust; learning from Further Faster Getting it Right First Time (GiRFT) programme.
- Undertake a review at consultant level and matching to job plan. Sharing across the Foundation Group to inform consistency (where applicable).
- Maximise Direct Clinical Care (DCC) time in clinical job plans.
- Review blocked appointments and what they are used for? Checks for consistency across the Foundation Group.
- Develop more one stop shop clinics and group appointments.

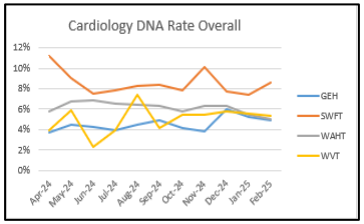
DNA's - What variance does the data show?

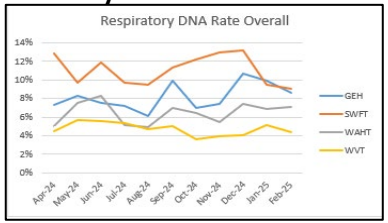
March 2025 DNA (Did Not Attend) rate – GEH – 3.7%, SWFT – 5.6%, WAH – 4.0%, WVT – 4.0%

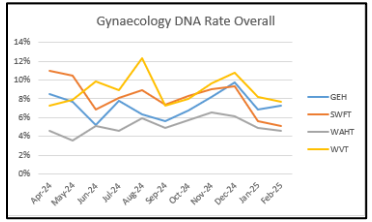
All Trusts have committed to meeting the national expectation of 5% or below dependent on current DNA rate.

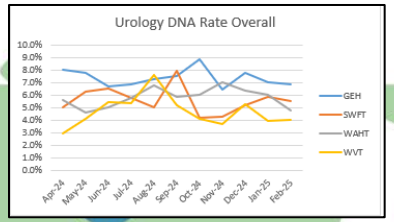
- WAHT has consistently low DNA rates in most specialties with little variation month on month, the exception being Gastroenterology which fluctuates.
- GEH – possible opportunity in Ophthalmology and Urology.
- SWFT – possible opportunity in Cardiology, Gastroenterology and Respiratory
- WVT – possible opportunity in T&O and Cardiology
- Largest variation between Trusts is within Respiratory.

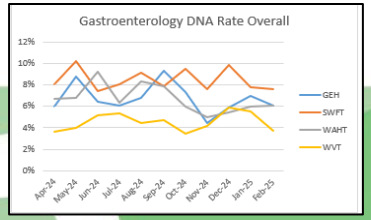


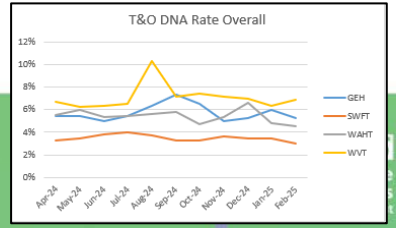


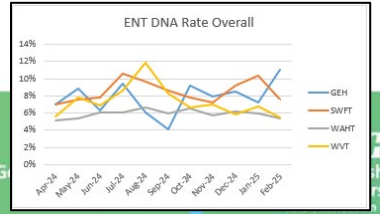












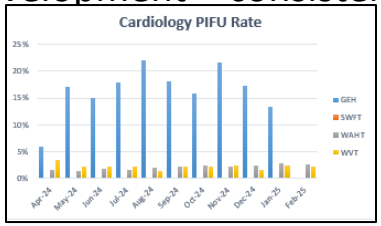
DNA's - Shared Learning

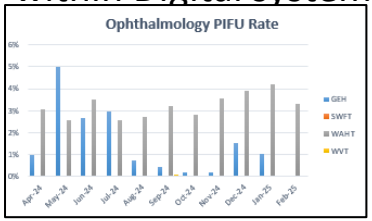
- Approach to (two-way) text reminder service for Outpatient appointments. Sharing processes, exclusions and learning – what has worked well and what has not worked well.
- All Trusts to complete analysis on the specialties requiring improvements to identify possible cohorts for improvement; previous analysis has shown Paediatrics as a cohort with a high DNA rate.
- Share learning from calling patients who have a history of missing appointments, calling improved attendances by 25% in some cohorts.
- Approach to using the volunteers to undertake reminder calls for Outpatient appointments.
- Approach for transferring DNA patients to Patient Owns Contact (POC) – patients to contact in next 4 weeks or automatic discharge.
- Preparations for the full implementation of the Patient portal.

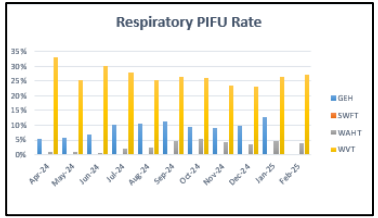
PIFU - What variance does the data show?

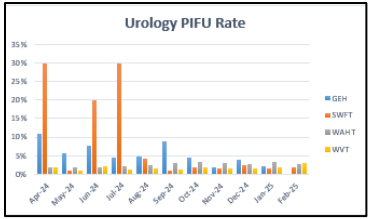
- GEH using PIFU more than other Trusts in Cardiology
- SWFT using PIFU more than other Trusts in Gastroenterology
- WAHT using PIFU more than other Trusts in Ophthalmology, WVT has decreasing PIFU usage over 24-25.
- WVT using PIFU more than other Trusts in Respiratory
- No PIFU being used in ENT by GEH, other Trust are using it, but increased usage by WVT since October 24.

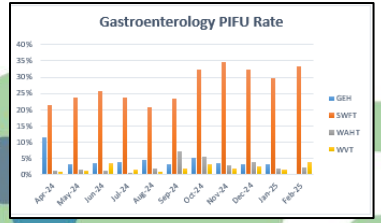
*Caveat: For some Trusts data capture within Electronic Patient Records (EPR) still requires development – consistency within Digital systems.

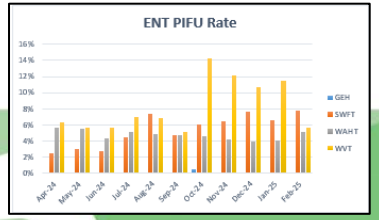


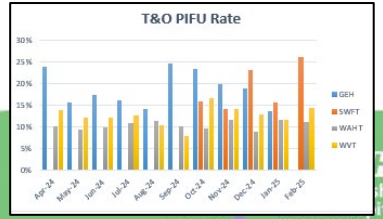


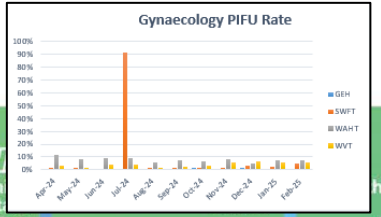










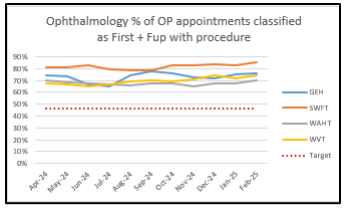


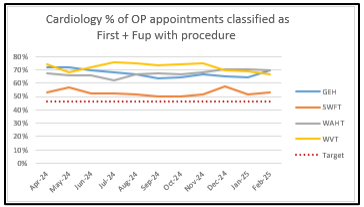
PIFU- Shared Learning

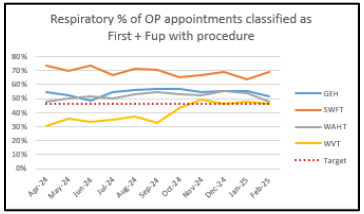
- Annual plan – All Trusts have submitted plans that will achieve or better national target
- Approach for assuring that clinicians discharging where appropriate rather than PIFU. Logic for monitoring individual application.
- Clinical discussions between Foundation Group Trusts to discuss pathways where PIFU is applied.
- Successful approaches for engaging and educating for application in specialties achieving below 5%.
- Undertake quality assurance analysis for high usage specialties to evaluate appropriate clinical application. Evaluate existing pathways in low usage specialties for pathways where follow ups add little clinical value to the patients – evaluate 'PIFU by default'.
- Review of the GiRFT recommendations and sharing learning from implementations.
- Correlation across other specialties beyond these.

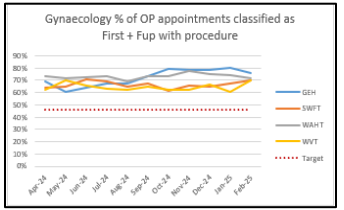
OP Procedures - What variance does the data show?

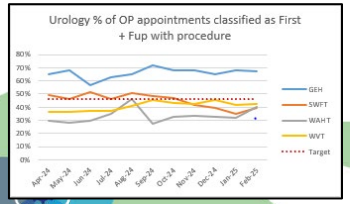
- Gastroenterology has the most variation between Trusts, GEH has been increasing steadily (not Community Diagnostic Centre related) and WAHT has reduced its performance.
- Urology has the second most variation with GEH much higher than the other three Trusts. T&O has a similar profile with GEH leading the performance.
- SWFT have higher performance in Ophthalmology and Respiratory compared to the other three Trusts.

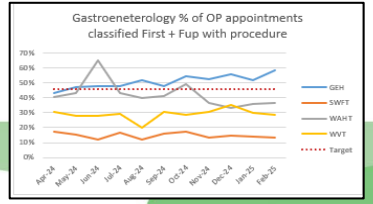


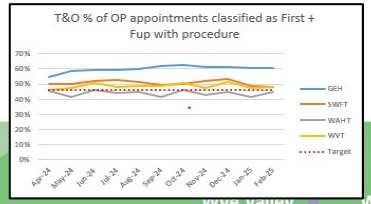


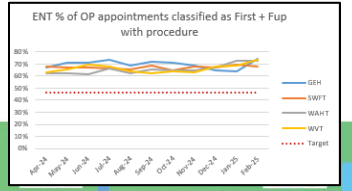












OP Procedures- Shared Learning

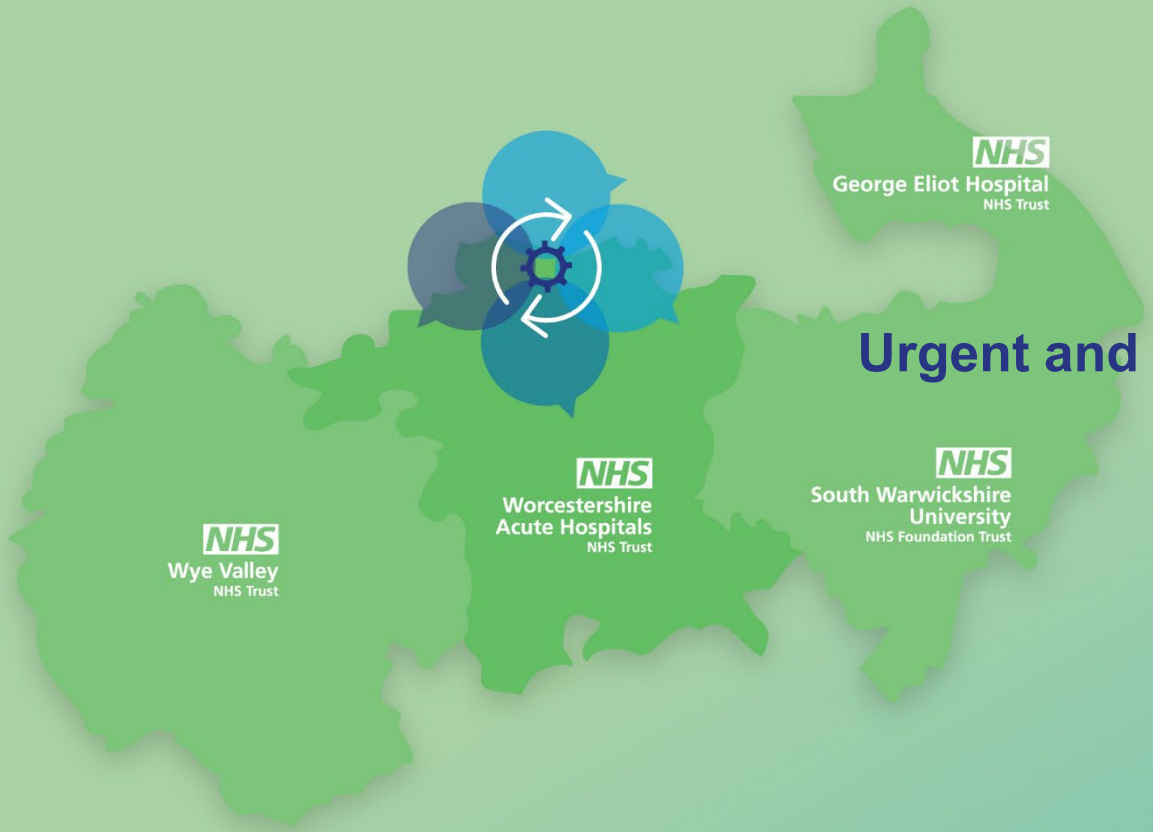
- Sharing what practice is contributing towards the increase at GEH within Gastroenterology. Are the procedures offered here also offered at the other Trusts and how are they being recorded?
- The Coding Forum to identify areas of improvement already put in place at their host Trust and share between teams, using this data as a driver for conversation.
- A review of GIRFT packs across Trusts to identify comparable improvements and share approaches or planned approaches.
- Approach for left shift for procedures from Theatres to Outpatients.

Summary of shared learning/practice

- Approach to clinic template audits and governance processes.
- Document for consistency definitions for future comparability of clinic and appointment data.
- Text reminder services (approach, value for money, improving data quality of contact details)
- What works well regarding Clinical engagement for Patient Initiated Follow Ups.
- Use of volunteer services for frequent DNA patients.
- Approach for comparing job plans to clinic templates.
- Approach for partial bookings.
- Plans/approach for implementation of Patient Portal including data quality improvements for capturing patient email addresses (requests via General Practitioner (GP) forums for capture at referral stage).
- Run an internal version of Further Faster – GiRFT. Deep dive into one specialty per month – driven by the Productivity Dashboard.
- Review referrals and discharges after first appointment – to identify productivity opportunities (communication guides)

Report to	Foundation Group Boards	**Agenda Item**	6.3
Date of Meeting	7 May 2025		

Title of Report	Urgent and Emergency Care Impact on Mortality and Morbidity
Status of report: (Consideration, position statement, information, discussion)	Information and Discussion
Author:	Dr Ed Mitchell, Deputy Chief Medical Officer – Worcestershire Acute Hospitals NHS Trust (WHAT), Varadarajan Baskar, Chief Medical Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Chizo Agwu, Chief Medical Officer – Wye Valley NHS Trust (WVT).
Lead Executive Director:	Dr Jules Walton, Chief Medical Officer WHAT, Varadarajan Baskar, Chief Medical Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Chizo Agwu, Chief Medical Officer – Wye Valley NHS Trust (WVT).
1. Purpose of the Report	To inform the Foundation Group Boards of the consequences of triage, available services and decision making in the Emergency Department.
2. Recommendations	To continue focus on improving access and services for elderly, frail patients and especially those who are at high risk of death.
3. Executive Assurance	The Foundation Group Boards should be assured that the Summary Hospital-level Mortality Indicator (SHMI) remains 'as expected'.



Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

Wye Valley NHS Trust

Introduction

- Office for National Statistics (ONS) National data confirm increased mortality associated with long waits in the Emergency Department (ED)
  - Mortality was 1.9 times higher for those who spent nine hours in Accident and Emergency (A&E), 1.6 times for those who spent six hours, and 1.1 times for three hour stays
- Mortality post discharge also higher for long waits
- In WVT, Summary Hospital-level Mortality Indicator (SHMI) remains in expected range at 103
- To review impact of long waits in ED, we reviewed data for 1st Jan2025 to 31st March 2025

WVT ED Data & Outcomes:

ED Attendances from January 1st 2025 to 31st March 2025

Group	Jan	Feb	Mar	Grand Total
Majors	3668	3359	3617	10644
Resus	134	121	147	402
Total	3802	3480	3764	11046

71 (0.64%) attendances were removed due to poor data quality

Outcomes of ED attendances by LOS in Department

	AE OUTCOME	Under 5 Hours	Over 5 Hours	Over 12 Hours
ED DATA	Admitted	895	1594	2046
	Died in ED	14	13	17
	Mortality Rate %	0.35	0.34	0.53
	Discharged	3123	2216	1120
	Mortuary - BID/DOA	2	1	5
	Grand Total	4034	3824	3188

Patient Demography

Total	Under 5hrs		Over 5 hrs		Over 12 hrs	
Total	895		1594		2046	
Male	299	*Average Age: 65.6*	693	*Average Age: 69.2*	1061	*Average Age: 70.6*
Female	596	*Average Age: 52.5*	901	*Average Age: 68.3*	985	*Average Age: 71.1*
Average Age:	57.1yrs		68.7yrs		71.1yrs	

Deceased	Under 5hrs		Over 5 hrs		Over 12 hrs	
Total	19		83		129	
Male	11	*Average Age: 76*	43	*Average Age: 78.7*	70	*Average Age: 78.1*
Female	8	*Average Age: 86*	40	*Average Age: 86.3*	59	*Average Age: 85.4*
Average Age:	80.2yrs		82.3yrs		81.4yrs	
LOS:	2.7 days		6.6 days		7.6 days	

Live	Under 5hrs		Over 5 hrs		Over 12 hrs	
Total	876		1511		1917	
Male	288	*Average Age: 50.2*	650	*Average Age: 68.6*	991	*Average Age: 70.2*
Female	588	*Average Age: 64.1*	861	*Average Age: 67.5*	926	*Average Age: 69.9*
Average Age:	54.8yrs		67.9yrs		70.0yrs	
LOS:	2.8 days		6.6 days		7.4 days	

WVT Inpatient Outcomes:

- ED and Inpatient data from *1st January 2025 to 31st March 2025.*
- *Excluding paediatrics and minor injuries.*

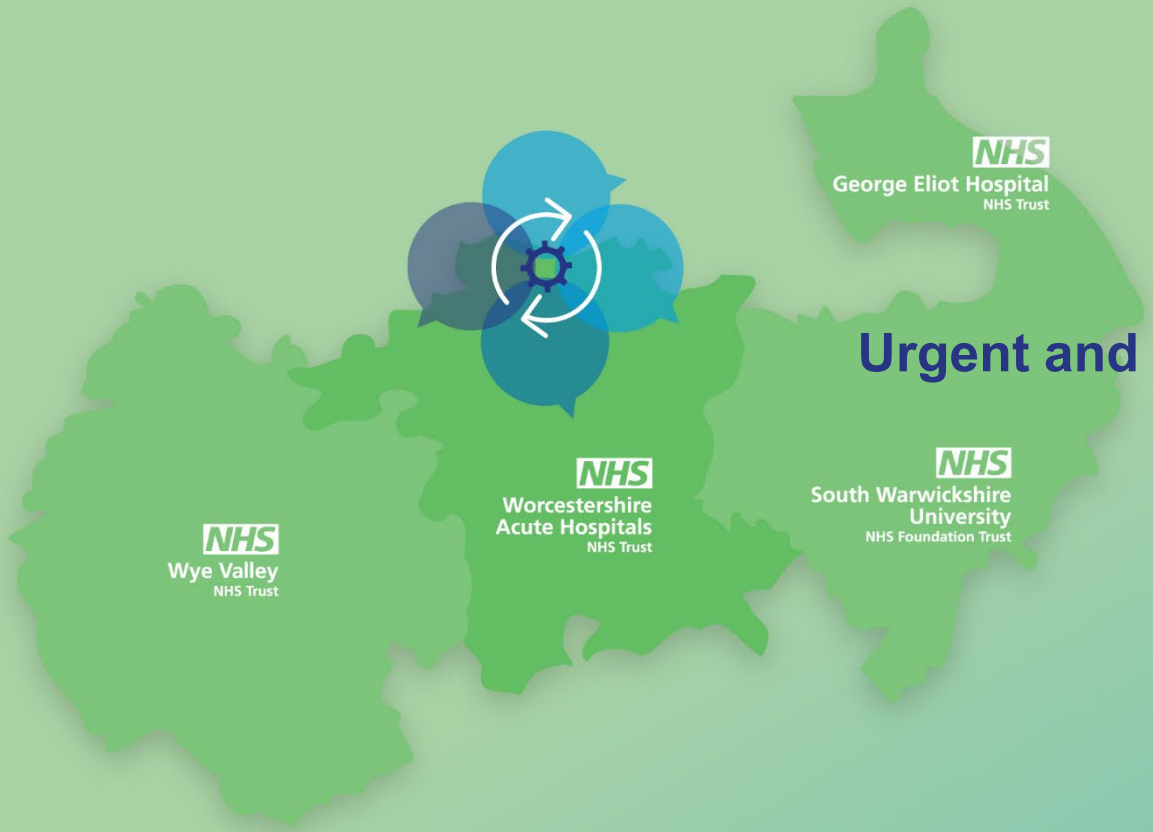
ED DATA	AE OUTCOME	Under 5 Hours			Over 5 Hours			Over 12 Hours		
	Admitted	895			1594			2046		
IP Outcomes		Under 5 Hours			Over 5 Hours			Over 12 Hours		
	IP OUTCOME	Count	%	AVG LOS	Count	%	AVG LOS	Count	%	AVG LOS
	Care Home	12	1.3	20.6	52	3.3	21.3	91	4.4	15.1
	Died	19	2.1	8.7	83	5.2	9.4	129	6.3	9.9
	Home	819	91.5	1.9	1342	84.2	4.7	1643	80.3	5.7
	Transfer	28	3.1	6.6	53	3.3	15.5	84	4.1	14.0
	Other	17	1.9	19.2	64	4.0	24.5	99	4.8	23.7
	LOS	2.7 days			6.6 days			7.6 days		
	Mortality Rate	2.1			5.2			6.3		
	Grand Total	895			1594			2046		

Next Steps…High Impact Actions

- **Reduce Demand** (15% growth in admissions of over 65yrs compared to 2019)
  - Neighbourhood plan using population health data to identify high risk patients and optimise care

Reduce Admissions

  - Community Response Hub (CRS), Virtual ward , call before convey, Bridging Team
- **Optimise Navigation**
  - Introduce use ED acuity tool
  - Optimise use of Same Day Emergency Care (SDEC) to support front door
- **Improve flow through ED**
  - Optimise performance for Stroke/Fractured Neck of Femur (#NOF)
  - Reduce duplication, improve timeliness of imaging
- **Fast Track pathways for at risk patients**
  - #NOF, Stroke etc
- **Improve Discharges and reduce Medically Fit for Discharge (MFFD)**



Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

South Warwickshire University NHS Foundation Trust

Introduction

- ONS National data confirm increased mortality associated with long waits in ED
  - Mortality was 1.9 times higher for those who spent nine hours in A&E, 1.6 times for those who spent six hours, and 1.1 times for three hour stays.

- Mortality post discharge also higher for long waits

- In SWFT, SHMI remains in expected range at 98

- To review impact of long waits in ED, we reviewed data for 1st 2025 to 31st March 2025

SWFT ED Data & Outcomes:

ED Attendances from January 1st 2025 to 31st March 2025

ED Data				
Group	Jan-25	Feb-25	Mar-25	Grand Total
Majors	3,642	3,405	3,866	10,913
Resus	113	106	104	323
Total	3,755	3,511	3,970	11,236

Outcomes of ED attendances by LOS in Department

	ED Outcome	Under 5 Hours	Over 5 Hours	Over 12 Hours
ED Data	Admitted	1,841	2,112	954
	Died in ED	1	1	1
	Mortality Rate %	0.02%	0.02%	0.08%
	Discharged	3,563	2,453	310
	Mortuary - BID/DOA			

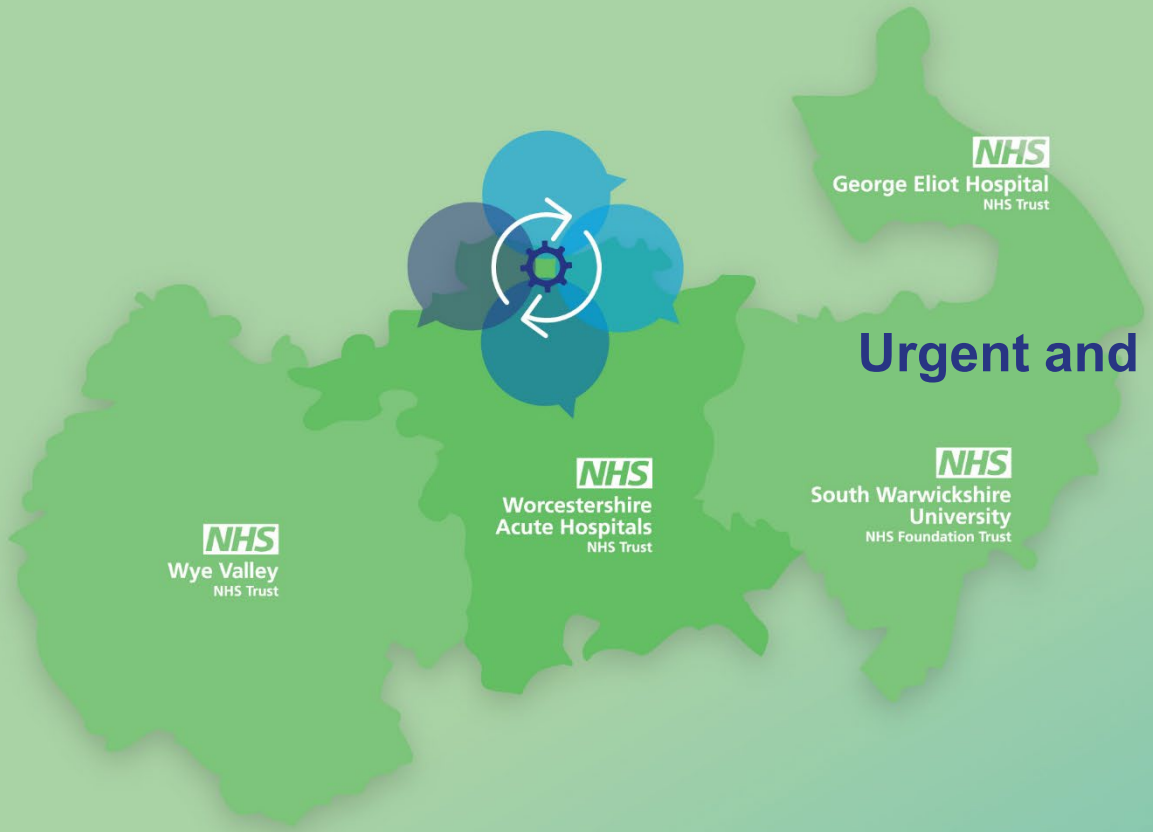
SWFT Inpatient Outcomes:

- ED and Inpatient data from *1st January 2025 to 31st March 2025.*
- *Excluding paediatrics and minor injuries.*

ED Data	ED Outcome	Under 5 Hours		Over 5 Hours		Over 12 Hours	
	Admitted	1,841		2,112		954	
IP Data for admitted patients	IP Outcome	Under 5 Hours Count	Under 5 Hours Avg LoS	Over 5 Hours Count	Over 5 Hours Avg LoS	Over 12 Hours Count	Over 12 Hours Avg LoS
	Care Home	10	15.3	41	26.1	20	25.3
	Died	36	9.4	131	11.3	68	11.6
	Home	1,778	2.1	1,861	6.0	828	7.2
	Transfer	16	4.8	63	5.7	31	4.8
	Other	2	28.5	17	16.4	8	17.5
	LoS	2.4		6.8		7.9	
	Mortality Rate %	2.0%		6.2%		7.1%	
	Grand Total	1,842		2,113		955	

Next Steps…

- **Deeper dive on**
  - **Patient factors predicting longer ED wait and mortality**
  - **Common themes of admission diagnosis by wait and mortality outcome**
  - **Operational factors predicting longer ED wait and mortality (Non admission alternative uptake; MFFD proportion)**
  - **Frailty versus non frailty interception of admissions and any impact**



Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

George Eliot Hospital NHS Trust

Length of stay in ED & Associated mortality risk

What we did:

- ED and Inpatient data from 1st January 2025 to 31st March 2025
- Excluded paediatrics
- 3 key groups analysed:
  - <5hrs in ED
  - >5hrs in ED
  - >12hrs in ED
- Understanding patient outcomes in ED and inpatient setting

ED Data & Outcomes:

January 25	February 25	March 25	Total
6570	6120	6781	19741

* Excluding paediatrics

ED Data & Outcomes:

	Under 5 Hours	Over 5 Hours	Over 12 Hours	Total
Admitted to a Hospital Bed /became a LODGED PATIENT of the same Health Care Provider	3622	1122	2230	6974
Died in Department	8	10	8	26
Mortality Rate %	0.06%	0.26%	0.29%	0.13%
Discharged - did not require any follow up treatment	8510	2562	442	11514
Left Department before being seen for treatment	750	150	16	916
Transferred to other Health Care Provider	37	2	2	41
Grand Total	12927	3846	2698	19471

** Total admissions include patients admitted to SDEC- where there is a DTA completed in ED prior to transfer to SDEC*

Inpatient Outcomes:

*103 patients have place of Discharge data missing
39 Remain as inpatients currently

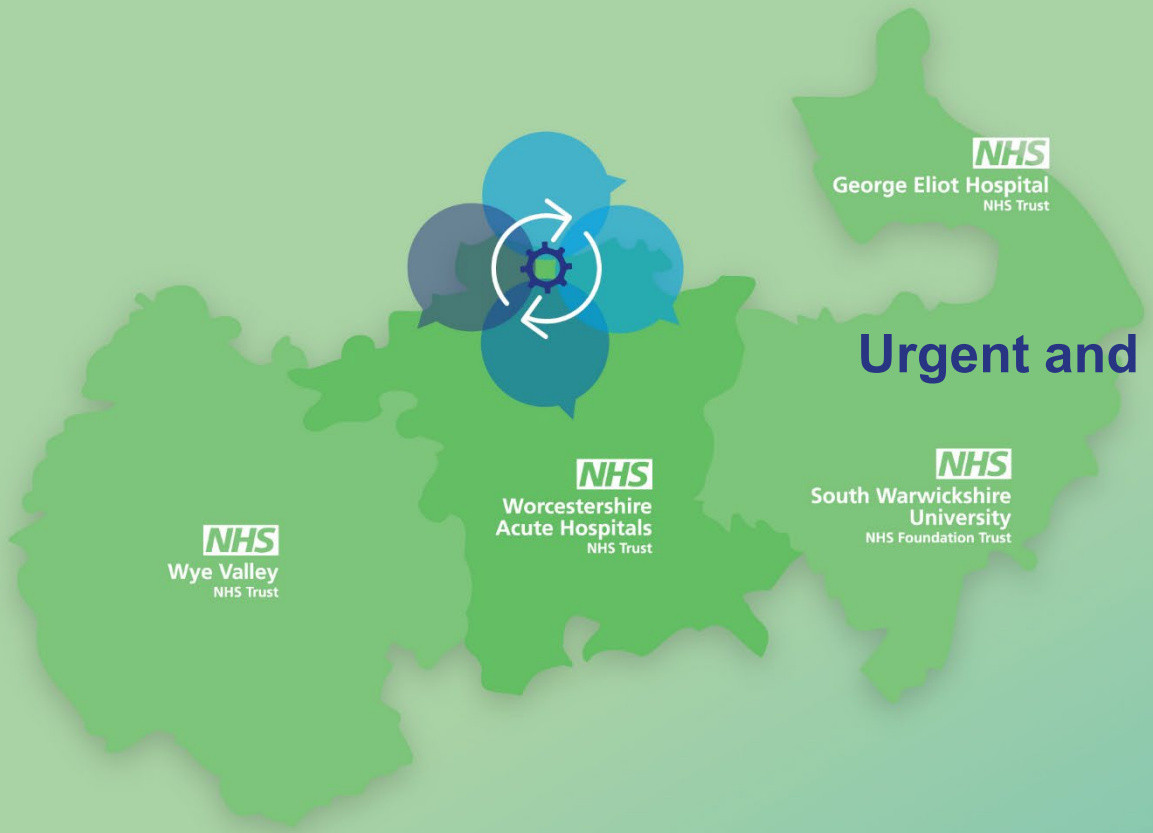
ED Data	ED Outcome	Under 5 Hours		Over 5 Hours		Over 12 Hours		Total
	Admitted	3547		1114		2210		6871
IP Data for patients admitted via ED	IP Outcome	Under 5 Hours Count	Under 5 Hours AVG LOS	Over 5 Hours Count	Over 5 Hours AVG LOS	Over 12 Hours Count	Over 12 Hours AVG LOS	
	Care Home	3	15	14	34	42	32	59
	Died	14	10	67	7	161	14	242
	Home	3516	1	1000	6	1916	8	6432
	Transfer	12	5	21	9	61	11	94
	Other	1	0	1	0	3	10	4
	LOS	1 Day		6 Days		9 Days		
	Inpatient	1	-	11	-	27	-	39
	Mortality Rate %	0.4%		6%		7%		3.5%
	Grand Total	3547		1114		2210		6871

Summary of Learning

- Patients who are in ED longer have a longer length of stay
- Patients who come from care homes have the longer length of stay
- The longer a patient is in ED correlates to a higher mortality rate
- Data sets are not complete and further analysis is required
- Figures may be inaccurate due to DTA aligned to SDEC transfer- ? Comparable to other Trusts process

Next Steps…

- Data insights across Foundation Group for comparable analysis
- Review of data collection processes
- Mortality Improvement action plan to be addressed via Trust Mortality meeting
- Insight cascade to clinical staff…



Urgent and Emergency Care Impact on Mortality and Morbidity

Chief Medical Officers

Worcestershire Acute Hospitals NHS Trust

Broader trends:

ED is getting busier

People are waiting longer

More people are dying in ED

'Excess' deaths in UK still elevated.

Cohort study:

100x patients >24hrs in ED

100x patients <12hrs in ED

All with DTA= attended ED between July – September 2023.

Ambulance waits:

Long-stayers are more likely to arrive by ambulance

And wait longer on/in the ambulance prior to entering ED.

Frailty component:

Long-stayers are likely to be older, repeat attendees + present with conditions synonymous with frailty

Yet triage + NEWS2 scores do not suggest any lesser acuity.

Time spent in ED:

Long-stayers wait 1hr longer to see a Dr + start treatment

They also wait longer prior to DTA

20% of patients are discharged home or leave.

Tests + treatment:

Long-stayers undergo more treatment and have more medical investigations

Some of this will be the cause + some the result of the extended time in ED.

Length of stay:

Long-stayers are more likely to be admitted / discharged under Gen Med

Have a significantly longer LOS

Be discharged on a complex pathway/

Mortality outcomes:

Long-stayers have a higher crude mortality rate

They also make up the majority of the patients who die in our care.

NHS Wye Valley NHS Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS South Warwickshire University NHS Foundation Trust

South Warwickshire University NHS Foundation Trust

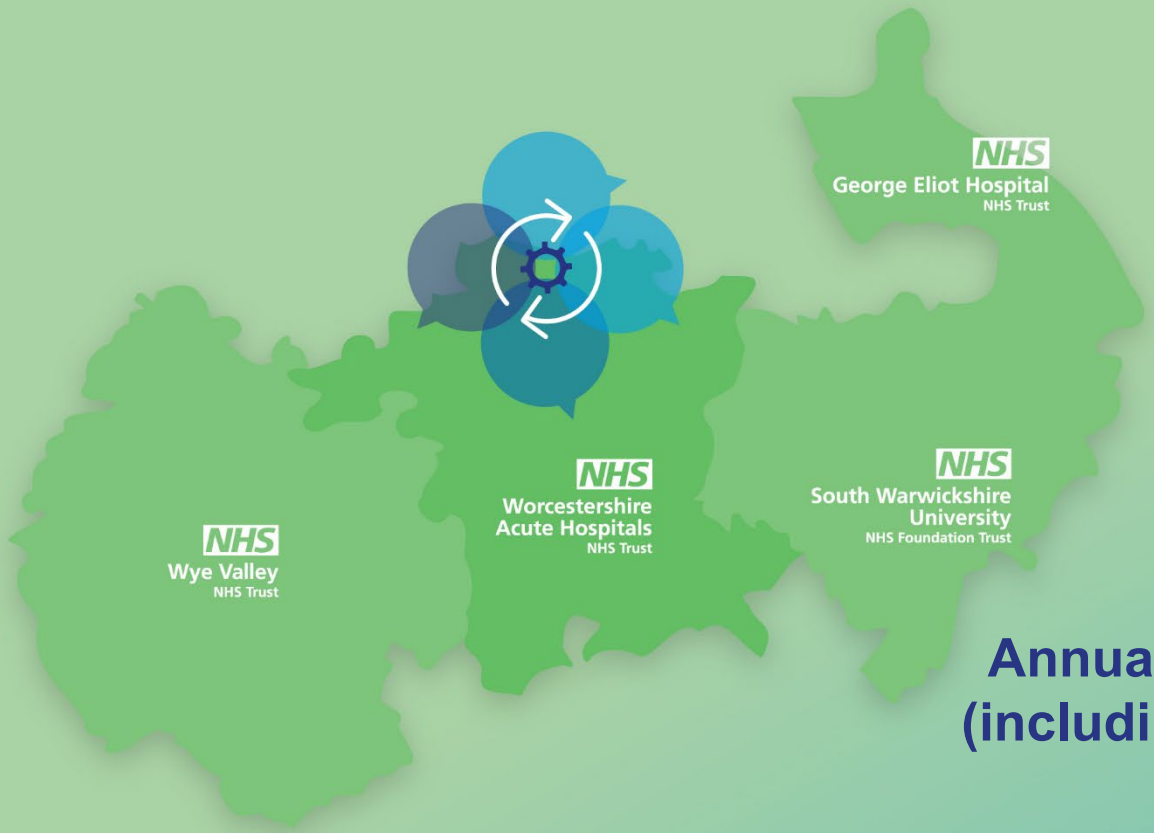
Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.4
Date of Meeting	7 May 2025		

Title of Report	Annual Safe Staffing Overview (including Nurse per Bed Ratio)
Status of report: (Consideration, position statement, information, discussion)	For Information
Author:	Lucy Flanagan, Chief Nursing Officer - Wye Valley NHS Trust (WVT), Susan Smith, Deputy Chief Nursing Officer – Worcestershire Acute Hospitals NHS Trust (WAHT), Rebecca Badhams, Acting Deputy Chief Nursing Officer – South Warwickshire University NHS Foundation Trust (SWFT), and Natalie Green, Chief Nursing Officer – George Eliot Hospital NHS Trust (GEH).
Lead Executive Director:	Fiona Burton, Chief Nursing Officer SWFT, Lucy Flanagan, Chief Nursing Officer WVT, Natalie Green, Chief Nursing Officer GEH and Sarah Shingler, Chief Nursing Officer WHAT.
1. Purpose of the Report	To provide the Foundation Group Boards with an overview of nursing and Healthcare Support Worker staffing metrics.
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.
3. Executive Assurance	This data is accurate at the time of reporting and uses measures that are counted and can be compared. All four Trusts have made good progress in reducing agency spend and improving substantive recruitment.

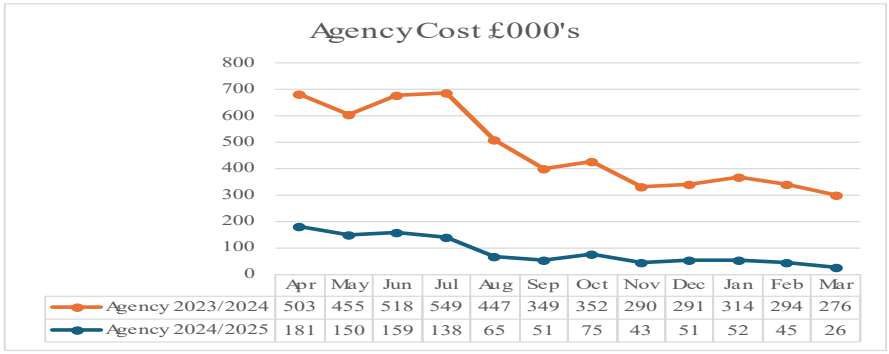


Annual Safe Staffing Overview (including Nurse per Bed Ratio)

Chief Nursing Officers

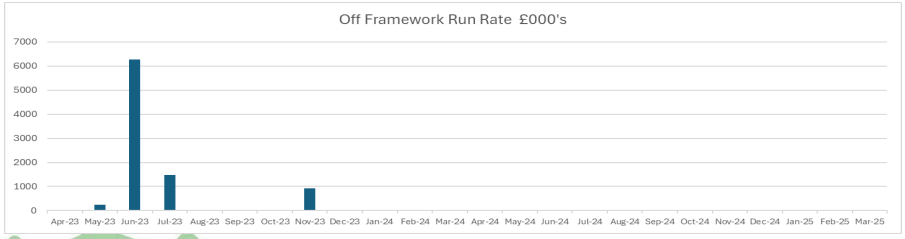
Staffing dashboard	GEH			SWFT			WAH			WVT		
Month	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Number of funded beds	405	405	405	388	388	388	827	827	827	386	386	386
Number of escalation beds (daily average)	25	25	25	31	26	25	16	16	16	10	10	9
Number of Temporary Escalation spaces (daily average)	17	15	16	0	0	0	49	49	49	25	26	24
Number of patients waiting for a bed in ED 8am (daily average)	16	20	17	3	2	2	53	50	49	19	18	17
% of patients above funded bed base	14%	15%	14%	9%	7%	7%	14%	14%	14%	14%	14%	13%
Safer staffing return overall (%) planned staffing versus actual	120%	126%	114%	103%	103%	102%	104%	104%	104%	109%	107%	108%
Overall NHSP/bank & Agency requests and fill RN (%)	85%	87%	89%	95%	91%	91%	92%	92%	94%	79%	70%	74%
Overall NHSP/bank & Agency requests and fill HCA (%)	78%	82%	82%	85%	83%	84%	88%	90%	92%	80%	86%	88%
Care hours per patient day (CHPPD) overall	7.4	6.7	7.7	8.8	9	8.7	9	9.1	8.8	8.7	8	8.5
Vacancy rates RN (%)	8%	7%	4%	2%	2%	1%	3%	3%	3%	1%	1%	0%
Sickness RN (%)	7.9%	7.2%	6.3%	8%	8%	not available	6.77%	5.97%	5.80%	6.8%	4.9%	5.6%
Maternity Leave RN (%)	3.3%	3.2%	3.3%	4%	4%	4%	4.4%	4%	4%	6.0%	6.9%	7.0%
Vacancy rates HCA (%)	18%	10%	7%	5%	4%	3%	11%	11%	9%	7%	6%	6%
Sickness HCA (%)	9%	10.1%	7.9%	9%	8%	not available	7.94%	7.83%	7.39%	9.1%	7.7%	8.7%
Maternity Leave HCA (%)	3.3%	3.7%	4.2%	3%	4%	4%	2.4%	2.35%	1.9%	2.7%	3.0%	3.0%
Quality indicators:												
Falls with harm per 1,000	0.08	0.09	0.08	1.82	1.12	1.58	0.22	0.16	0.08	0.11	0.11	0.11
Incidents / red flags	16	11	10	21	18	19	25	16	23	13	20	9
Friends and family recommended %	96%	95%	96%	93%	95%	94%	96%	97%	96%	92%	93%	92%

Nurse Agency Reduction – George Eliot



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Agency 2023/2024	503	455	518	549	447	349	352	290	291	314	294	276
Agency 2024/2025	181	150	159	138	65	51	75	43	51	52	45	26

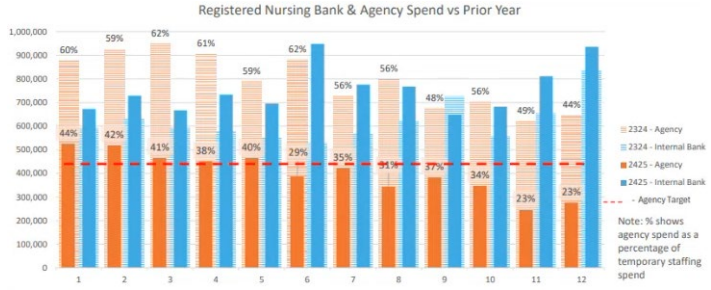
Agency
£1.036K YID (2024/2025)
£4,638K YID (2023/2024)

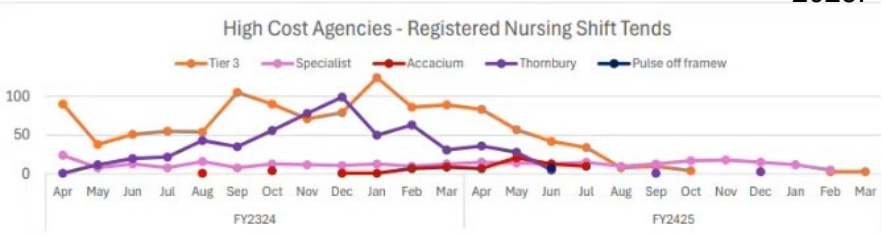


- Significant cost reduction year on year
- Elimination of off framework - 2023

- **Bank and agency reduction plan:**
  - Agency reduction of 30% = £312,681
  - Bank reduction of 10% = £1,228,108
  - Recruitment to bank for flexible cover
  - Maintain existing controls and scrutiny
  - Rate card reductions in line with regional collaboration project
  - Price cap compliance from April 2025
  - Review of bank rates and alignment to Agenda for change
  - Alignment with national project on Enhanced Therapeutic Observations and Care (EToC)

Nurse Agency Reduction – South Warwickshire



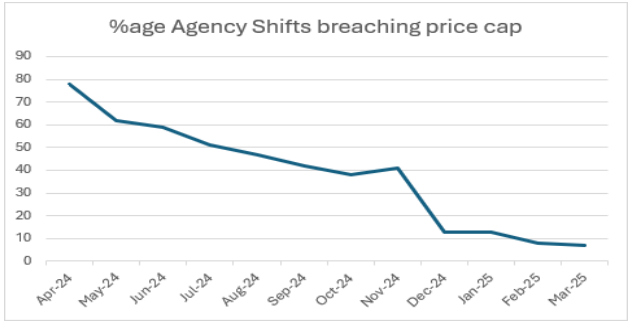


- The Trust had ended the year with Nurse agency spend of £4.8 (below the target of £5.2m) compared to 2023/2024 which was £9.501m.
- No Clinical Support Worker (CSW) agency spend since May 2024.
- No Thornbury spend since August 2024 except for a ‘break glass’ shift for Paediatrics in December 2024.
- The Trust has now achieved NHS England’s agency rate reduction target for all Registered Nurses (RN’s), Registered Children’s Nurses (RCN’s) and Registered Mental Health Nurses (RMN’s) and is at an agreed capped rate for Theatre staff.
- Chemotherapy agency nurses will be at an agreed capped rate from May 2025.

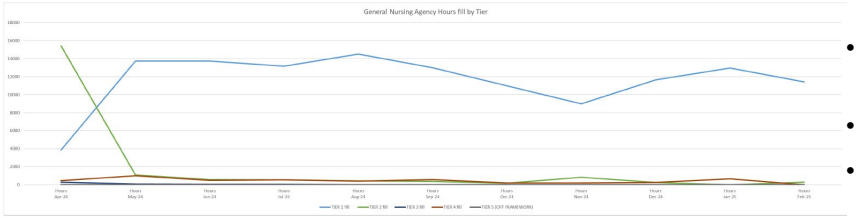
2025/26 Target

- Reduce agency spend by 40%
- Reduce Bank spend by 15%
- Reduce RMN spend and promote use of CSW’s when safe to do so
- Evaluate enhanced care team PDSA (Plan, Do, Study, Act)
- Focus on sickness management

Nurse Agency Reduction – Worcester Acute



Reduction in use of Tier 2,3 & 4 agency with a swap to tier 1

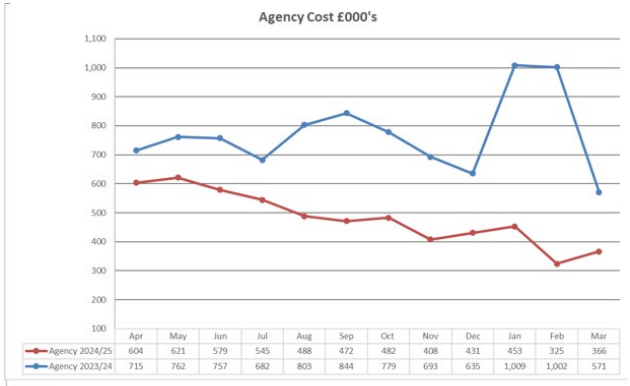


- The Trust has achieved the NHS England (NHSE) Price cap compliance performance for all RN's including Emergency Department (ED) RNs & theatre nursing within timescale. Chemotherapy agency rates set at Price Cap Compliance from April 25.
- No use of general RN Thornbury for 12 months and Occupational Nurse usage ceased in Feb 25. Minimal usage for paediatrics during the past 12 months.

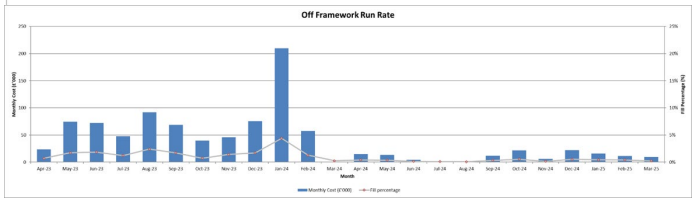
Agency / bank reduction plans for 25/26:

- Eliminate all off framework agency from April 2025
- Continue active recruitment drives for all staff groups
- Continue staffing controls and scrutiny with additional roster check and challenge meetings, finance literacy training, generic finance dashboard development.
- Proposals being worked up: Recruit substantively to maternity leave, targeted elimination of agency usage area by area
- Rate card negotiations to continue with active recruitment to bank
- Involvement with national project on EToC

Nurse Agency Reduction – Wye Valley



Agency
£5,774kYTD (2024/25)
£9,251kYTD Prior Year (2023/24)
£9,251kPrior Year (2023/24)



- Significant cost reduction year on year £5.7m 24/25 compared to £9.2m 23/24
- Positive progress with off framework reduction

- **Bank and agency reduction target of £4.4m 25/26**
  - Recruitment to bank for flexible cover
  - Eliminate off framework fully
  - Cessation of band 2 agency by June 2025
  - Focus on sickness management
  - Maintain existing controls and scrutiny
  - Rate card reductions for specialist in line with regional collaborative
  - Price cap compliance performance management with master vend provider

Summary Slide

- All four trusts experiencing pressures with escalation beds, patients in temporary escalation spaces and patients waiting in the ED for a bed – driving safer staffing return above 100%
- Sickness rates are above national benchmark (3.5%) for nurses and health care support staff yet particularly high for Health Care Support Workers
- Strong vacancy position for registered nurses – GEH catching up
- Health care support worker vacancies position more problematic particularly for GEH and WAH
- Good progress across all 4 trusts with agency reduction, working towards capped rate compliance and eliminating off framework/high-cost agency use
- Clear plans for 25/26 for agency/bank reduction in line with national requirements

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**	7.2
Date of Meeting	7 May 2025		
Title of Report	Fit and Proper Persons Test Annual Compliance		
Status of report: (Consideration, position statement, information, discussion)	For information		
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:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with assurance that the annual Fit and Proper Persons Test process for all voting and non-voting Board members across the Foundation Group have been undertaken in accordance with NHS England's Fit and Proper Person Test Framework.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.		
3. Executive Assurance	The Foundation Group Boards can be assured by the work taken place to ensure each Trusts compliance with the Fit and Proper Person Test Framework.		

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 – 7 May 2025

Fit and Proper Persons Test Annual Compliance

1. NHS England Fit and Proper Person Test (FPPT) Framework

As Board members are aware, NHS England (NHSE) published the FPPT Framework for Board members in August 2023. Further information, together with the Framework and accompanying documents, can be found on NHSE's website (NHS England » NHS managers and leaders).

2. FPPT Framework Annual Compliance

The FPPT Framework was adopted into process within each Foundation Group Trust in 2023/24. The Framework requires quality assurance of compliance with the Framework by the Care Quality Commission (CQC), NHS England and Internal Audit and by an annual report to the Board in public to confirm the requirements for FPPT assessment have been met.

This report provides confirmation that in each of the four trusts, the full FPPT assessment has been completed for 2024/25. This includes:

- A signed self-declaration by each board member.
- A series of background checks, including pre-employment checks for new members.
- Retention of all assessment documentation on confidential files.
- Recording of all information required by the Framework on the Electronic Staff Record.
- Confirmation letter to confirm FPPT compliance for joint roles across the Foundation Group provided by the employing organisation to other relevant Trusts.

In accordance with the respective trust policies, audits of the confidential files have been undertaken to confirm completion of the assessment in each case and to remedy any gaps.

The Framework requires trusts to report the outcome of the full FPPT assessment to NHS England by 30 June 2025. The FPPT assessment for SWFT and GEH was submitted to NHS England on 28 April 2025, and the FPPT assessment for WVT and WAHT will be submitted by the required deadline.

The Framework also requires an independent assessment of the processes, controls and compliance supporting the FPPT assessments every three years by Internal Audit or external review. SWFT's Internal Audit reviewed the Trust's compliance against the FPPT Framework as part of their 2024/25 work plan and gave a significant assurance opinion. A review is included in the respective 2025/26 internal audit plans for WVT and WAHT. GEH will add the assessment to a future internal audit plan.

3. Recommendation

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

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

Sarah Collett
Trust Secretary – SWFT and GEH

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	7 May 2025		
Title of Report	Foundation Group Objectives in Common 2025/26		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion.		
Author:	Glen Burley, Foundation Group Chief Executive		
Lead Executive Director:	Glen Burley, Foundation Group Chief Executive		
1. Purpose of the Report	To provide the Trusts within the Foundation Group with a view of their objectives in common across the Foundation Group.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.		
3. Executive Assurance	This report provides assurance that all Trusts within the Foundation Group continue to work together on key objectives, in line with the Foundation Groups Strategy.		

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

Report to Foundation Group Boards – 7 May 2025

Foundation Group Objectives in Common 2025/26

Introduction

At this point in the year, I review the objectives set for each Trust to establish some common themes and to encourage lead Executives to work together to maximise the benefits of collaboration. Attached to this paper are the current versions of Corporate Objectives as agreed by our Boards.

In the case of WAHT, we have recently signed off a new Strategic Direction which will now create a framework for the development of a 2025/26 Operational Plan. The overarching structure of that strategy is similar to elsewhere in the Group and is attached. It should be noted however that detailed objectives are not yet available.

This year's National Planning Guidance identified a small number of big priorities, including further improvement of elective waiting times, as measured by the Referral to Treatment (RTT) indicator and improving waiting times in Urgent and Emergency Care (UEC) as measured by 4 hour and 12 hour waits. Both of these improvements will have to be delivered alongside the requirement to deliver financial plans.

In addition to the national priorities, it is clear however that there are a number of common objectives themes across the four Trusts which I have drawn out below:

Common Themes in Agreed Objectives

Minimising Bed Occupancy in **UEC pathways** - all Trusts are modelling future demand which, without pathway changes will result in bed occupancy increases which will almost certainly be unaffordable. Whilst anticipated changes to UEC tariff will help in most cases, the best solution will be to improve outcomes by delivering on our common Big Move to **move care closer to home**. Individual Trust plans include the development of virtual wards and the Community Recovery Service (CRS) at SWFT, work at GEH to improve discharge pathways and processes, and further reducing UEC bed demand at WVT. The WHAT plan will include a major work programme to improve discharge pathways with a particular focus on community hospital length of stay.

Linked to the above are plans to implement Neighbourhood Health models and tackle Health Inequalities. This will be an important area of work for the coming year, particularly due to the prominence that this issue will have in the new 10 Year Health Plan. All Trusts are seeking to position themselves alongside system and place partners to ensure that local services and more tailored to neighbourhood needs. Whilst this has been an ambition for some time, we now have access to more useable data to ensure that we can localise solutions and priorities. The way that we work with primary care in this space will be key to our success and hence WVT and SWFT particularly reference their Lead Provider roles and working with partners in areas such as the Better Care Fund.

Sustainability, linked to our Big Move to '**Lead the NHS on carbon reduction**' - all four Trusts have some wide-ranging objectives to decarbonise their estate. SWFT and WVT specifically identify the opportunity to reduce paper records.

From a '**Being a very Flexible Employer'** Big Move, all four Trusts are actively working on how they reduce agency expenditure and promote more flexible working. Only WVT specifically reference Job Planning of consultants. WVT and GEH reference sickness reduction, although data shows that all four Trusts could improve in this area. SWFT specifically refence increasing the use of volunteers.

Other than the move away from paper records, the main references to Digital centre around the SWFT and GEH Electronic Patient Record implementation plans. The coming year will require a great deal of preparation work to ensure that these are truly transformational programmes. There is good learning on this at both WVT and WHAT which is also part of the Board Workshop programme.

Improving **Productivity** does not get as much direct attention as I would have imagined. Only SWFT reference work to reduce back-office costs. WVT and GEH reference improving Diagnostic pathways. Bearing in mind the expansion of Community Diagnostic Centre (CDC) capacity in all four Trusts, this would feel like an area where we may be able to consider optimal pathway changes through closer collaboration. For example, improving Direct Access pathways for primary care could contribute to reducing waiting list growth and hence contribute to the RTT priority.

All four Trust have ambitious cost reduction plans this year, and the national financial reset will set a clearer target for operating cost. This exercise will place specific pressure on GEH but will also require some efficiency improvement in WAHT and WVT. The likely scenarios will be covered in the Workshop session of this meeting, but it does feel like this area will require more focus than our plans currently imply and will certainly benefit from Group wide collaboration.

Action Required

Managing Directors and Acting Chief Executives are in the process of finalising their Trust's plans for the coming year and assigning Executive Leads. Each is asked to take account of the comments above in finalising their plans. In addition to the regular liaison between Executives, collaboration on the issues flagged above will improve delivery.

I would also **recommend** that Group Board workshop sessions include a focus on the areas highlighted above.

Glen Burley
Foundation Group Chief Executive

George Eliot Hospital NHS Trust

Report Summary			
Report to	Public Trust Board	**Date of Meeting**	4 March 2024
Report Title	Trust and Foundation Group Annual Objectives 2025/26	**Agenda Item**	7.2
Executive/ Non-Executive Lead	Glen Burley, Chief Executive	**Report Author(s)**	Jenni Northcote, Chief Strategy, Improvement and Partnership Officer
Report Previously Discussed at and Outcome from the Meeting	Approved by Trust Management Board (TMB) on 25 February 2025		

Purpose of the Report		
To outline the proposed 2025/2026 Trust Annual Objectives for 2025/26.	For Approval	✓
	For Discussion	✓
	For Information	

Recommendations and Action Required
The Trust Board is asked to approve the Trust Annual Objectives for 2025/26.

Impact *(is there any impact arising from the report on the following?)*			
Quality	✓	Equality	✓
Finance	✓	Risk	
Performance	✓	Compliance	✓
Workforce	✓	Legal	

Trust Values *(which of the Trust Values is the report helping to deliver?)*			
Effective open communication	✓	Respect and Dignity	✓
Excellence and Safety	✓	Local Healthcare that inspires confidence	✓
Challenge but support	✓		

Relationship to the Board Assurance Framework (BAF) and Risk Register	
Are any existing risks on the BAF/Risk Register affected?	✓
Identify the BAF/Risk Register risk ID and description – explain how the risk has been affected – reduced or increased as a consequence of the evidence within the report. Objectives will be reflected in the BAF for 2025/26, with actions, controls and measures detailed in the BAF.	
Do you recommend a new entry to the BAF and/or Risk Register is made as a result of this report? If yes, describe the new risk.	

Overall Level of Assurance for this Report	
Full Assurance	✓
Significant Assurance – with minor improvement opportunities	
Partial Assurance – with improvements required	
No Assurance	

George Eliot Hospital NHS Trust

Report to Public Trust Board – 4 March 2025

Trust and Foundation Group Annual Objectives 2025/26

Executive Opinion and Assurance

This report sets out in Appendix 1 the refreshed Trust Annual Objectives for the year ahead.

These high-level themes build on the previous year's objectives and represent our continued focus on driving delivery of the Trust's Strategic Aims. The objectives also align with and reflect key commitments and ambitions articulated in our Trust Strategy and Directorate Business Delivery Plans (BDPs). The draft Trust Objectives have been shaped and coproduced with staff and our clinical leadership. Furthermore, the draft annual objectives also align with the latest Planning Guidance.

These objectives are set in the context of an Integrated Care System, with the Trust taking a leading role at Place; reflect the ambitions of the Warwickshire North Clinical Strategy and Place priorities.

The annual objectives reflect our common Big Moves across the Foundation Group and provide a platform for collaboration and optimising effort.

Executive Summary

This report outlines the approach to this year's Annual Objective setting, building on last year's objectives. Our Annual Objectives aim to drive improvement and deliver the Trust's Strategic Aims. The draft objectives align with our Trust Strategy, Directorate BDPs and the Elective Recovery Planning Guidance, though the final guidance is pending.

Set against a financially challenged care system, these objectives aim for a more productive, preventative and integrated care system. They emphasise our commitment to the Warwickshire Care Collaborative, our role as an anchor organization and our efforts to optimise collaboration and partner assets for integrated care delivery.

Our objectives also reflect the changing commissioning landscape and our role in supporting South Warwickshire University Foundation NHS Trust as the Lead Provider across Warwickshire, aligning with the Warwickshire North Clinical Strategy, Place Priorities and Health Inequality challenges.

The annual objectives are intended to incorporate our common Big Moves across the Foundation Group, providing a platform for collaboration and optimising effort. The Draft Trust Objectives have been discussed and endorsed by TMB and will be presented for further discussion at the Trust Leading with Purpose engagement event in February 2025, before being discussed and finalised with the Trust Board.

The objectives are intended to support our priorities of productivity improvement, financial sustainability and quality and patient safety, aligned with our vision to excel at patient care. They will be reflected in the Board Assurance Framework (BAF) for 2025/26, with actions, controls and measures detailed in the BAF. Senior Responsible Officers (SROs) will ensure risk management and achievement of the objectives.

Given the ongoing pressures, we have taken a pragmatic approach to engagement and co-production using TMB, Leading with Purpose events, Leadership Forum and public engagement on the Place Clinical Strategy to shape our objectives. The draft objectives are presented to Trust Board for discussion and final sign off.

Once approved, the objectives will be communicated across the Trust, shaping individual objectives across all staff groups. They will also be reflected in the Directorate BDPs, underpinning the 2025/26 business planning process.

Our Communications Teams across all four Trusts within the Foundation Group will work together to develop a consistent approach for communicating and cascading the Trust annual objectives internally and externally to wider stakeholders.

We will disseminate posters, slide packs and briefing sheets to all line managers. Line Managers will be asked to discuss these objectives in team meetings and PDR's, agreeing team and individual contributions to our Trust-wide objectives. This will ensure that together we mobilise a collective effort to achieve our annual objectives.

Recommendation

The Trust Board is asked to approve the Trust Annual Objectives for 2025/26.

Jenni Northcote
Chief Strategy Improvement and Partnership Officer

Appendix 1

Draft 2025/26 Objectives aligned to Big Moves or Identified as an Enabler.

Reduce Bed Occupancy – *Home First supported by technology* -Chief Operating Officer / Chief Medical Officer and Chief Nursing Officer

- Treat as many patients as we can in our Virtual Ward and Same Day Emergency Care (SDEC), Frailty and Surgical Assessment Units (SAU)
  Measure:
  - 5% improvement in direct access to our ambulatory care pathways
  - Maintain and standardise the implementation of Multi-disciplinary Team (MDT) processes as well as clinical, operational and professional standards across the Trust

  Measure:
  - Audit compliance with the safer bundle
- Get people home safely and quickly by reducing the number of people across the Trust who are medically fit for discharge (MFFD)
  Measure:
  - Reduce our average number of MFFD to below 25 patients (reduce our unfunded bed capacity by the equivalent of one ward)
  - increasing the proportion of patients seen, treated and discharged in 1 day or less (>33% of the emergency admissions)
  - increasing the percentage of patients discharged by or on day 7 of their admission (<65% of admitted patients)
  - Maximise the use of the Virtual Ward (maintain >80% virtual occupancy)

Reduce Waiting Times – Chief Operating Officer

- Provide diagnostic tests to more patients more quickly
  Measure:
  - improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026
- Reduce the number of patients waiting for treatment
  Measure:
  - reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% by March 2026
  - Achieve 4% overall improvement in theatre productivity

Support Our People – Very Flexible employer - Chief People Officer

- Reduce sickness and improve wellbeing of our staff
  Measure:
  - Increase staff retention and attendance
  - Optimise the People Promise action plan in response to the national staff survey
- Empower the voice of our staff through our staff networks, shared decision-making councils and digital and green champions
  Measures:
  - Increase the membership of our networks
  - Increase the number of active shared decision-making councils and create a platform where their improvement projects are shared Trust wide
  - Continue to increase up take of champion roles (base lines to be provided)
- Continue to expand opportunities for our staff to work flexibly
  Measure:
  - 85% of flexible working requests approved
- Reduce reliance on temporary staffing
  Measure:
  - Deliver a 40% reduction in agency costs
  - Reduce bank use by 15%

Reduce Inequalities – *Enabler* - Chief Strategy Officer

- Identify and tackle health inequality wherever we can during our day-to-day work
    - Capture case studies across the Trust which demonstrate HI impact
    - Include HI objectives within team / Directorate plans
    - Include HI objectives in Personal Development Reviews (PDR's)
- Focus on the 5 areas identified nationally by the NHS in need of improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and the prevention of cardiovascular disease
- Focus on our local inequality challenges by prioritising diabetes care and the expansion of our breast care unit into the Community Diagnostic Centre (CDC).
  Measure:
    - Utilise population health management data to increase targeted interventions and community partnerships to improve diabetes care and breast cancer screening rates.
    - Use local health data to identify high-risk populations and track improvements over time
- Enable all our colleagues and job applicants to have the best opportunities to develop and thrive, regardless of their background, ethnicity, physical ability or neurodiversity.
  Measure:
    - Improvement in workforce diversity metrics – Workforce Race Equality Standard / Workforce Disability Equality Standard (WRES/WDES)

Shape Integrated Care in Warwickshire North Place: *Home first* - Chief Strategy Officer

- Contribute to the successful delivery of the Place Clinical Strategy
  Measure:
    - Track progress against Clinical Strategy priorities reporting demonstrable progress by April 2026
- Influence the design of integrated care in our community, focussing on the needs of local people
  Measure:
    - Establish mechanism to monitor and assess impact of integrated care on patient access and outcomes
- Support the design and delivery of neighbourhood teams
  Measure
    - Integrated neighbourhood health model established by March 2026
    - Agree mechanism to track operational effectiveness of neighbourhood health model by March 2026

Prepare for digital transformation: *Enabler* - Chief Operating Officer

- Implement the Electronic Patient Record (EPR) together with our clinicians
  Measure:
    - Track the number of departments using the EPR system, the number of clinicians trained, and the system's usage rates.
    - Monitor improvements in data accuracy and accessibility
- Make best use of digital to deliver care and improve outcomes for our patients
  Measure:
    - Increase the use of digitally enabled health tools (e.g., telehealth, remote monitoring) by April 2026.
- Make use of digital to support effective timely advice and guidance reducing unnecessary hospital referrals
  Measure:
    - Reduce unnecessary hospital referrals by March 2026 through the use of digital advice and guidance tools.

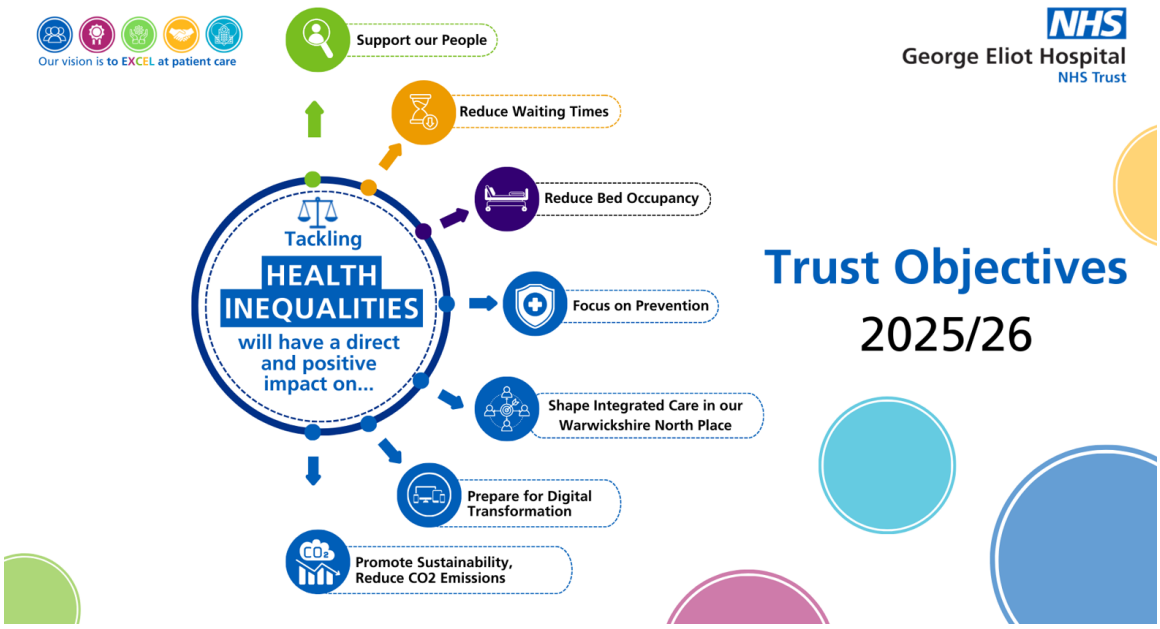
Focus on prevention – *Embed Prevention in Every Service* - Chief Strategy Officer

- Identify, promote and support the prevention of ill health wherever we can both during our day-to-day work and in agreeing on priorities
  Measures:
  - All Directorates identify specific prevention priorities within service plans
  - All Business cases and improvement programmes consider opportunities to optimise prevention

Promote sustainability and reduce carbon dioxide (CO2) emissions – *Lead the NHS in CO2 reduction* - Chief Strategy Officer

- Reduce the amount of waste produced by the Trust
  Measure:
  - 5% reduction in waste
- Encourage colleagues to make journeys in physically active ways where possible
  Measure:
  - Monitor the uptake of active travel initiatives.
  - Set a target to increase participation annually
  - Track the reduction in business mileage by staff, aiming for a 5% decrease each year
- Focus on CO2 reduction when planning estates and capital projects
  Measure:
  - Track the reduction in CO2 emissions aiming for a 4 % decrease in energy consumption by March 2026
- Reduce risk of climate change impact on service delivery by implementing our Trust climate adaptation plans.
  Measure:
  - Monitor implementation and progress of climate adaption plans assessing their effectiveness in reducing climate-related risks to service delivery.

Note: *Improvement measures have been identified for each of the deliverables under each of the high-level objectives, reflect starting position, improvement trajectories, and target end state; aligned with planning guidance and performance targets as appropriate.*



South Warwickshire University
NHS Foundation Trust

Report Summary			
Report to	Board of Directors	**Date of Meeting**	5 March 2025
Report Title	Annual Trust Objectives 2025/26	**Agenda Item**	9.3
Executive/ Non-Executive Lead	Glen Burley, Chief Executive	**Report Author(s)**	Mary Powell, Head of Strategic Communications and Fundraising; Sophie Gilkes, Chief Strategy Officer
Report Previously Discussed at	Management Board – 22 November 2024		

Purpose of the Report		
The purpose of the report is to outline the proposed Annual Trust Objectives for 2025/26.	For Approval	✓
	For Discussion	
	For Information	

Recommendations and Action Required
The Board of Directors is asked to consider and approve the Annual Trust Objectives for 2025/26.

Impact *(is there any impact arising from the report on the following?)*			
Quality	✓	Equality	
Finance	✓	Research	
Performance	✓	Compliance	
Workforce	✓	Legal	

Applicable Quality Improvement Priorities			
Grow our Volunteers	✓	Flexible Employer	✓
Prevention and Reduce Readmissions	✓	Children and Young People's Services	✓
HomeFirst/Domiciliary Care	✓	Sustainability/Carbon Reduction	✓
Primary Care Networks	✓	Warwickshire Integrator	✓
Electronic Patient Record (EPR)	✓		

Trust Values *(which of the Trust Values is the report helping to deliver?)*			
Safe	✓	Compassionate	✓
Effective	✓	Trusted	✓
Inclusive	✓		

Relationship to the Board Assurance Framework (BAF) and Risk Register	
Are any existing risks on the BAF/Risk Register affected?	No
Identify the BAF/Risk Register risk ID and description – explain how the risk has been affected – reduced or increased as a consequence of the evidence within the report.	N/A
Do you recommend a new entry to the BAF and/or Risk Register is made as a result of this report? If yes, describe the new risk.	No

South Warwickshire University NHS Foundation Trust

Report to Board of Directors – 5 March 2025

Annual Trust Objectives 2025/26

Executive Summary

The Trust has developed the proposed objectives for 2025/26, which take account of Trust strategy, local priorities, and national planning guidance.

The objectives will form divisional and departmental objectives, to ensure everyone is aligned to the Trust's wider ambitions.

They are also proposed objectives against the six strategic pillars which enable us to deliver against our Big Moves.

Recommendation

The Board of Directors is asked to consider and approve the Annual Trust Objectives for 2025/26. These objectives will also be used to develop underpinning action plans and measures which will populate our Board Assurance Framework for 2025/26.

Trust Annual Objectives 2025/2026

Each year we have Trust objectives which help us focus as an organisation and support the delivery of our strategic Big Moves which are:

- Home First (including Domiciliary Care) supported by technology and collaboration
- Be a very flexible employer
- Embed prevention in every service
- Lead the NHS on Carbon Reduction

The proposed objectives take account of Trust strategy, local priorities, and national planning guidance.

There will be lots of other great achievements outside of these objectives, but they are important as they provide direction for where we want to be as an organisation. They will also form divisional and departmental objectives, to ensure everyone is aligned to the Trust's wider ambitions.

Big Move	Objectives
Home First (including Domiciliary care) supported by technology and collaboration	• Mobilise and embed the community integrator contract using a transformational approach to ensure it reflects place-based need. • Work with partners to maximise the use of virtual wards, supported by technology as appropriate. • Develop and embed a sustainable model for the Community Recovery Service offer for Warwickshire patients in collaboration with partners.
Embed prevention in every service	• Embed an approach to tackle Health Inequalities at all levels in our organisation and Places, with a focus on Children and Young People's services with the renewal of the dedicated Children and Young Peoples Board. • Strengthen our infrastructure to deliver health and well-being interactions. • Increase the number of prevention initiatives developed and embedded between place partners, with a focus on 'making every contact count'.
Be a very flexible employer	• As our role as an anchor organisation, work with local schools and Universities to the next workforce and become an employer of choice. • Empower our staff to work flexibly through initiates such as self-rostering. • Embed the new Volunteering strategy, maximising opportunities with in-house volunteers and working with the wider voluntary sector.
Lead the NHS on Carbon Reduction	• Ensure those who wish to receive correspondence and information electronically do. • Implement the Coventry and Warwickshire Climate Adaptation Plan. • Engage and motivate the organisation in the delivery of Net Zero by 2040, ensure all opportunities, including procurement, are reviewed through a sustainability lens.

There are six strategic pillars which enable us to deliver against our Big Moves. These are Digital, Research, Workforce, Quality, Sustainability and Productivity. The following objectives have been set against these:

- Commence the implementation of the Cerner Electronic Patient Record (EPR) system. Drive clinical and operational engagement for the digital transformation and ensure ways of working, processes and pathways are aligned to the new EPR.
- Identify opportunities to work with partners to develop corporate and back-office functions to utilise expertise efficiently.
- Commence fit-out of short stay wards in the Elective Hub.
- Pursue opportunities for joint pathway transformation with system partners and through the Acute Provider Collaborative.
- Develop and embed the organisation's responsibilities as a lead provider, working with system and place partners.
- Prepare the organisation for maintaining our outstanding Care Quality Commission (CQC) rating.

Next Steps

Once approved, the proposed objectives will be shared with the organisation and used to shape the individual objectives of Executive Directors and their teams. Divisional objectives will be developed to support the delivery of the Trust objectives. These objectives will also be used to develop underpinning action plans and measures which will populate our Board Assurance Framework for 2025/26. A visual version of our Objectives for 2025/26 is attached at Appendix A.

Recommendation

The Board of Directors is asked to consider and approve the Annual Trust Objectives for 2025/26.

Glen Burley
Chief Executive

Appendix A

Objectives 2025/26

HELPING US TO DELIVER OUR BIG MOVES

NHS
South Warwickshire University
NHS Foundation Trust

Home First (including Domiciliary Care) supported by technology and collaboration

- Mobilise and embed the community integrator contract using a transformational approach to ensure it reflects place-based need.
- Work with partners to maximise the use of Virtual Wards, supported by technology as appropriate.
- In collaboration with partners, develop and embed a sustainable model for the Community Recovery Service offer for Warwickshire patients.

Embed prevention in every service

- Embed an approach to tackle health inequalities at all levels in our organisation and at Place, focusing on Children and Young People Services with the renewal of the dedicated Children and Young Peoples Board.
- Strengthen our infrastructure to deliver health and wellbeing interactions.
- Increase the number of prevention initiatives developed and embedded between Place partners, focusing on 'making every contact count'.

Be a very flexible employer

- As our role as an anchor organisation, work with local schools and universities to develop the next workforce and become an employer of choice.
- Empower our staff to work flexibly through initiatives such as self-rostering.
- Embed the new Volunteering Strategy, maximising opportunities with in-house volunteers and working with the wider voluntary sector.

Lead the NHS on carbon reduction

- Ensure those who want to receive correspondence and information electronically can do so.
- Implement the Coventry and Warwickshire Climate Adaptation Plan.
- Engage and motivate our workforce to enable our organisation to achieve Net Zero by 2040, ensuring all opportunities, including procurement, are reviewed through a sustainability lens.

There are six strategic pillars which enable us to deliver against our BIG MOVES, and they are

DIGITAL + RESEARCH + WORKFORCE + QUALITY + SUSTAINABILITY + PRODUCTIVITY

The following objectives have been set against these:

- Commence implementing the Cerner Electronic Patient Record (EPR) system. Drive clinical and operational engagement for the digital transformation and ensure ways of working, processes, and pathways are aligned with the new EPR.
- Identify opportunities to work with partners to develop corporate and back-office functions and utilise expertise efficiently.
- Commence fit out of short-stay wards in the Elective Hub.
- Pursue opportunities for joint pathway transformation with system partners and through the Acute Provider Collaborative.
- Develop and embed the organisation's responsibilities as a Lead Provider, working with System and Place partners.
- Prepare the organisation for maintaining our Outstanding Care Quality Commission (CQC) rating.

Wye Valley Trust Objectives

Final Draft 2025/26

Quality

- Improve urgent and emergency care with our One Herefordshire system partners, resulting in reduced demand for acute inpatient beds and more care in the community
- Improve the inpatient experience by working with our partners to improve food quality

Digital

- Improve the functionality of existing systems, improving user and patient experience and productivity whilst reducing paper usage
- Test artificial intelligence technology to deliver productivity and quality improvements and develop business cases for rapid implementation
- Develop a plan that sets out the future direction for electronic patient records

Sustainability

- Deliver agreed secondary prevention initiatives and schemes that reduce referrals for elective services by working with general practice teams
- Improve the financial sustainability of the organisation by delivering a significant transformation programme

Workforce

- Improve attendance in key workforce areas and improve staff well being
- Deliver and monitor job planning and e-rostering across all clinical services
- Increase the number of opportunities to grow our volunteer workforce, in numbers and reach

Productivity

- Deliver our Diagnostic Centre project to reduce waiting times for our population
- Implement our neighbourhood health model with One Herefordshire partners and deliver better value from the Better Care Fund