Foundation Group Boards

Wed 05 November 2025, 13:30 - 16:10

via Microsoft Teams

Agenda

1. Apologies for Absence

Chizo Agwu (Chief Medical Officer WVT, Tom Morgan-Jones deputising), Paul Capener (NED GEH), Phil Gilbert (NED SWFT), Michelle Lynch (Associate NED WAHT), Jackie Richards (NED GEH), and Nicola Twigg (NED WVT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 6 August 2025

13:35 - 13:40 *Russell Hardy*

Agenda Item 3 - Minutes of the Meeting held on 6 August 2025.pdf (16 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

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

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

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

6. Performance Review and Update

6.1. Foundation Group Performance Report

13:50 - 14:10 *Acting Chief Executives / Managing Directors*

Agenda Item 6.1 - Foundation Group Performance Report.pdf (31 pages)

6.2. Cancer Performance Deep Dive

14:10 - 14:30 *Chief Operating Officers Update*

Agenda Item 6.2 - Cancer Performance Deep Dive.pdf (16 pages)

6.3. Gender Pay Gap Annual Update

14:30 - 14:40 *Chief People Officers*

Agenda Item 6.3 - Gender Pay Gap Annual Update.pdf (14 pages)

6.4. Patient Initiated Follow Up and Clinical Engagement Update

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

Agenda Item 6.4 - PIFU Follow Up and Clinical Engagement Update.pdf (14 pages)

7. Items for Approval

7.1. Foundation Group Boards Calendar of Meetings for 2026/27

14:55 - 15:00 *Russell Hardy*

Agenda Item 7.1 - FGBs Calendar of Meetings for 2026-27.pdf (2 pages)

8. Items for Information

8.1. Foundation Group Strategy Committee Report from the Meeting held on 18 September 2025

15:00 - 15:05 *Russell Hardy*

Agenda Item 8.1 - FGSC Report from the Meeting held on 18 September 2025.pdf (3 pages)

9. Any Other Business

15:05 - 15:15

10. Questions from Members of the Public and SWFT Governors

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

Adjournment to Discuss Matters of a Confidential Nature

11. Apologies for Absence

Chizo Agwu (Chief Medical Officer WVT, Tom Morgan-Jones deputising), Paul Capener (Associate NED GEH), Phil Gilbert (NED SWFT), Michelle Lynch (Associate NED WAHT), Jackie Richards (Associate NED GEH), and Nicola Twigg (NED WVT).

12. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

13. Confidential Minutes of the Meeting held on 6 August 2025

15:50 - 15:55 *Russell Hardy*

Agenda Item 13 - Confidential Minutes of the Meeting held on 6 August 25.pdf (7 pages)

14. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

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

15. Confidential Items for Information

15.1. Foundation Group Strategy Committee Minutes from the Meeting held on 17 June 2025

16:00 - 16:05 *Russell Hardy*

Agenda Item 15.1 - FGSC Minutes from the Meeting held on 17 June 2025.pdf (19 pages)

16. Any Other Confidential Business

16:05 - 16:10

17. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 4 March 2026 at 13:30 via Microsoft Teams.

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams

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

Present

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Chief Clinical Strategy Officer WAHT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Acting Chief Executive GEH/SWFT
Oliver Cofler	(OC)	NED SWFT
Neil Cook	(NC)	Chief Finance Officer WAHT
Stephen Collman	(SC)	Acting Chief Executive WAHT/WVT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Paramjit Gill	(PGi)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Simone Jordan	(SJ)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Dame Julie Moore	(JM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Grace Quantock	(GQ)	NED WVT
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	NED GEH
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Leigh Brooks	(LB)	Interim Head of Communications SWFT
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JB)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams

In Attendance Continued:

Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Sophie Gilkes	(SG)	Acting Managing Director/Chief Strategy Officer SWFT
Richard Haynes	(RH)	Director of Communications WAHT
Oli Hiscoe	(OH)	ANED SWFT
Elva Jordan-Boyd	(EJB)	Human Resources (HR) Director SWFT
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Ed Mitchell	(EM)	Deputy Chief Medical Officer WAHT (deputising for Chief Medical Officer WAHT)
David Mowbray	(DM)	Group Medical Advisor
Alex Moran	(AMo)	ANED WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Andrew Parker	(AP)	Chief Operating Officer WVT
Bharti Patel	(BP)	ANED SWFT
Alison Robinson	(AR)	Deputy Chief Nursing Officer WAHT (deputising for Chief Nursing Officer WAHT)
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Sue Sinclair	(SSi)	ANED WAHT
Emma Smith	(ES)	Deputy Chief Nursing Officer WVT (deputising for Chief Nursing Officer WVT)
Robin Snead	(RS)	Chief Operating Officer GEH
James Turner	(JT)	Head of Communications GEH
Ashi Williams	(AW)	Chief People Officer GEH/SWFT

Apologies:

Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WAHT
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Sarah Raistrick	(SR)	NED and Vice Chair GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED and Vice Chair SWFT
Adrian Stokes	(AS)	Group Strategic Financial Advisor
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Chief Medical Officer WAHT

There were four SWFT Governors also in attendance.

MINUTE		**ACTION**
25.044	**DECLARATIONS OF INTEREST**	

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
	Bharti Patel, ANED SWFT, declared that she had been involved in a commercial consultancy capacity in relation to the development of the Aseptics Services proposal which was referenced to in the Foundation Group Strategy Committee Minutes within the 7 May 2025 meeting papers (Minute 25.033 refers). **Resolved – that the position be noted.**	
25.045	**PUBLIC MINUTES OF THE MEETING HELD ON 7 MAY 2025** It was noted that under the Foundation Group Performance Report (Minute 25.027 refers) WVT's planned position was incorrect and should be amended to read £3.1m deficit and not break even. **Resolved – that, subject to the above amendment, the public Minutes of the Foundation Group Boards meeting held on 7 May 2025 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
25.046	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.046.01	Completed Actions All actions on the Actions Update Report had been completed and would be removed. **Resolved – that the position be noted.**	
25.047	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair gave an overview of the Foundation Group Boards Workshop, highlighting its focus on artificial intelligence (AI). He described AI as a major technological shift and stressed the need for the Foundation Group to lead in leveraging its potential. He praised the WVT team for their innovative work in frontline AI implementation. The Group Chair continued that the Foundation Group Boards Workshop also explored the integration of prevention strategies across Foundation Group activities, led by the Chief Strategy Officers. Progress had been made in population health management. The Group Chair identified obesity and teenage mental health as major challenges and acknowledged public health efforts in supporting this, along with smoking cessation and alcohol reduction programmes. He encouraged the public to seek healthier lifestyles if needed and emphasised that the National Health Service (NHS) was there to support them. Finally, the Foundation Group Boards Workshop received an update on the ongoing Joint Electronic Patient Records (JEPR) programme at SWFT and	

MINUTE		ACTION
	GEH. This including potential risks to the programme and plans moving forward to mitigate these. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	
25.048	**FOUNDATION GROUP PERFORMANCE REPORT** The Acting Chief Executive's and Managing Directors for each Trust highlighted key points from the Foundation Group Performance Report. It was important to note for August 2025, that the Performance Report had not effectively captured the intended narrative across all four Boards. The Group Analytics Board (GAB) had been tasked with revisiting the report format. WVT The Managing Director for WVT proceeded with her standard update structure, highlighting one area of concern, one area of strength, and one area under close observation. The primary concern was Urgent and Emergency Care (UEC) performance, which had significantly declined in quarter one (Q1). WVT was the furthest from its trajectory within the Foundation Group, with the downturn beginning in mid-March 2025 and continuing through April 2025. In response, a three-day deep dive was conducted in May 2025, led by the Chief Medical Officer and Chief Nursing Officer, involving frontline staff to identify improvement strategies. This initiative resulted in a ten-percentage-point improvement, sustained over six weeks. By July 2025, performance had exceeded trajectory, although WVT had entered tier one for UEC in Q1. Based on current trends, it was expected to exit tier one in Q2. The Managing Director for WVT identified Cancer performance as an area of strength, with WVT continuing to benchmark well against national standards. WVT continued to focus efforts on pathway optimisation and the implementation of a pathway dashboard via the business intelligence system. The Managing Director for WVT explained that Mortality was under observation, specifically the Summary Hospital-level Mortality Indicator (SHMI). This was because twelve months prior had seen WVT achieve a SHMI score below 100 for the first time (98), but the score had since risen to 110, with a recent update indicating 111. The Managing Director clarified however, that this was a statistical anomaly rather than a performance issue. In April 2024, WVT began recording Same Day Emergency Care (SDEC) activity as type five Emergency Department (ED) performance, this was in line with a national requirement effective from July 2024. However, this early adoption temporarily impacted mortality statistics, as nearly half of emergency admissions were excluded from the SHMI denominator. While WAHT had also adopted this reporting method, GEH and SWFT (along with most other Trusts nationally) had not. The Managing Director for WVT added that a deep dive conducted by the Quality Committee confirmed that crude mortality had decreased in both percentage and absolute terms. Therefore, the team did not consider this a	

MINUTE		ACTION

performance concern, although WVT was expected to appear as an outlier for at least the next twelve months. It remained unclear whether the national mandate for type five ED reporting had been universally implemented. The Managing Director for WVT concluded by emphasising that while the data suggested deterioration, underlying performance had not worsened.

The Group Chair invited questions and perspectives and of particular note was the following point.

The Group Chief Executive highlighted that generally the performance of WVT had improved significantly and that it was good to see UEC performance pick up which had been a worry previously. Having gone through the period of industrial action, he was pleased to see activity levels had maintained in all four Trusts in the Foundation Group.

GEH

The Managing Director for GEH reported that key performance indicators during the period reported reflected a negative picture particularly in relation to timely patient access. June 2025 performance data and May 2025 Cancer Services metrics showed delays, and indicators were categorised into areas of improvement and concern. For UEC, national benchmarks were used, with GEH's four-hour standard at 69.5%, placing GEH in the lowest national quartile, and 10.4% of patients waiting over twelve hours. The Managing Director for GEH explained that these figures were attributed to ongoing bed occupancy and patient flow challenges. In July 2025, targeted efforts led to an improvement in four-hour performance to 76%, moving GEH to mid-table nationally. The Managing Director for GEH explained that this was driven by a reduction in non-admitted breaches, however concerns remained about the sustainability of this progress. This was due to the data reflecting a period affected by school holidays and industrial action, during which senior staff supported frontline services. The Managing Director for GEH continued that bed pressures persisted, and while external bed purchases were being considered, discharge arrangements remained unresolved. She raised that Elective Care performance placed GEH in tier one support, and Referral to Treatment (RTT) performance was 60.7%, with 52-week breaches at 3.4%. By late July 2025, RTT had improved to 61.2% and breaches reduced to 2.3%, which was supported by increased capacity in Ear, Nose and Throat (ENT) and Gynaecology. This trend was expected to continue.

The Managing Director for GEH informed the Foundation Group Boards that Cancer Services performance remained a concern. The 62-day standard was 64.4%, and the Faster Diagnostic Standard (FDS) was 66.8%, placing GEH in the lower national rankings. Early signs of improvement were noted in July 2025, with targeted actions in Lower Gastrointestinal (GI) and Gynaecology underway. The Managing Director for GEH concluded that recent interventions were yielding positive results, and the focus moving forward would be to continue improving FDS and sustaining ED performance.

MINUTE		ACTION

WAHT

The Acting Chief Executive for WAHT/WVT focused on key headlines for WAHT, with UEC having seen slower improvements in the Emergency Access Standard (EAS) than anticipated. However, progress was evident, particularly in the improvement of surrounding metrics. Notably, there was a clear reduction in twelve-hour waits within ED, and this reduction was expected to contribute positively to EAS performance. The Acting Chief Executive for WAHT/WVT explained that WAHT had been placed in tier one and received targeted support in collaboration with community partners. Encouragingly, clinical integration between community hospitals and acute services had begun to generate benefits. One area of success was the Stroke pathway, where clinicians had started outreach into community hospitals. This initiative led to notable reductions in length of stay (LoS). He explained that to support improvements, the Trust had undertaken internal reconfigurations, with Trauma services relocated to a larger bed base, and a similar adjustment was being made for Stroke services. Early feedback from divisions indicated that these changes were having a positive impact and were positioning WAHT well, not only for continued improvement but also in preparation for the upcoming winter period.

The Acting Chief Executive for WAHT/WVT continued that in terms of Cancer performance, Skin Cancer and Breast Cancer were driving WAHT's metrics. Positively, the Trust had recently launched a new Teledermatology service, and the Breast Cancer service had successfully recruited additional staff, increasing capacity. The Trust had a trajectory in place with expected recovery in these areas by September 2025. Elective care also continued to present challenges, particularly with patients waiting over 65-weeks, and while options were being explored, focus remained strong. However, encouraging signs of productivity were emerging across divisions, particularly in Orthopaedics.

The Acting Chief Executive for WAHT/WVT concluded that UEC, Cancer Services and Elective Care were central to many of the other metrics under discussion. For instance, improvements in UEC and patient flow were closely linked to enhancements in the quality metrics. As occupancy declined, the Trust had observed corresponding reductions in falls and other indicators, which also positively influenced the financial position. He explained that as WAHT prepared for the final six months of 2025/26 they remained vigilant. For completeness, WAHT was currently tier two for Cancer Services and anticipated a downgrade from tier one to tier two in UEC.

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

The Group Chief Executive reflected on the tiering at WAHT noting that the Acting Chief Operating Officer for WAHT had planned to meet with two colleagues elsewhere in the Foundation Group to facilitate shared learning. He continued that based on his experience, the tiering process can be time-consuming and best avoided where possible. However, it was acknowledged that the focus on UEC performance, especially ambulance handover delays,

MINUTE **ACTION**

had led to marked improvements. He noted that performance at the Alexandra Hospital site had been consistently strong. In contrast challenges remained at the Worcestershire Royal Hospital site, which continued to experience higher levels of UEC demand and required further resolution.

The Group Chair sought assurance on how the Community Beds project at WAHT was progressing. The Acting Chief Executive for WAHT/WVT explained that the tiering process experience had been helpful in progressing efforts and accelerating progress. He credited the newly appointed Chief Executive of the Community Mental Health Trust, for placing significant emphasis on the initiative, which had begun to produce tangible benefits. One such area of improvement was the Pathway Discharge Unit. Although previously perceived as a potential source of delay, occupancy levels had started to reduce more frequently and consistently.

SWFT

The Acting Chief Executive for GEH/SWFT provided SWFT's performance update, focusing on his greatest concern first which was Cancer services. He explained that SWFT had fallen behind its planned trajectory and, as a result, had been placed under tier 2 regional scrutiny. Three primary issues contributed to the challenges in Cancer performance. The first was access to Oncology Services from the Trust's tertiary provider, University Hospitals Coventry and Warwickshire NHS Trust (UHCW). This presented a significant obstacle to meeting the 62-day target. Without timely access to Oncologists, achieving this standard was not feasible. The Acting Chief Executive for GEH/SWFT explained that SWFT had been working closely with UHCW to address this issue and collaborative efforts led by the Chief Operating Officer, Chief Medical Officer and Chief Nursing Officer had been underway to streamline pathways and secure the necessary resources. Additionally, mutual aid options were explored with other partners, including WAHT, to help mitigate these challenges. The Acting Chief Executive for GEH/SWFT explained that the second issue was a substantial increase in referrals in certain specialties, for example Head and Neck referrals rose from approximately 160 in June 2024 to 196 in June 2025, a 25% increase. This surge had a notable impact, particularly on the FDS, and work had been done with clinical teams to ensure adequate capacity. The third challenge was specific to the Dermatology service, which remained one of SWFT's highest referral specialties. Staff sickness had reduced available capacity and to address this, insourcing arrangements had been implemented to help stabilise the service.

The Acting Chief Executive for SWFT/GEH then updated on RTT, the positive news was that SWFT had no patients waiting over 65-weeks. A longstanding issue in Orthodontics, which was part of a national challenge due to limited consultant availability, had been resolved thanks to support from regional partners. This represented a significant achievement, and the Acting Chief Executive for GEH/SWFT commended the teams involved for their efforts. Across the board, SWFT continued to manage long waits effectively. However, RTT performance was slightly off plan, primarily due to the challenges in

MINUTE		ACTION
	Dermatology. He assured the Foundation Group Boards that he was confident that the insourcing measures introduced would help bring performance back on track, but it was being monitored closely. Finally, the Acting Chief Executive for GEH/SWFT highlighted ED performance, which had been particularly strong. Despite experiencing some of the Trust's busiest months in terms of attendances, SWFT remained ahead of their planned trajectory for the four-hour standard. This success was attributable to the dedicated work of emergency teams in refining ED processes and ensuring that the wider hospital supported patient flow effectively. Performance had not only been sustained but had improved further in July 2025, despite continued high referral volumes. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive noted that while the four-hour standard remained the primary UEC metric, it only represented around 60% of current urgent care activity. Patients were increasingly receiving rapid care through alternative pathways such as ambulance treat-and-leave, call-before-convey services, and SDEC. He reassured members of the public that these models were delivering timely care, even if not reflected in traditional metrics. The Acting Chief Executive for WAHT/WVT picked up on previous discussions around Cancer Services and reported that he and the Group Medical Advisor were planning to reconvene Cancer Leads across Trusts in September 2025 to develop a coordinated improvement plan for Cancer Services. The aim was to accelerate progress through shared learning, particularly given the common tertiary provider. **Resolved – that the Foundation Group Performance Report be received and noted.**	
25.049	**URGENT AND EMERGENCY CARE (UEC) AND WINTER PLAN PLANNING, PREPAREDNESS AND ASSURANCE STOCKTAKE 2025/26** The Chief Operating Officer for WVT presented the Winter Planning update. The presentation outlined shared learning and strategic alignment across the Foundation Group, referencing the UEC 2025/26 plan circulated in June 2025. Key priorities included improving ambulance handovers, achieving 78% EAS compliance, reducing twelve-hour ED waits, addressing prolonged LoS, enhancing Children and Young People (CYP) performance, and strengthening discharge planning through the Better Care Fund. Each Trust had aligned its winter plans with UEC recovery strategies, supported by data modelling on attendances, bed capacity, escalation protocols, and workforce. Assurance meetings were held at Trust level, with real-time dashboards and OPEL systems informing operational decisions. Teams focused on ED front-door navigation, virtual ward optimisation, and SDEC capacity reviews. Shared	

MINUTE		ACTION

learning was drawn from models across GEH, SWFT, WVT, and WAHT, with capital investment supporting ambulatory and SDEC expansion.

The Chief Operating Officer for WVT continued that workforce planning had also taken place, addressing staffing models, sickness management, and wellbeing initiatives. Lessons from WAHT's tier one support were being adopted across sites, and surge and super-surge plans aimed to reduce reliance on escalation beds and corridor care. These would be supported by initiatives such as "Home First", discharge events, and ward-based dashboards. The Chief Operating Officer for WVT explained that Trusts had enhanced seven-day working, protected elective capacity, and deployed digital tools including Electronic Prescribing and Medicines Administration (EPMA) and ward whiteboards. System-wide collaboration focused on virtual ward criteria, admission avoidance schemes, therapy support, and improved visibility of community and social care capacity. Efforts continued to expand urgent community response and refine paramedic decision-making through the "call before convey" model.

The Chief Nursing Officer for GEH provided an update on the preparatory work undertaken across the Foundation Group in anticipation of winter pressures. A key focus had been the winter vaccination programme, following low uptake in the previous year. In response, all organisations committed to achieving at least a 5% improvement in vaccination rates. The programme was scheduled to run from October 2025 to March 2026, with efforts made to maximise staff accessibility through varied delivery methods and targeted myth-busting initiatives. The Chief Nursing Officer for GEH continued that collaboration with Public Health and the UK Health Security Agency (UKHSA) had continued, aiming to strengthen local messaging by leveraging national communications. She added that preparations also addressed the anticipated rise in respiratory infections. Protocols were revised in line with global trends and communication across teams was reinforced, with reminders on hand hygiene, personal protective equipment (PPE) usage, and stock readiness. The Chief Nursing Officer for GEH noted that concerns remained regarding side room capacity for isolation, with rapid testing and turnaround times identified as critical. Particular attention was given to the potential impact of Respiratory Syncytial Virus (RSV) in children, especially if coinciding with adult respiratory illness which could increase pressure on EDs.

The Chief People Officer for WAHT provided an overview of the workforce resilience planning undertaken across the Foundation Group in preparation for winter. It was noted that managing both the pressures placed on staff and the need for additional staffing would be critical components of the overall winter preparedness strategy. This had been addressed through several key approaches. Firstly, effective roster management had been prioritised, secondly, the management of sickness absence and staff wellbeing had remained a central focus and lastly, governance around operational decision-making had been strengthened. It was acknowledged that maintaining staff wellbeing and morale would be particularly important during the winter months,

MINUTE		ACTION
	especially in the context of potential industrial action. This remained a key area of focus and risk for all Trusts within the Foundation Group. The Chief Operating Officer for SWFT acknowledged the extensive planning underway across the Foundation Group and emphasised the importance of managing demand within agreed budgets. She noted that this remained one of the most challenging aspects for all four Trusts, particularly counting existing workforce pressures. While workforce modelling had already been discussed, she highlighted the need for stress testing and confirmed that the Foundation Group was considering conducting its own internal stress testing exercises, in addition to those planned by NHS England (NHSE). She concluded that the Foundation Group's collaborative environment could allow for more detailed and tailored testing. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chair sought assurance on the Partnership Trust's role in supporting patient flow ahead of winter. The Acting Chief Operating Officer for WAHT reported improved collaboration with the Health and Care Trust, evidenced by a reduction in patients with no criteria to reside and increased bed availability in the Pathway Discharge Unit at WAHT. He noted that internal preparations for a system-wide discharge programme, set to launch in early September 2025, were already delivering benefits. While current data on community hospital LoS was unavailable, he expressed confidence in ongoing progress. The Group Chief Executive acknowledged the Group Chair's concerns and noted that the issue appeared to be one of patient choice rather than access, which was particularly concerning. He expressed confidence in the collaboration across Clinical Operational Units and the strength of the plans presented. He emphasised the importance of electronic bed management systems, noting that the transparency of real-time bed availability was a critical factor in improving patient flow. The Group Chief Executive referred to the final slide of the presentation, which indicated a shortfall of 188 beds. Whilst this was a significant figure, he pointed out that the average LoS data across the Foundation Group revealed a 45% variation between the highest and lowest performing sites, suggesting substantial opportunity for improvement in flow. He continued that he was surprised internal professional standards had not been explicitly included in the flow section of the presentation and sought confirmation on whether the agreed clinical process timelines were being refreshed ahead of the winter period. The Chief Operating Officer for WVT confirmed that work had started to refresh these ahead of winter. The Group Chair requested further work be done on flow ahead of winter. Emphasising the importance of having a consistent and reliable measure of flow across the Foundation Group to operational planning and oversight.	**COOs**

MINUTE		ACTION
	Simon Murphy, NED and Vice Chair for WAHT queried about the consistency of consultant-led ward rounds across the Foundation Group. Specifically, whether patients requiring urgent attention were being prioritised and discharge planning addressed early. The Chief Nursing Officer for SWFT confirmed that their Board Round Standard Operating Procedure (SOP) was being refreshed to reflect this prioritisation and offered to share it with others. The Chief Medical Officer for SWFT added that internal professional standards would reinforce this approach, including expectations for weekend rounds and criteria-led discharge. The Chief Medical Officer for WAHT confirmed that similar work was underway at WAHT with plans to share their model once implemented. The Acting Chief Executive for WAHT/WVT raised concerns about the recurring narrative around winter pressures and staff wellbeing. He noted that while the overall bed gap across the Foundation Group was significant, individual site shortfalls could appear less severe, potentially leading to complacency. He advocated for a shift in mindset from reactive to proactive, framing winter demand as predictable and controllable. Robert White, NED for SWFT, questioned the effectiveness of alternative healthcare provisions such as NHS 111 and primary care pathways. The Chief Operating Officer for SWFT confirmed that active engagement with system partners and ongoing stress testing with NHSE was taking place. She did however highlight the need for improved Mental Health planning, as well as the impact of ambulance services, and the effectiveness of extended GP hours. She emphasised that weaknesses in community services would directly affect acute care, making this a continued area of focus. **Resolved – that** **(A) the Chief Operating Officers develop a consistent measure of flow across the Foundation Group ahead of winter to aid with operational planning and oversight, and** **(B) the UEC and Winter Plan Planning, Preparedness and Assurance Stocktake for 2025/26 be received and noted.**	**COOs**
25.050	**EQUALITY UPDATE REPORT** The Chief People Officer for WAHT presented this report which provided a summary of key developments in equality, diversity, and inclusion (EDI). She noted that each Trust had published individual equality reports on their respective websites for further detail. The Chief People Officer for WAHT emphasised that the summary reflected areas of collective progress over the past year, as well as initiatives the Foundation Group was particularly proud of. She acknowledged the strength and growth of staff networks across the Foundation Group. While the structure and naming of these networks varied between Trusts, they consistently served as safe and inclusive spaces for staff to engage in dialogue and action around protected characteristics. She explained that allies were actively encouraged and engagement within these networks had continued to grow, which was evident by annual staff survey data.	

MINUTE	ACTION

The Chief People Officer for WAHT added that survey data informed statutory race and disability reporting and enabled targeted, localised action planning. Each Trust had reported on its use of staff survey insights to drive improvements with a focus on year-on-year progress. Inclusive recruitment remained a shared priority across the Foundation Group and whilst approaches differed, all Trusts were working to widen access to ensure fair recruitment processes and promote employment opportunities within the communities they served.

The Chief People Officer for WAHT concluded that training and development were identified as key tools in addressing inequality and promoting anti-hate messaging. The presentation included examples such as active bystander training and neurodiversity awareness programmes, noting that all Trusts were now working proactively in the neurodiversity space. This involved implementing toolkits, resources, and training to support colleagues. With approximately one in seven people in the UK identifying as neurodiverse, awareness and support were steadily increasing across the Foundation Group.

The HR Director for SWFT provided a summary of national staff survey outcomes, noting that results across all thematic areas had remained broadly static. However, she highlighted that in contrast to the national trend, where engagement scores had declined for acute trusts, all four Trusts within the Foundation Group had demonstrated improvement in their engagement scores. This was recognised as a significant achievement with each Trust positioned within the "strong and improving" category on comparative charts circulated at the time of the survey's release. The HR Director for SWFT emphasised the importance of the engagement score as a key indicator within the wider EDI agenda, reflecting the extent to which staff felt engaged and listened to across the Foundation Group.

The Chief People Officer for WVT concluded by highlighting that promoting EDI, as well as addressing health and workforce inequalities, had been formally embedded into the performance appraisal framework for all Board members. This had become a key requirement within the appraisal process, reinforcing the strategic importance of EDI at the highest levels of leadership. He confirmed that across the Foundation Group, there was a strong and collective commitment to fostering an inclusive and compassionate culture. Senior managers were actively encouraged to sign up to the NHS Inclusive Leadership Pledge, enabling them to lead with kindness and compassion in their day-to-day operations. He noted that the overarching aim of this work was to create the right culture, the right working environment and the right experience for every individual across the Foundation Group.

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

The Group Chair reinforced the importance of developing a culture rooted in kindness and compassion. He acknowledged comments shared in the meeting

MINUTE		ACTION
	chat regarding unacceptable societal discourse and emphasised that such behaviour had no place within the Foundation Group. The Group Chair explained that kindness and compassion were essential leadership qualities, applicable to all staff regardless of role, and that every individual within the four Trusts served as an ambassador for the organisation. He reiterated the principle that "civility saves lives," underscoring the responsibility of healthcare professionals to model commendable behaviour, irrespective of external societal challenges. The Group Chair took the opportunity to commend Simon Murphy, NED and Vice Chair for WAHT, and Oli Hiscoe, ANED for SWFT, for their outstanding contributions to staff networks and volunteer support. The Managing Director for GEH acknowledged the breadth of initiatives underway and suggested that future EDI reports be further enhanced by including impact and comparative data, such as likelihood of being shortlisted, staff experience, and progression metrics. She noted that given the range of approaches being implemented across the Trusts, there were likely to be areas of high effectiveness as well as those requiring further development which would provide valuable insight and help identify best practice.	**CPOs**
	Resolved – that **(A) the Chief People Officers include impact and comparative data in future EDI Annual Reports, and** **(B) the Equality Update Report be received and noted.**	**CPOs**
25.051	**NHS OVERSIGHT FRAMEWORK (NOF)** The Group Chief Executive presented this report which provided an overview of the revised NOF. He explained that the updated framework, shaped by a national consultation, introduced a streamlined, rules-based approach that replaced previous judgement-based segmentation. Performance improvements now triggered automatic upward movement through segments, with implications for freedoms, incentives, and intervention regimes. Q1 results were provisionally available with full data expected later in August 2025. The Group Chief Executive clarified that the framework ranked organisations comparatively, meaning a Trust's position could decline even if its performance remained stable if other trusts improved. Organisations in the lowest quartile were subject to capability assessments and potential placement in segment five under the Provider Improvement Programme. The framework focused on three core elements: operational performance (including Cancer, RTT, and Accident and Emergency (A&E)), finance and productivity, and quality. Acute providers with A&E departments faced more indicators than specialist trusts. Strong performance could unlock access to the Foundation Trust pipeline and integrated care opportunities, while a financial override prevented Trusts in deficit from scoring above segment three. The Group Chief Executive continued that efforts were underway to reset block contracts, particularly in urgent care, to ensure activity was appropriately funded. He also noted the importance of aligning board-approved plans moving forward with delivery	

MINUTE		ACTION

profiles across the year, as performance against these plans would be assessed under the new framework. The Group Chief Executive acknowledged the need for future indicators to reflect strategic goals such as prevention and tackling inequalities, though data maturity remained limited.

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

The Managing Director for GEH sought clarification on the timing of the proposed activity reset and potential changes to the payment-by-results model, and whether they were expected to take effect within the current or next financial year. The Group Chief Executive confirmed that data capture had begun and that changes were expected within the current financial year, influencing future financial planning.

Frances Martin, NED and Vice Chair for WVT, welcomed the simplification of the framework but cautioned that measurable indicators did not always reflect areas of greatest impact. She advocated for continued focus on upstream solutions. The Group Chief Executive agreed and noted the challenge of balancing individual accountability with system-wide collaboration.

The Acting Chief Executive for WAHT/WVT supported the revised NOF and sought clarification around the need for more responsive and timely transitions between performance segments, noting that entry into a segment could be swift while exit had historically been slow. Also he commented on the framework's planning approach, which assessed delivery against agreed plans, and acknowledged this as a sound principle but noted that the current year was transitional, with past planning often misaligned with operational realities. He anticipated some short-term challenges but believed the framework would ultimately improve clarity and outcomes. The Group Chief Executive agreed and emphasised the importance of integrating segmentation into the broader outcomes framework. He reiterated the need for clear, rules-based criteria for national interventions and stressed that performance oversight should be aligned with meaningful improvement and support.

The Managing Director for WVT raised concerns about the financial override in the revised NOF. She noted that, unlike other domains where performance was assessed based on delivery against plan, the financial domain imposed a fixed cap, preventing organisations in deficit from progressing beyond segment three, even if they were meeting agreed recovery plans. She felt that this approach could be discouraging for Trusts with multi-year plans to return to financial balance and advocated for a model that recognised progress over time. The Group Chief Executive confirmed that while being on plan contributed positively to scoring, the financial override remained in place. He acknowledged that this affected three organisations within the Foundation Group and referenced national leadership's stance that Trusts reliant on deficit support could not be rated as high performing. He emphasised the need for a fair

MINUTE		ACTION
	funding allocation methodology, which was still in development, and noted that WVT would have qualified for segment two if not for the override. **Resolved – that the NOF report received and noted.**	
25.052	**FOUNDATION GROUP STRATEGY COMMITTEE (FGSC) REPORT FROM THE MEETING HELD ON 17 JUNE 2025 (INCLUDING FGSC ANNUAL REPORT AND SELF-ASSESSMENT OF EFFECTIVENESS)** This report was taken as read with no comments received. **Resolved – that the FGSC Report from the meeting held on 17 June 2025, including the FGSC Annual Report and Self-Assessment of Effectiveness, be received and noted.**	
25.053	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
25.054	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
25.054.01	Jeremy Shearman – SWFT Staff Governor (Medical and Dental) The following question was asked by Jeremy Shearman, SWFT Staff Governor (Medical and Dental): *"We have heard a lot about organisations continuing to do what they have always been doing and trying to do it better. But what I have not heard much about is clinical research and innovation. Is there a separate forum in which the Foundation Group talk about an aligned strategy for adopting clinical research and innovate practice?"* The Group Chair noted that he and the Acting Chief Executive for GEH/SWFT had recently met with Warwick Medical School (WMS) to discuss research collaboration. The Managing Director for GEH confirmed that efforts were underway to strengthen group-wide research activity. A Group Research Lead had been appointed, and plans were in place to convene research leads and Chief Medical Officers from across the organisations after the summer to explore opportunities for joint research and income generation. The Group Chair expressed his aspiration for all parts of the Foundation Group to achieve University Trust status, highlighting the strong educational partnership between GEH and Coventry University as an example of potential. The Acting Chief Executive for GEH/SWFT added that discussions with Warwick Business School (WBS) had also identified promising opportunities for collaboration in research and leadership development.	

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
	Resolved – that the position be noted.	
25.055	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
25.056	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
25.057	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 MAY 2025**	
25.058	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.059	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 18 MARCH 2025**	
25.060	**ANY OTHER CONFIDENTIAL BUSINESS**	
25.061	**JOINT ELECTRONIC PATIENT RECORDS PROGRAMME UPDATE – SWFT / GEH ONLY**	
25.062	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on Wednesday 5 November 2025 at 1.30pm via Microsoft Teams.	

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

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

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

AGENDA ITEM	ACTION	DUE DATE	LEAD	COMMENT
ACTIONS COMPLETE				
25.028 (07.05.2025) Outpatients Deep Dive	Clinical leadership and engagement for Patient Initiated Follow Up (PIFU) be agreed to help drive delivery.	5 November 2025	C Agwu / N Rashid / V Baskar / J Walton	Completed – Update scheduled on the 5 November 2025 meeting agenda. Previous update on 30 July 2025 – Chief Medical Officers requested that an update against this action be deferred to November 2025 meeting to allow further discussions to take place.
25.049 (06.08.2025) Urgent and Emergency Care and Winter Plan Planning Preparedness and Assurance Stocktake 2025/26	The Chief Operating Officers look into a consistent measure of flow across the Foundation Group ahead of winter to aid with operational planning and oversight.	5 November 2025	A Parker / H Heran / C Douglas	Completed – two measures have been added to the Foundation Group Performance report under the Urgency and Emergency Care 2 page.
ACTIONS IN PROGRESS				
REPORTS SCHEDULED FOR FUTURE MEETINGS				
25.050 (06.08.2025) Equality Update Report	The Chief People Officers include impact data in the annual EDI report moving forward.	August 2026	A Williams / A Koeltgen / G Etule	An update will be included in the Equality Update Report scheduled for Foundation Group Boards in August 2026.

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

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

Foundation Group Performance Overview

NOF *Indicates NHS Oversight Framework 2025/26 metric*

Group Analytics

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

									George Eliot Hospital NHS Trust (GEH)				South Warwickshire University NHS Foundation Trust (SWFT)				Worcestershire Acute Hospitals NHS Trust (WAHT)				Wye Valley NHS Trust (WVT)			
	Indicator	Standard	Latest Data National	Benchmark		Latest Data - Provider	RAG Rating Base		Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark	Current Month	March 26 trust trajectory	Trend - April 2023 to date	DQ Mark
Cancer	Cancer 62 days Combined (new standard from Oct 23)	75%	Aug-25	National	69.1%	Aug-25	vs Aug-25 plan trustwise		66.7%	75.0%			57.3%	75.5%			65.1%	75.3%			72.2%	75.4%		
	Cancer 31 days Combined (new standard from Oct 23)	96%	Aug-25	National	92%		vs Mar-26 trajectory trustwise		100.0%	97.0%			96.9%	96.3%			83.3%	94.0%			85.0%	95.9%		
	28 day referral to diagnosis confirmation to patients	80%	Aug-25	National	74.6%		vs Aug-25 plan trustwise		75.6%	80.1%			54.4%	80.0%			75.9%	81.5%			82.2%	82.3%		
Urgent and emergency care	ED 4 hour standard	78%	Sep-25	National	75.0%	Sep-25	vs Sep -25 plan trustwise		76.6%	78.2%			75.7%	79.2%			63.0%	78.3%			65.6%	78.0%		
				Midlands	73.3%																			
	ED 12 hour standard	N/A							10.9%	12.0%			3.0%	1.2%			17.4%	13.7%			12.8%	9.3%		
	Ambulance Handovers < 45 mins (%)	80%					vs national Standard		65.5%	N/A			99.0%	N/A			65.8%				65.2%			
	Emergency 0 LOS (Adult Emergency)excluding SDEC								6.2%				14.0%				8.4%				8.8%			
	General and Acute (G&A) Occupancy(Adult)	< =92%	Sep-25	National	94.90%		vs national Standard		99%				96%				95%				103%			
				Midlands	95.20%																			
Elective Care	RTT-52 week waits as % of WL (English only)	<1%	Aug-25	National	2.68%	Sep-25	vs Sep-25 plan trustwise		0.8%	1.5%			1.9%	0.9%			1.5%	0.9%			3.1%	1.1%		
	RTT 65 week plus waiters (English Only)	0							1				7				25				42			
	Referral to Treatment - Open Pathways (within 18 weeks for treatment)- English Standard	65%/ 5% improvement.	Aug-25	National	60.0%		vs Sep-25 plan trustwise		64.5%	64.4%			65.2%	69.0%			59%	61.5%			62.7%	61.1%		
	Referral to Treatment - Open Pathways (92% within 18 weeks for first appointment) - English Standard	72%	Sep-25	National	64.4%				72.2%	72.0%			62.8%	70.1%			58.8%	67.0%			68.4%	72.0%		
	Theatre Utilisation (Capped)	85%	Aug-25	National	81.0%		vs national Standard		86.4%				87.6%				82.8%				81.3%			
	Cancelled Operations on the day of surgery for non clinical reasons-as % of total operations	N/A	Sep-25	National					12.4%				1.5%				2.4%				2.6%			
	PIFU Rate	5%	Sep-25	National			vs Sep-25 plan trustwise		3.5%	5.0%			5.8%	5.5%			5.9%	7.1%			7.4%	5.1%		
	DNA rate	<4%	Aug-July 25	National	6.9		vs national Standard		7.5%				6.1%				5.1%				5.7%			
	Slot Utilisation	90%	Sep-25	National			vs national Standard		71.6%				89.0%				89.1%				87.6%			
	% of OP appointments First or (Fup+procedure)	46%	Aug-July 25	National	46.1%		vs Sep-25 plan trustwise		43.0%	60.1%			50.4%	59.9%			46.3%	45.7%			46.5%	52.0%		
	Diagnostic Waits >6 weeks	5%	Aug-25	National	24%				10%				4%				25%				24%			
Quality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Jun24_May25	National	1.0	Jun24_May25			Within expected range				Within expected range				Within expected range				Within expected range			
	Rates of Healthcare Associated Infection -MRSA	N/A	Sep-25			Sep-25			0				0				1				1			
	Rates of Healthcare Associated Infection C-Difficile	N/A							2				2				13				4			
	Rates of Healthcare Associated Infection-E-Coli	N/A							2				9				5				5			

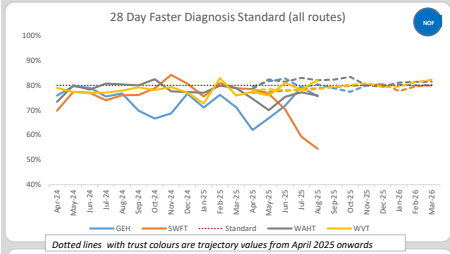
	% of patients with a fractured NOF receiving surgery within 36 hours	**70%**				Aug-25		59%				48%				58%				71%			
	% of occupied beds considered fit for discharge	**5%**				Sep-25		13%				13%				15%				18%			
Workforce	Staff Sickness	**4.0%**	May-25	National	4.6%	Sep-25	vs national Standard	5.6%				5.9%			N/A	5.5%				4.4%			
				Midlands	4.9%																		
	Clinical WTE Establishment	**N/A**						2,194				4,292				5,881				3,160			
	Clinical WTE Actual	**N/A**						2,122				4,477				5,504				2,913			
	Non-Clinical WTE Establishment	**N/A**						947				1,216				1,766				862			
	Non-Clinical WTE Actual	**N/A**						894				1,155				1,625				854			

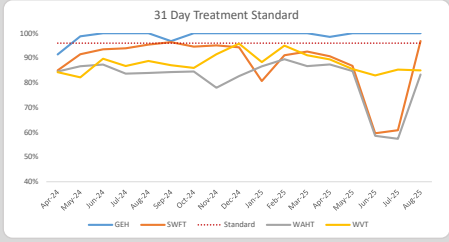
Foundation Group Key Metrics

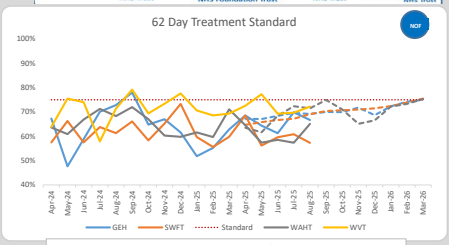
Cancer Waiting Time Standards

Group Analytics

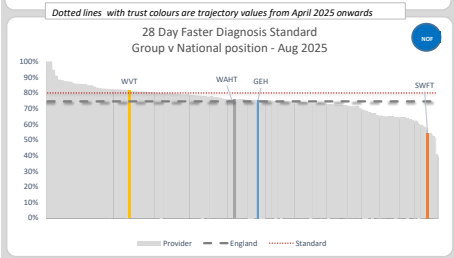
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

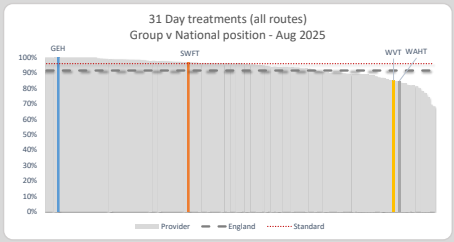




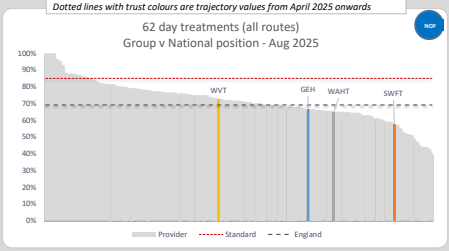


Dotted lines with trust colours are trajectory values from April 2025 onwards





Dotted lines with trust colours are trajectory values from April 2025 onwards



Narrative

GEH

Faster Diagnosis Standard (FDS) Performance

Quarter 2 (Q2) began positively for the Faster Diagnosis Standard (FDS), with validated performance at 79.2%, exceeding the set trajectory. However, the August 2025 validated rate dipped slightly to 75.7%, falling below the trajectory. This decline was mainly due to patient choice and delays in the diagnostic phase of the pathway, largely influenced by the holiday period. From September onwards, improvement is expected as targeted actions continue across key specialities, including Gynaecology and Lower Gastrointestinal (LGI) services.

62-Day Cancer Standard

Performance against the 62-day cancer treatment standard proved more challenging in Q2, with all three months falling below trajectory – a trend that has continued into September 2025. The key contributors to underperformance include tertiary referrals being processed after day 38, which counts as at least half a breach for the Trust and a full breach if the receiving organisation treats within 24 days. Collaborative work has begun with the Integrated Care Board (ICB) and West Midlands Cancer Alliance (WMCA) to improve tertiary referral processes. Capacity issues in Oncology also remain, particularly within Lung, Gynaecology, and Urology tumour sites, where some patients are not being seen within the two-week referral standard. A business case is being developed to extend clinic operating hours until 8:00 pm, three days per week, to support improvement.

Pathway Improvement and Tier 1 Status

The Trust is currently categorised as Tier 1 for cancer performance, providing valuable opportunities to work with the West Midlands Cancer Alliance (WMCA) on pathway reviews. Pathway mapping within LGI identified delays in the first Outpatient Appointment (OPA). In response, the service has moved to telephone appointments, resulting in 82% of patients being seen by day 7 in September 2025, with a goal to reach 90%. This has supported an improvement in FDS to 73% in July 2025, with an aim to achieve 80% by the end of October 2025. However, September 2025 performance was impacted by delays in Computed Tomography Colonography (CTC) appointments and reporting.

WAHT

Although we are experiencing the expected seasonal peak in cancer referrals, they are higher than last year by 4.5%. Skin accounted for 30% of all referrals received, with Skin and Urology being the specialties that are contributing 66% of patients to the growing backlog of patients waiting over 62 days.

28-day performance, 31-day performance and 62-day performance are below our annual plan target.

Cancer care for our patients remains challenging. Recovery plans to reduce waiting times for patients to receive diagnosis and treatment are in place and there is evidence of improvement, particularly for patients on a urology pathway. Significant work has been undertaken to improve referral pathways with primary care, and a review of the recently introduced gynaecology pathways is underway, whilst breast services have developed a new low risk breast pain pathway which is progressing positively with primary care. These changes will enable services to reduce demand and enable faster diagnosis of patients with breast and gynaecological cancers.

For patients referred to us with a possible skin cancer, testing is nearing completion of our new tele dermatology service, which went live at the end of September which aims to transform our referral and triage of patients using digital technology to improve our initial triage and diagnosis of patients on a skin cancer pathway. As an organisation, we have been successful in securing £1.2m of funding to support initiatives across a variety of specialties to support the recovery of our cancer and teams are now progressing with recruitment for posts to increase our capacity in this area.

SWFT

Cancer performance for 62 days remains significantly below the agreed trajectory with NHS England (NHSE). August 2025 performance finished at 57.3% which is below the 75% trajectory, and the Trust is now in Tier 2 management for cancer.

In terms of the 28 day referral to diagnosis standard, there has been a reduction in performance over the past few months, with August being 54.4%, against a national standard of 80%. To support with recovering the position, additional activity started at the end of August, with in-house super clinics, which will cover our suspected cancer patients to recover the 28-day FDS performance at pace.

The Cancer 31 day treatment standard, saw SWFT finish at just under 97%, above the standard of 96%, which is the highest that its been at for the past three years.

WVT

As of August 2025, urgent suspected cancer referrals have risen by 21% compared to the same period three years ago. Referrals for Skin, Gynaecology and Urology have seen significant increases of 68%, 25% and 46%, over the same time period. We have seen reduced referrals in Colorectal service of 8% compared to 3 years ago. Therefore, we are assured that the Faecal Immunochemical Test (FIT) pathway continues to show benefit.

In August 2025, the Trust met the FDS, achieving a performance rate of 82%, which was above the Trust's trajectory of 78.48%. Seven specialties exceeded the target, compared to four in July 2025. Urology achieved 82%, marking its highest performing month to date.

In August 2025, we did not meet the 62-day cancer treatment standard, achieving 72.4% against the trajectory of 72.07%, placing us just 0.3% below target. Surgical delays continue to be the greatest challenge, with the most significant gap observed in Breast services due to workforce constraints. However, the service has secured additional theatre sessions and temporary workforce and we anticipate improvements in the coming months.

The Cancer Services team is holding bi-weekly meetings with the Gynaecology department to review pathway improvements. These meetings, attended by both operational and clinical staff, follow a clear action plan with defined timeframes. Ongoing audits will monitor the impact of the post-menopausal bleeding pathway.

Best practice timed pathway dashboards are currently in the final validation phase and will be shared with operational teams for "Go Live" in Quarter 3. These dashboards will help identify bottlenecks across the entire cancer pathway.

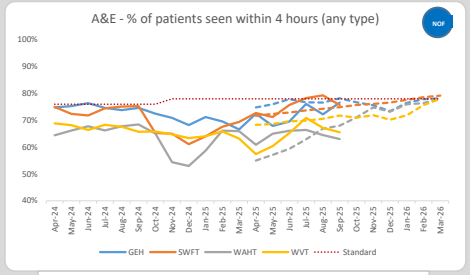
Recently, the Cancer Services team participated in a national cancer conference, facilitating networking with other trusts that are achieving high standards in areas where we currently have lower performance. This collaboration has generated several actionable initiatives to be implemented through shared learning.

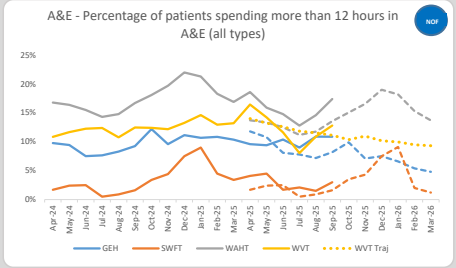
Foundation Group Key Metrics

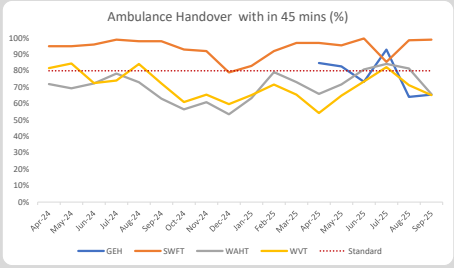
Urgent and Emergency Care

Group Analytics

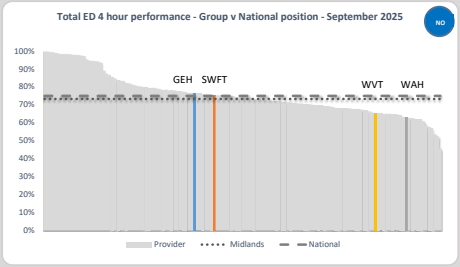
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

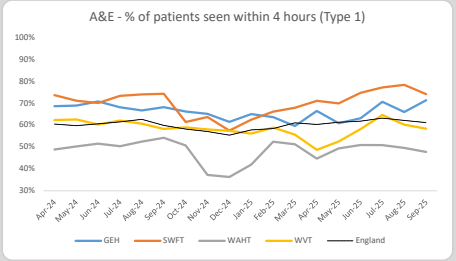


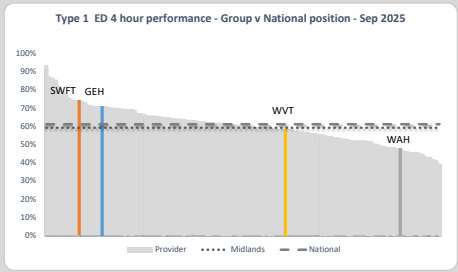




Dotted lines are trajectory values from April 2025 onwards where available







Narrative

GEH

In addition to the high demand and sustained bed occupancy across the Trust, patients have unfortunately continued to experience longer stays within the Emergency Department (ED), with a notable number waiting more than 12 hours on trolleys. Despite these pressures, four-hour performance (the percentage of patients admitted, transferred, or discharged within four hours) improved by 4.4% from August to September 2025, with further improvement observed so far in October 2025 month-to-date (MTD). Ongoing internal actions aim to build on this progress, enhancing both patient safety and experience.

High attendances and limited patient flow from the Emergency Department (ED) continue to affect ambulance performance, with September handover times showing 24.5% exceeding 60 minutes, 38.9% completed within 30 minutes, and 6.8% within 15 minutes. The Trust recognises the impact of these delays on both hospital patients and community safety. Targeted actions and escalation are underway, including a review of processes and Standard Operating Procedures (SOPs) for ambulatory areas, alongside the refresh and relaunch of the Internal Professional Standards (IPS). There is also a renewed focus on the inpatient bed allocation process and timely patient transfers across the Trust.

A further review of the ambulance handover delay Standard Operating Procedure (SOP) is being undertaken to ensure prompt offloading and "pin off" procedures, supporting the rapid release of ambulance crews back into the community. Continued escalation and trust-wide oversight aim to deliver a unified response to these challenges. The Fit to Sit (F2S) process has been relaunched, and collaboration with system partners continues to strengthen the Intelligent Conveyance model and Hospital Ambulance Liaison Officer (HALO) attendance for system-wide support. Finally, to improve 12-hour performance across the Trust, action is being taken to optimise digital tools such as iBox, increase medical engagement, and explore further use of the Trust's Discharge Lounge.

WAHT

Our Emergency departments remain busy with the continuation of record high monthly attendances over the last six months becoming the new norm. Despite this sustained increase, our teams had decreased the number of delays exceeding 45 minutes to handover patients arriving by ambulance in July 2025 and August 2025, although following a challenging September 2025 this has not been sustained, but September's performance is not outside of common case variation. The 12 hours within department performance trend has also been the same. Our teams continue to push forward with our urgent and emergency improvement work through our 30-, 60-, and 90-day actions, which include the use of navigators and the introduction of new dashboards which are contributing to a more than 20% improvement in triage times, emergency access standard for patients streaming to General Practitioners (GPs) improving by over 4% and reductions in the length of stay in our departments. The focus moving forward is to realign resources to support our departments to improve our performance in seeing and treating our patients in a timelier manner overnight.

As an organisation and as part of a wider system, we continue with developing our winter plans and have recently taken part in a regional assurance event and have conducted a system-wide stress test of our plans. This has provided assurance about our current plans and mitigation but also identified some areas we can strengthen and improve further.

SWFT

SWFT achieved 75.7% in 4-Hour performance, 0.8% above trajectory. Type 1 4-hour performance dropped to 74% after an upward trend since April. Attendances continue on an upward trend and September had 4% higher attendances than last year. Surgical demand has also been higher across most specialties by up to 29% in General Surgery.

Out of Area demand, in particular from Rugby, increased by 12% with a high proportion of them being frail.
Care Home attendances have also been up by 15% compared to August and 40% higher than last year. This has resulted in additional pressure for beds and acuity was higher with LoS increasing.

Ambulance Handover times within 45 minutes remain good at 99%.

WVT

Although we remain behind on our 4-hour Emergency Access Standard (EAS) trajectory for September, overall, the last quarter, has been a significant improvement on the first quarter of the year. Our Type 1 EAS standard remains close to the national average for England with our Time to be Seen and treatment started within 1 hour of attendance remains one of the best in the Midlands Regions.

Our challenges in our admitted performance, which stands at 36% EAS, year to date (YTD). However, our non-admitted performs at 77% EAS with Minors at 96% EAS and Paediatrics at 94% EAS.

Due to being off trajectory, we are on National Tier 1 oversight with NHS England for recovery and have the support of the Emergency Care Intensive Support Team (ECIST) who are undertaking work with clinical and operational teams to support and enhance our ongoing workstreams to deliver our trajectory and our aim to get to 78% EAS by the March 2026.

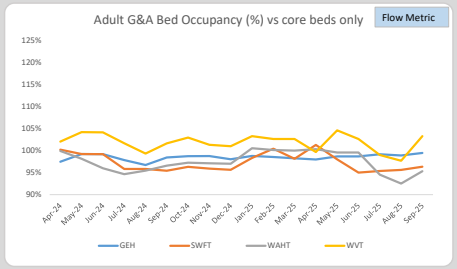
During September, we held a second round of Plan, Do, Study, Act (PDSA) "Launch or Learn" schemes aimed at improving patient flow, easing congestion in our Emergency Department (ED) and reducing the number of unconventional care and escalation beds across the Trust ahead of winter. These schemes are launching over October and November with the support of ECIST.

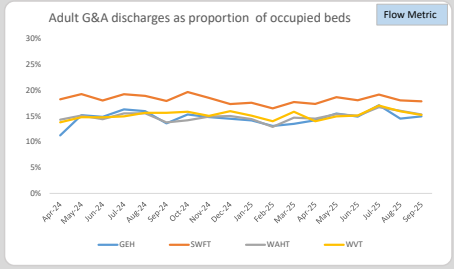
Foundation Group Key Metrics

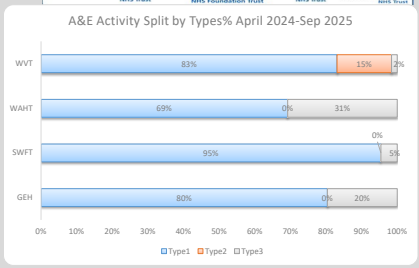
Urgent and Emergency Care 2

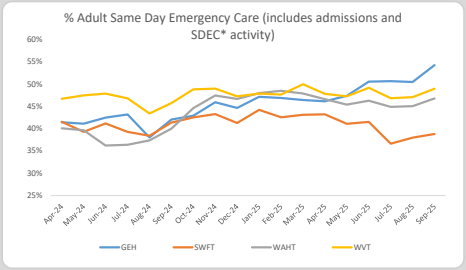
Group Analytics

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

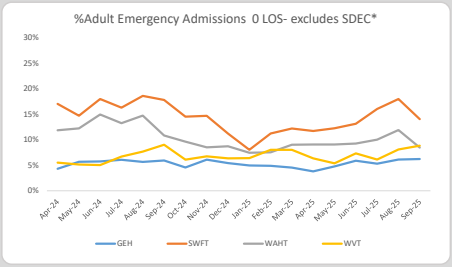




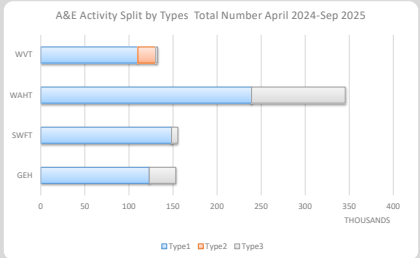




*Variation seen across Foundation group on the recording of SDEC activity



*Variation seen across Foundation group on the recording of SDEC activity



Narrative

GEH

Given the ongoing pressures of seasonal demand and consistently high bed occupancy, the Urgent and Emergency Care (UEC) Team has taken a proactive stance to effectively manage the risks associated with winter pressures. With several uncertainties anticipated in the coming months, strong collaboration across teams remains essential to ensure we can respond swiftly and effectively to emerging challenges. This collective effort aims to maintain safe, timely, and high-quality patient care throughout the winter period.

Funded Winter Schemes for Urgent and Emergency Care (UEC) include:
- Additional Registrar in the Emergency Department (ED) during twilight hours, seven days a week (commenced in September).
- Extended opening hours for the Urgent Treatment Centre (UTC) across five days per week (commenced in October).

Current UEC Actions Supporting Pressure Management:
- Implementation of advanced streaming to separate minor illnesses and injuries from major emergency cases.
- Exploring enhanced medical staffing in the Surgical Assessment Unit (SAU) and Same Day Emergency Care (SDEC) units to support rapid assessment and treatment.
- Ongoing monitoring of triage and treatment times to ensure extra support during peak demand periods.

Expected Outcomes:
Reduced Emergency Department (ED) crowding, shorter waiting times, and an overall improvement in patient experience.

WAHT

Occupancy continues to be challenging and in October we had planned to close our pathway discharge unit (PDU). However, due to the pressures experienced in October, we still have temporary escalation spaces open, so an urgent review of the plans is underway. Failure to close PDU will place an additional cost pressure on the Trust. We are working closely with our community hospitals to reinvest some of the savings made by closing their additional capacity into pathways support procured when needed through the winter months. The single point of access and the internal patient discharge and flow, and flow transformation programmes continue to pilot or embed initiatives such as Hospital at Home, Virtual Wards and Out by five.

SWFT

Over the past few months, the Trust's project teams have been working with Emergency Operational and Clinical colleagues to start implementing more Same Day Emergency Care (SDEC) units, with Early Pregnancy and Acute Gynaecology Unit (EPAGU) and Paediatric Assessment Unit (PAU) going live recently and with Surgical Assessment Unit (SAU) and Frailty Assessment Area (FAA) being lined up next. The Trust has undertaken a review of its SDEC areas and the activity that is taking place within them, as part of the move to start reporting Same Day Emergency Care under the Emergency Care Data Set.

Due to the continued increased demand in Emergency activity at Warwick Hospital, SDEC areas continue to be used and had to be bedded on some days due to the additional challenges in ED.

WVT

Our ongoing high bed occupancy, through both increased emergency admissions and timely discharges, remains a key focus for this winter and beyond.

The work with ECIST, along with our "Launch and Learn" schemes, includes maximising Senior Nurse Navigation at our front door correctly on internal and external pathways, along with ensuring that the criteria and processes for streaming to our five Same Day Emergency Care (SDEC) Pathways ahead of the capital rebuild to triple the size of our medical SDEC at the end of February 2026.

In Herefordshire, we have commenced system focus on enhanced support to care homes, particularly around falls and an ongoing system focus to reduce overstays in Discharge to Access (D2A) pathways.

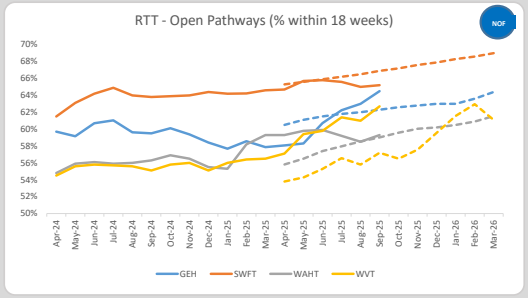
Powys discharge delays remain a concern with increased levels of bed days lost in September which were as high as the winter period and the increased Length of Stay (LOS) compared with Herefordshire patients. Our concern around the impact of Powys Discharge delays and the impact on our delayed discharges have been escalated as part of our Tier 1 UEC meeting with NHS England. We continue to meet with Powys Health Board and Powys Local Authority colleagues to support working through their admission avoidance and discharge plans and our teams have agreed Test of Change schemes related to direct access to Powys community services from our Frailty SDEC and redirecting patients to their Single Point of Access.

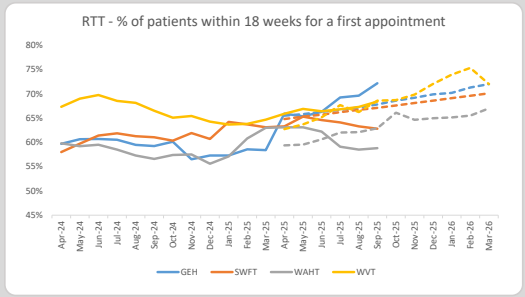
Foundation Group Key Metrics

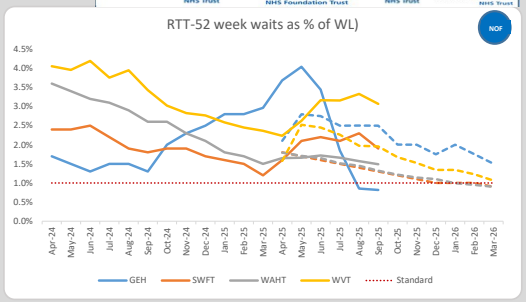
Referral to Treatment (RTT) performance - English patients

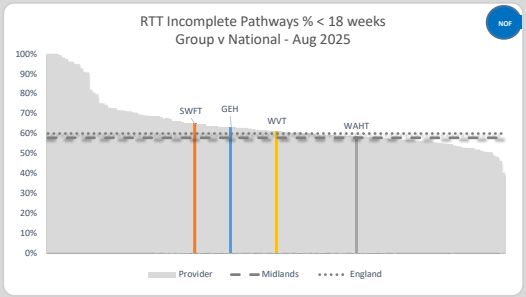
Group Analytics

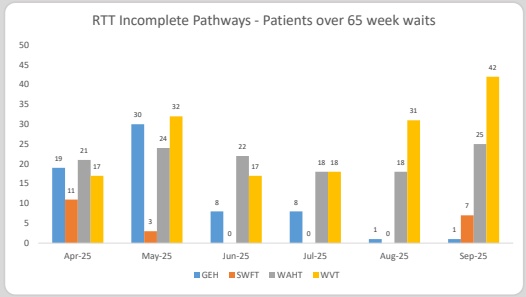
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

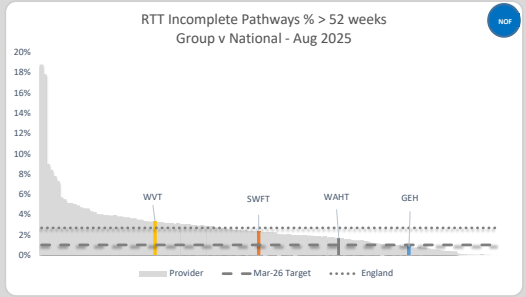












Narrative

GEH

Referral to Treatment (RTT) performance has continued to make steady progress throughout Quarter 2. The number of 52-week breaches has reduced significantly, including in Children and Young People (CYP), and is currently better than the planned trajectory. This improvement is largely supported by ongoing Ear, Nose and Throat (ENT) insourcing, which is facilitating approximately 480 additional appointments each month. Work has now begun to develop a sustainable ENT service across SWFT and GEH. In addition, General Surgery teams have successfully continued delivering Waiting List Initiatives (WLIs) for surgical treatments.

Overall, RTT performance has improved during Q2 and remains above the expected trajectory. Several medical specialities are nearing 72% performance and have been asked to improve by 5% to contribute to the broader RTT improvement. While CYP RTT performance has dipped slightly, recent validation has highlighted some training issues around diagnostic referrals, and we anticipate performance will improve in the next quarter.

Challenges around the size of our Patient Tracking List (PTL) remain, with numbers consistently above 20,000 patients. The validation team continues to dedicate one focused day per week, targeting different patient cohorts. Despite this, the number of removals and additions remains steady. Key issues identified through validation include delays in patient outcomes, incomplete letters, and treatments not being closed correctly. These matters are being addressed directly with individuals and teams.

WAHT

At the end of September 2025, 59.3% of patients, of a waiting list of 57,391, were waiting less than 18 weeks for their first definitive treatment. This continues the recent trend of significant improvement, but the year-end target is not yet achievable without further change.

The number of patients waiting over 52 weeks is 1.49% of the total waiting list.

4 specialties (ENT, Gastroenterology, Trauma and Orthopaedics (T&O) and Oral and Maxillofacial Surgery (OMFS)) with 52-week waiters contribute 94% of patients to the Trust's overall position.

In August's NHSE RTT publication, WAHT benchmark in the upper quartile of performance with 1.57% of the waiting list over 52 weeks. Our surgical specialties have made significant improvements in treating some of our longest wait patients and are now progressing with plans to reduce the number of patients waiting for more than 52 weeks. As a result of a shortfall in our gastroenterology service, patients are experiencing longer waits to receive treatment than we would want. However, the service has recently been successful in gaining support to recruit two additional consultants to meet our growing demand in this area and the team are taking more immediate actions to increase capacity in the short term whilst the recruitment process progresses.

SWFT

The proportion of patients under 18 weeks at the end of September was 65.2%, up by 0.2% from August; the % under 18 weeks has generally been improving since the drop in 2023.

RTT performance remains in line with the agreed trajectory, with validation down to 12 weeks, improving weekly and now at 78%.

The percentage of patients waiting over 52 weeks, as a comparison of the total waiting list, dropped under 2% for the first time in several years, and at the end of September was 1.9% compared to 2.3% in August. Backlog clearance is back on track but remains higher than the submitted trajectory. The bulk of waits over 52 weeks remain with dermatology.

Recent months have also seen a reduction in the overall waiting list size, down 760 since June and now at 32,630. Long waiters: from our August submission there were zero at 104 weeks, zero at 78 weeks, 7 at 65 weeks however a decrease to 624 for over 52 weeks.

WVT

Overall referrals are 4% above plan and 14% compared to the pre-COVID baseline in 2019/20. Urgent referrals continue to grow, being around 30% higher than pre-COVID levels and over 6% above plans for this year.

The 52-week position has been decreasing from reaching its peak in August at over 800. At the end of September, 693 English patients were waiting over 52 weeks and there are plans in place to get back on to the planned trajectory by the end of December. The most challenged specialties are orthopaedics and ENT with plans in place to get down close to zero by March 2026.

Our remaining issues around 65 week breaches are driven by workforce issues in our breast service, ongoing issues with cornea transplant tissue patients, capacity within Audiology and the changes to the pathway from ENT, that will be resolved in the next Quarter and Foot and Ankle surgery capacity that we are seeking mutual aid across the Foundation Group for support and insourcing locally.

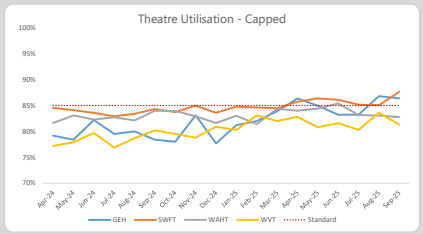
The overall waiting list size reached a peak in April at 23,349 and has fallen 4.5% to 22,288 by mid October. RTT patients being seen within 18 weeks is well above plan and is currently at 62.2%, having started April at 56.4%.

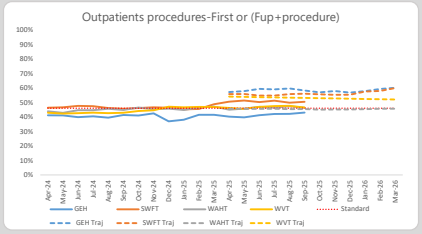
Foundation Group Key Metrics

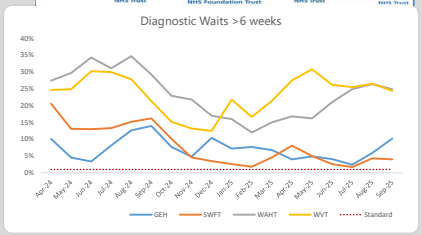
Theatre, Diagnostics and Outpatients

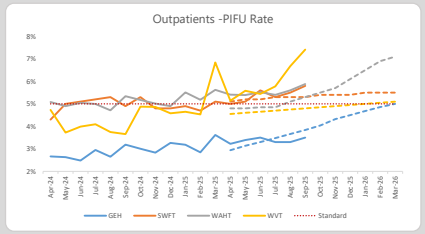
Group Analytics

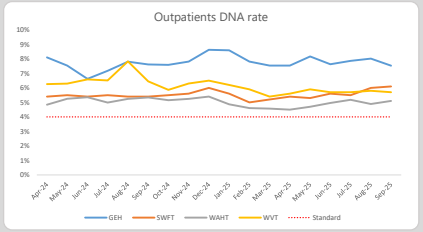
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

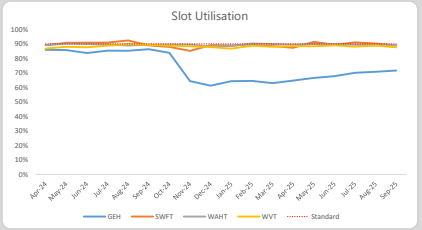












Narrative

GEH

PIFU – September 2025 – 763 patients at George Eliot Hospital (GEH) were transferred to the "Patient Initiated Follow Up" (PIFU) pathway, representing 3.6% of eligible patients. GEH anticipates that 397 follow-up slots will be or have already been released.

DNA – Did Not Attend – Missed outpatient appointments increased from 1,558 in August 2025 to 1,738 in September 2025, a rise of 7.6% (GEH Outpatient Business Intelligence data). Volunteers are now making targeted calls to patients with an Outpatient Follow-Up Appointment (OPFA) and to those identified as most likely to miss appointments using Informatics-generated data. September 2025 saw 605 OPFA DNAs, resulting in an estimated lost income of £105,879.00.

Clinic Utilisation – September 2025 – Overall clinic utilisation was 72.1%. The Outpatient (OP) Improvement Group now reviews clinic utilisation fortnightly, focusing on under-utilised clinics flagged via the OP BI Dashboard. Clinics currently under review include: Respiratory – 55.8%, Haematology – 57.7%, Gynaecology Oncology – 55.3%, Palliative Care – 56.3%, Plastics – 73.2%, and Diabetes – 73.2% (data as of 17/10/2025). Directorates have been asked to analyse their data to identify the reasons for lower utilisation.

3.5/4 Hour Sessions – Clinic Template Review – Nine specialities have now implemented revised clinic templates, generating a Potential Yearly Earnings (PYE) income of £739,600.00 and an additional 3,554 OPFA slots. One speciality is preparing to go live on 01/11/2025, expected to add £28,628.00 PYE and 84 OPFA slots. Eleven specialities have outstanding queries, seven of which are expected to go live by 01/11/2025, potentially adding £690,577.00 PYE (additional OPFA slots to be confirmed). Overall, the project anticipates a total PYE income of £1,340,934.00 with approximately 3,638 additional OPFA slots. Eleven remaining specialities are currently on hold or excluded from this project.

Theatre Improvements – Theatre utilisation has improved due to a focus on orthopaedic lists and reduced on-the-day cancellations. A pilot for "diamond patients" in orthopaedics has been successfully implemented. Comparing January–September 2024 and 2025, utilisation has improved: in 2024, utilisation exceeded 80% on only two occasions, whereas in 2025, it has consistently remained above 80%, averaging 84.2% (compared to 78.4% in the same period in 2024).

WAHT

Services are performing well with good use of patient-initiated follow-ups, Did Not Attend (DNA) advice and guidance and minimising waste with a variety of strategies including text reminder services to patients. Our theatre productivity programme continues to deliver improvements in the use of theatre facilities, supporting us to treat more patients through improved utilisation and reducing waste. The continuing focus is on reducing cancellations (hospital and patient) on the day and up to 3 days prior to the TCI(To Come In).

We continue to look at alternative and new ways of working more efficiently in both outpatients and theatres, including scoping alternative use of digital solutions and linking in with volunteer services.

The current focus for Outpatients is on standardisation of clinic templates and the use of TPro (and Ambient Voice in the near future) to improve letter generation and clinical-note taking, and there is a data cleansing project commencing on the follow-up waiting list.

SWFT

The Trust's Theatre Utilisation Capped rate in September is at an all-time high of 87.6%, and follows 18 months of steady improvement. This follows on from the establishment of the Look Back and Forward look meetings, which continue to be well attended. The new format has been in place for a while and provides much more detailed information relating to the usage of the theatres and any issues that may arise.

A new cancelled on the day report is being trialled, and this should help improve data quality in ORMIS and Lorenzo as well as a clear report of any cancelled patients which will help with QMCO return, and the number dropped to 24 from 42 in September.

The DNA Rate at SWFT for the Quarter has increased to an average of just below 6%, which is an increase of 0.4% compared to the previous three-month reporting period. Reduction of the DNA rate continues to be a focus of the Trust's Out-Patient Transformation Board, and during this period of time, the trust has been undertaking some DNA PDSAs (Plan Do Study Act) targeting specific groups of patients, which will hopefully have a positive outcome on the trust's overall DNA performance. The Trust also continues to work on the development of its DNA Predictor reporting tool, which attempts to identify future DNAs and works with the volunteer organisation Help force, to contact these patients.

Improvements in PIFU continue to progress at SWFT, with a peak of 5.8% coming in September, which was the highest level that has been reached by the Trust. Work is underway to continue to enhance PIFU utilisation within the trust, with targeted workshops being undertaken.

WVT

Work has progressed on maximising outpatient clinic capacity and the Trust was recently able to report nationally, though the Getting It Right First Time Faster Further workstreams, an increase of over 3,000 patients per annum by increasing clinic template sizes across a number of specialties.

The type of activity being undertaken in clinics is being fully maximised too, with the Trust being comfortably above the national target of 46% for news or follow-ups with a procedure averaging 48.4% since April.

PIFU rates have risen steadily since April to a high point of 7.4% in September. There are no speciality outliers now in terms of expected performance, but services will continue to ensure that outcoming patients in this manner will continue to be seen as a priority.

DNA performance has remained at a fairly consistent level of just under 6% for the year, which compares well nationally but still leaves some room for improvement. The Trust continues to target poorer performing areas for more service-specific solutions, including using volunteers for contacting patients using phones.

There was a reduction in overall theatre utilisation in September, decreasing from 83.6 percent in August to 81.3 percent. Work is ongoing with services showing lower utilisation, specifically Podiatric Surgery and Plastics. These discussions aim to identify the root causes and implement actions to improve performance.

Despite the drop in utilisation, productivity indicators have improved. The average number of patients per list increased from 3.4 in August to 3.5 in September. There was also a month-on-month increase of 253 completed cases. The Federated Data Platform project is now in progress. Initial engagement has begun in the identified pilot areas, ahead of the specialty-specific training phase.

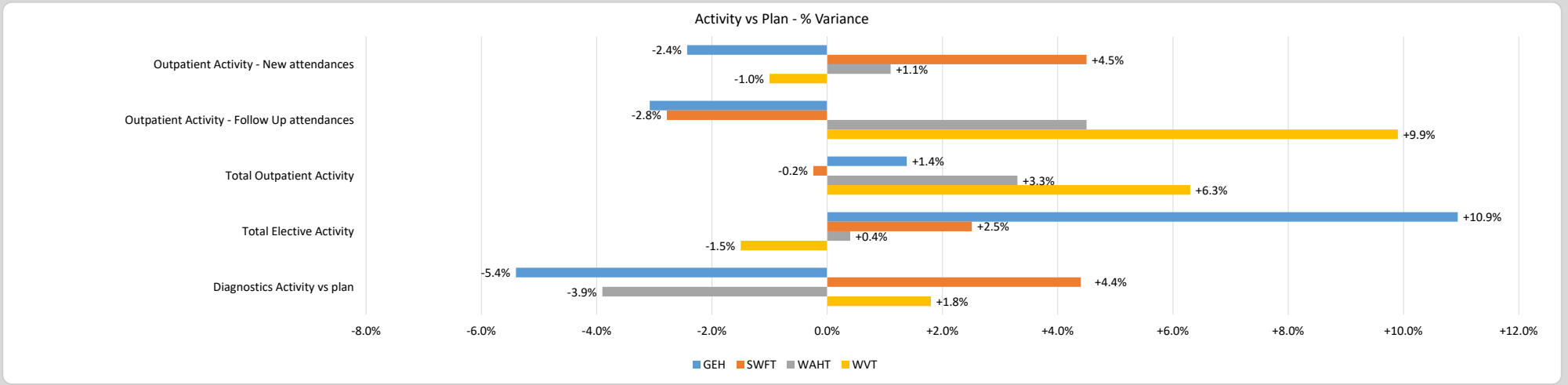
Foundation Group Key Metrics

Activity Volume vs Plan variance

Group Analytics

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

% variance -Activity Volume vs Plan YTD 2025-26	GEH	SWFT	WAHT	WVT
Outpatient Activity - New attendances	-2.4%	+4.5%	+1.1%	-1.0%
Outpatient Activity - Follow Up attendances	-3.1%	-2.8%	+4.5%	+9.9%
Total Outpatient Activity	+1.4%	-0.2%	+3.3%	+6.3%
Total Elective Activity	+10.9%	+2.5%	+0.4%	-1.5%
Diagnostic Activity	-5.4%	+4.4%	-3.9%	+1.8%



Narrative

GEH

September saw encouraging progress in outpatient activity across the Trust, with several targeted initiatives driving this improvement. Work on clinic templates has begun, which will introduce additional new slots to ensure full four-hour clinical sessions. Extra sessions in General Surgery, alongside ongoing insourcing activity within Ear, Nose and Throat (ENT) services, have made a noticeable difference. In T&O, a focused effort on specific procedures—especially the four major elective cases—has helped increase elective activity, contributing significantly to the overall uplift in Elective Recovery Fund (ERF) performance for the month.

Despite these gains, there remains substantial opportunity for further improvement. Our current booking utilisation key performance indicator (KPI) sits at approximately 80% across the Trust. While this provides a solid foundation, it also signals untapped potential within our existing capacity. Through more efficient planning and closer engagement, we can continue to enhance utilisation and drive even higher productivity.

WAHT

The activity is slightly below the plan for Outpatient News, Elective Inpatients and Day cases. There are discussions regarding recovery plans for making up the deficit, without incurring costs. These discussions are aligned to the productivity and efficiency requirements also.
Diagnostics is below the plan, in part due to a planning error (an incorrect currency for Radiology), the plan in full is unlikely to be delivered.

SWFT

The overall out-patient activity level against plan is on track, but within the breakdown it's clear to see that the number of out-patient first attendances is up, whilst the number of follow-ups have reduced. This trend is as a result of work within the Trust to try and reduce the number of follow-up events to create additional capacity to book in more first attendances. This complies with the instruction from NHS England to have this change in activity profile, to reduce the number of events that might have limited clinical value and to increase the number of new attendances to tackle waiting list numbers.

Elective activity is above plan, mainly due to an increase in day case activity, which has helped in reducing the Trust's Referral to Treatment (RTT) waiting list and long waiters.

WVT

Overall Activity levels remain, broadly, on plan with Operational Planning level for 2025/26 and in line with income levels. During August there was slight slippage in our plans, mainly driven by challenges in endoscopy activity, but over September we were able to bridge a majority of this shortfall, to just 250 overall electives behind plan.

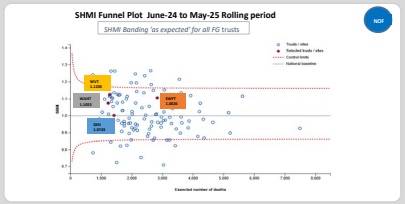
Local divisional plans during October have seen us reduce this even further through increased productivity schemes through theatres and an increase in endoscopy sessions in line with increased recruitment into our gastroenterology team and increased sessions across 5 days of the week at our endoscopy unit at Ross-on-Wye Community Hospital.

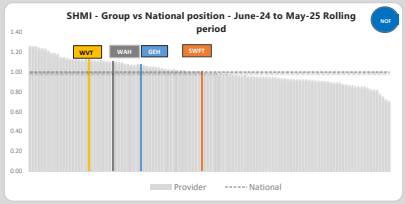
Foundation Group Key Metrics

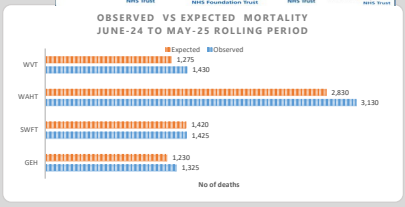
Quality -SHMI, Healthcare associated infections

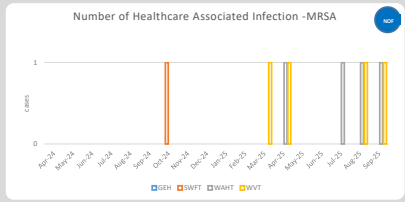
Group Analytics

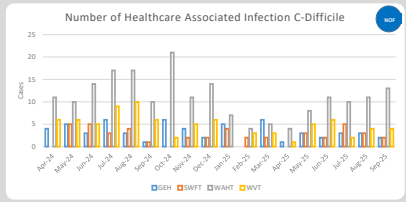
NHS George Eliot Hospital NHS Trust | NHS South Warwickshire University NHS Foundation Trust | NHS Wye Valley NHS Trust | NHS Worcestershire Acute Hospitals NHS Trust

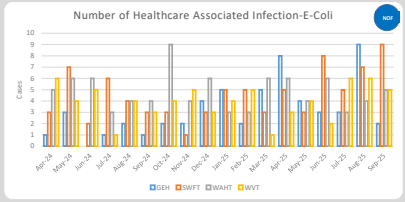












Narrative

GEH

The Summary Hospital-level Mortality Indicator (SHMI) for the latest period, from June 2024 to May 2025, stands at 1.07, which falls within the expected range and is consistent with the previous reporting period (May 2024 to April 2025), also at 1.07. The total number of observed and expected deaths has remained unchanged. Notably, 71% of deaths occurred in a hospital, surpassing the England average of 69%.

The Fracture of the Neck of Femur continues to be an outlier, with an SHMI of 174. Structured Judgement Reviews are currently underway to identify areas for learning. This project is part of a larger effort to improve Fracture Neck of Femur (#NoF), which has been compared to the National Hip Fracture Database. The #NoF improvement plan addresses the entire patient pathway and is being monitored and reported through the Mortality and Deteriorating Patient Group, with oversight provided by the Quality Assurance Committee.

SHMI analysis indicates an increase in the number of unassigned site codes. This information has been discussed at the Mortality and Deteriorating Patients Group, and the Coding Team is assessing its potential impact on co-morbidity scores and the expected mortality rate. The group is confident that the overall SHMI at the Trust has not been affected. Ongoing monitoring will take place moving forward.

The Trust has reported zero cases of healthcare-associated (HCA) MRSA in quarter 2 and year to date. For Clostridioides difficile (C. diff.) cases, the Trust has reported 13 HCA. C. diff. incidents at the end of quarter 2, representing a significant decrease from the 22 cases reported at the end of quarter 2 in 2024-25. It has been acknowledged that lessons learned from cases in 2024-25 are being utilised as good practice in reviews conducted this year, providing assurance that shared learning is being implemented. There remains a focus on antimicrobial prescribing, as compliance with clinical indication documentation continues to be a common theme.

E. coli cases persist as a challenge, with an increase in reported case numbers both in HCA settings and in the community. At the end of quarter 2, the Trust reported 29 HCA cases, compared to 8 cases reported at the end of quarter 2 in 2024-25. Regionally, there is a noted increase in gram-negative infections, and some regional improvement initiatives are planned.

Post-infection reviews for HCA cases have been delayed due to the availability of medical and microbiology personnel; however, these reviews are now in progress, and the learning outcomes are being extracted and shared. Additionally, there is ongoing work to improve the Trust's blood culture process.

WAHT

Our latest SHMI (June 2024 to May 2025) is 1.11 and comfortably within the realm of the SHMI model (Nb. We're currently 160+ 'unexpected' deaths below the control limits).

The recent rises in our SHMI are mostly driven by a reduction in the 'expected' number of deaths, which in turn is related to the transfer of SDEC activity from the inpatient SUS/HES dataset on which the SHMI relies. NHSE are aware of this impact. Whilst our overall SHMI is well within the expected range, the SHMI at the ALX continues to move towards the edge of the control limits. At present, the ALX is approximately 12 'unexpected' deaths away from its control limits. And the direction of travel/lag in our SHMI suggests that we may soon see the ALX having a 'higher than expected' SHMI (Nb. a paper is going to our QGC regarding this).

Much of this can be explained in terms of a combination of patient case-mix and the nature of the conditions treated at the ALX (i.e. mostly under General medicine). This is further exacerbated by the transfer of activity type for SDEC.

Urinary tract infection (UTI) is the only condition (out of ten) with a 'higher than expected' SHMI. Acute bronchitis, fluid + electrolytes, secondary malignancies, lung cancer, neck of femur fracture (NOF) and pneumonia all have elevated SHMIs (albeit not statistically so).

This hints at a frailty aspect to our mortality, particularly in respect of those deaths that are out-of-hospital/within 30 days of discharge for which we are something of an outlier and have investigated exhaustively (inc. recent end-of-life audit).

In more positive news, sepsis, acute myocardial infarction, and gastrointestinal haemorrhage all have slightly reduced SHMIs (i.e. <1).

SWFT

The latest 12-month rolling Summary Hospital-level Mortality Indicator (SHMI) – HES, based from June 2024 to May 2025, shows the Trust at 1.00, remaining within national control limits (0.86–1.16) and demonstrating sustained improvement from 1.03 in 2023/24. The latest crude mortality rate for March 2025 was 1.12% for all admissions. Overall, SHMI performance remains firmly within control limits, reflecting consistent and improving mortality outcomes in line with national expectations. While condition-specific RAMI(Risk adjusted mortality measures) indicators show some fluctuation, these are well understood and is under active review by the Mortality Surveillance Committee (MSC). Clinical reviews provide assurance that current variation is primarily due to case-mix, documentation, and coding factors rather than deficiencies in care. The Trust continues to strengthen documentation quality, coding accuracy, and learning through the Learning from Deaths (LfD) framework, supported by ongoing governance and digital improvement work to sustain transparency and improvement in mortality outcomes.

WVT

The latest 12 month rolling SHMI (HES Based) from July 2024 to June 2025 shows Wye Valley NHS Trust at 113.
The latest crude mortality rate for September 2025 was 1.66% for all admissions, which equates to 71 deaths.

Over the past few months, our key mortality outlier groups have been significantly affected by a large portion of un-coded episodes for the months of May and June 2025. This has subsequently resulted in a significant drop in the numbers of spells accounted for each group and consequently a much lower number of expected deaths for each area. Even with many of the groups reporting a lower than average number of deaths for these months, the SHMI will be showing as much higher. There is a clear plan of action with regard to our levels of clinical coding, which aims to ensure all patients are coded appropriately and that the level of expected death is an accurate reflection of our population. A summary of the key actions and areas for investigation are listed below. Please note that some of this work will be undertaken and supported by IQVIA (an external company supporting our clinical coding team).

Key areas for investigating and further learning:

* Understand the proportion of Powys patients with low Charlson score index.
* Review patients within the Charlson Index grouping 4 – 5.
* Identify patients with a high SHMI for review, which would indicate the potential for missed co- morbidities within their episode.
* Review of the 'front door' documentation to ensure the diagnosis is captured appropriately. Poor or incorrect documentation can lead to lower weighting.
* Audit of the cohort of patients with the primary diagnosis of senility grouping to ensure that they are coded correctly.
* Review and benchmark of local performance with primary diagnosis as a symptom.
* Review of the 10-point plan from ECIST, specifically with the aim of reducing the number of FCE within the first 72hrs.

Quality improvements work continues to improve outcomes for patients with fracture neck of femur and sepsis.

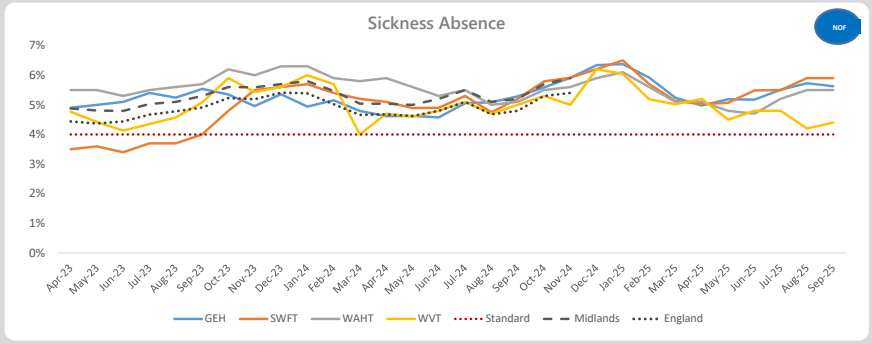
Foundation Group Key Metrics

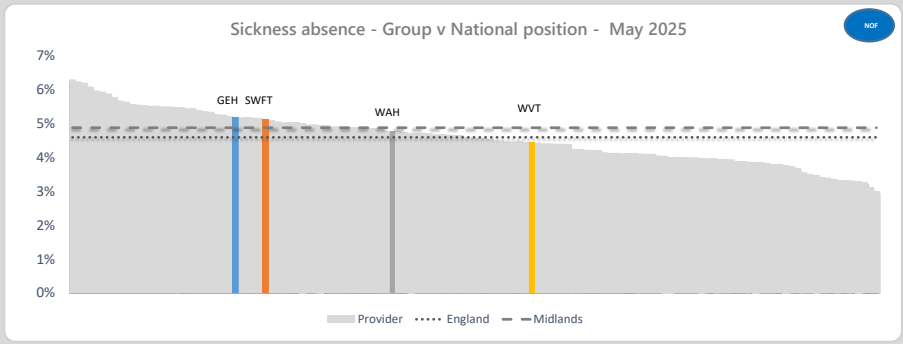
Sickness Absence All Staff Groups

Group Analytics

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

Trust	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
GEH	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.6%	4.6%	4.6%	5.1%	5.1%	5.3%	5.6%	5.9%	6.3%	6.4%	5.9%	5.2%	5.0%	5.2%	5.2%	5.5%	5.7%	5.6%
SWFT	4.0%	4.8%	5.5%	5.6%	5.7%	5.4%	5.2%	5.1%	4.9%	4.9%	5.3%	4.8%	5.2%	5.8%	5.9%	6.2%	6.5%	5.7%	5.1%	5.0%	5.1%	5.5%	5.5%	5.9%	5.9%
WAH	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.1%	5.1%	4.8%	4.7%	5.2%	5.5%	5.5%
WVT	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5.3%	5.0%	6.2%	6.1%	5.2%	5.0%	5.2%	4.5%	4.8%	4.8%	4.2%	4.4%





WTE workforce figures -September 2025	GEH	SWFT	WAHT	WVT
Clinical WTE Establishment	2,194	4,292	5,881	3,160
Clinical WTE Actual	2,122	4,477	5,504	2,913
Non-Clinical WTE Establishment	947	1,216	1,766	862
Non-Clinical WTE Actual	894	1,155	1,625	854

Narrative

GEH

Sickness

Sickness absence remains above the Trust target, currently reporting at 5.6%. The seasonal vaccination programme has now started, with weekly updates being shared across the organisation to promote wellbeing options and support staff health, particularly as we move into the winter months. Within the Trust's Corporate Performance Improvement Programme (CPIP) for the workforce, planned interventions are progressing, though slightly later than originally anticipated, which has affected key deliverables and projected savings. Plans remain in place to mitigate any future delays in the programme. Additional strategies to reduce absence have been identified through collaboration with other Trusts, sharing best practice and exploring how George Eliot Hospital (GEH) can enhance current processes to improve attendance. The workstream will also focus on strengthening management support, setting clear attendance targets, and implementing timely interventions at all stages. Occupational Health (OH) service provision continues to be reviewed to explore sustainable long-term solutions.

Whole Time Equivalent (WTE) Clinical

Efforts continue to close clinical vacancy gaps through ongoing recruitment activity, closely monitored via the Finance, Performance, and Efficiency (FPE) framework. Recruitment trajectories are designed to reduce reliance on temporary staffing. Changes to temporary staffing rates, aligned with agency spend, may influence usage in the future, with the goal of promoting permanent appointments into vacant posts wherever possible.

WTE Non-Clinical

There has been a slight reduction in non-clinical roles due to the requirement for vacancy panel approval, which involves Executive oversight before roles can be advertised. Many positions will not be filled, with alternative solutions considered where appropriate. This approach remains in place to support the corporate transformation programme, aiming to reduce non-clinical roles and restore the workforce to levels seen in 2019/2020.

WAHT

Monthly sickness absence has increased by 0.07% from last month to 5.52%. This is 0.47% worse than the same month last year. The % of absence attributed to stress has reduced to 29.43% of total sickness. Corporate are outliers although reduced to 42%. The highest sickness levels are in Estates and Facilities (long term sickness reduced but still high at 3.91%). This group is nationally historically higher than other staff groups, but we slipped into Quartile 4 (worst) on Model Hospital in June 2025 for this group.

SWFT

The sickness absence rate for the Trust stayed at 5.9% for September 2025 and remains above target, and the last three months have been higher than the rates seen during the spring and also much higher than the rates seen over the same period the year before.

The top three reasons for sickness absence are anxiety/stress/depression/other psychiatric illnesses, cough, cold, flu and other musculoskeletal which account for more than 50% of total absences. Most recently there has been an increase in cases of cold/flu and Covid, which indicates an early start to the flu season, and which is putting some services under stress already.

Reducing sickness absence across the organisation remains a key focus with actions in place across the Trust to ensure all robust and proactive management of cases, providing additional operational support to managers, as well as undertaking deep dives to understand any absence trends for areas with high absence rates.

WVT

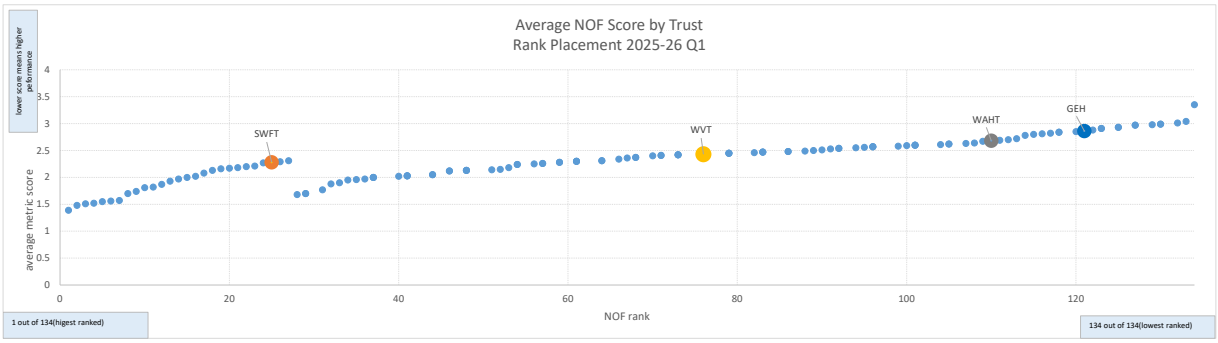
With the introduction of the revised absence policy and more robust management, sickness absence stands at 4.4 % with Long Term Sickness at 2.25% and Short Term sickness at 2.17%. We are now seeing the lowest rates of sickness absence at the Trust. The main reasons for sickness absence are colds/flu, mental health conditions, gastro and pregnancy-related illness. We will continue to take appropriate management actions to reduce sickness in line with our refreshed absence policy and this remains a priority area for HR and line managers. Occupational Health (OH) and senior nurses are leading the flu vaccination programme for the Trust and we are participating in a national NHS study on sickness absence with researchers from King's College London.

NHS Oversight Framework (NOF) Acute KPIs

Period Covered: 2025-26 Q1; Latest Month June 2025
Data Extract Date: 9th September 2025

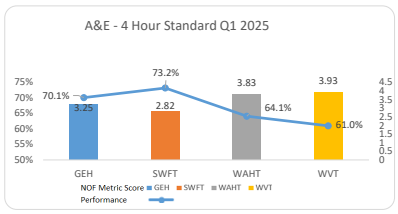
Group Analytics

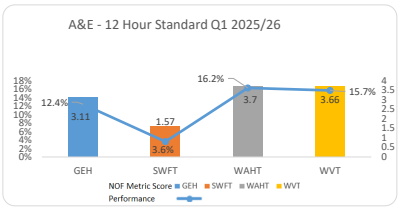
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust



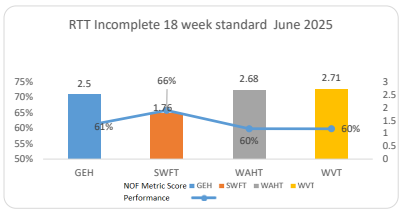
Access To Service

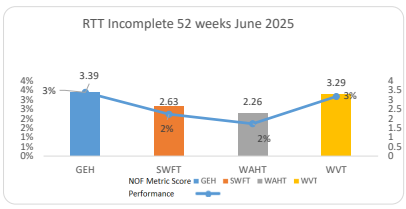
A&E



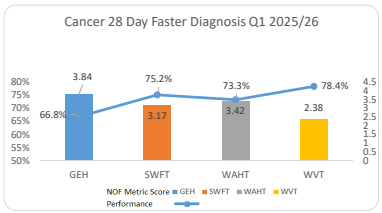


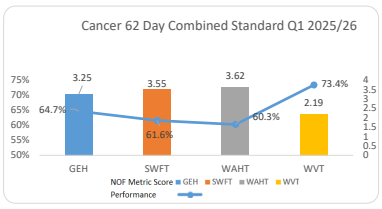
RTT



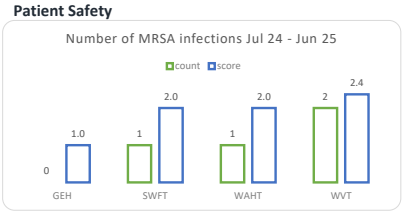


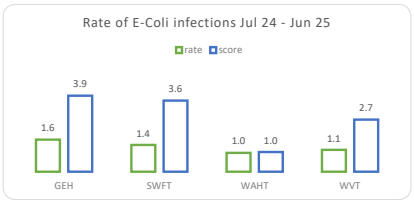
Cancer

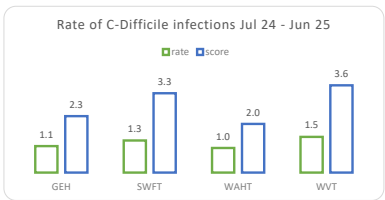




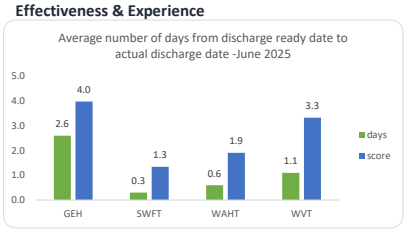
Patient Safety



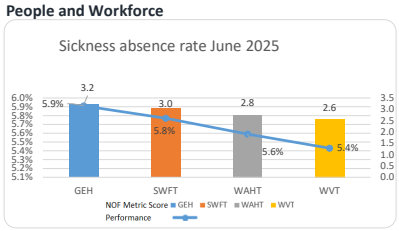




Effectiveness & Experience



People and Workforce



Finance-Planned surplus/deficit 2025/26

Trust	percent	score
GEH	-4.1	4.0
SWFT	0.5	1.0
WAHT	-6.5	4.0
WVT	-7.0	4.0

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

NHS Oversight FrameWork Acute KPIs

Period Covered: 2025-26 Q1; Latest Month June 2025
Data Extract Date: 9th September 2025

Group Analytics

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

Metric	Period	Units	GEH	SWFT	WAHT	WVT
Access to Services						
Cancer 62 Day Combined Standard	Q1 2025/26	percent	64.7	61.6	60.3	73.4
		score	3.3	3.6	3.6	2.2
Cancer 28 Day Faster Diagnosis	Q1 2025/26	percent	66.8	75.2	73.3	78.4
		score	3.8	3.2	3.4	2.4
RTT Incomplete 18 week standard	Jun 25	percent	60.7	65.8	59.9	59.8
		score	2.5	1.8	2.7	2.7
RTT Incomplete 52 weeks	Jun 25	percent	3.4	2.2	1.7	3.2
		score	3.4	2.6	2.3	3.3
A&E - 4 Hour Standard	Q1 2025	percent	70.1	73.2	64.1	61.0
		score	3.3	2.8	3.8	3.9
A&E - 12 Hour Standard	Q1 2025/26	percent	12.4	3.6	16.2	15.7
		score	3.1	1.6	3.7	3.7
Effectiveness and experience						
Average number of days from discharge ready date to actual discharge date (including zero days)	Jun 25	days	2.6	0.3	0.6	1.1
		score	4.0	1.3	1.9	3.3
CQC inpatient survey satisfaction rate	2023	score	2.0	2.0	2.0	2.0
SHMI	Apr 24 - Mar 25	score	2.0	2.0	2.0	2.0
Patient Safety						
MRSA infections	Jul 24 - Jun 25	count	0.0	1.0	1.0	2.0
		score	1.0	2.0	2.0	2.4
Rate of C-Difficile infections	Jul 24 - Jun 25	rate	1.1	1.3	1.0	1.5
		score	2.3	3.3	2.0	3.6
Rate of E-Coli infections	Jul 24 - Jun 25	rate	1.6	1.4	1.0	1.1
		score	3.9	3.6	1.0	2.7
People and Workforce						
Sickness absence rate	Q4 2024-25	percent	5.9	5.8	5.6	5.4
		score	3.2	3.0	2.8	2.6
Finance						
Combined finance	Q1 2025/26	score	4.0	3.0	3.0	2.0
		percent	-4.1	0.5	-6.5	-7.0
Planned surplus/deficit	2025/26	score	4.0	1.0	4.0	4.0
Variance year-to-date to financial plan	Month 3 2025	percent	-2.1	-1.7	-0.1	0.1
		score	4.0	4.0	2.0	1.0

NHS Oversight FrameWork Segmentation and Scores Top level

Period Covered: 2025-26 Q1; Latest Month June 2025
Data Extract Date: 9th September 2025

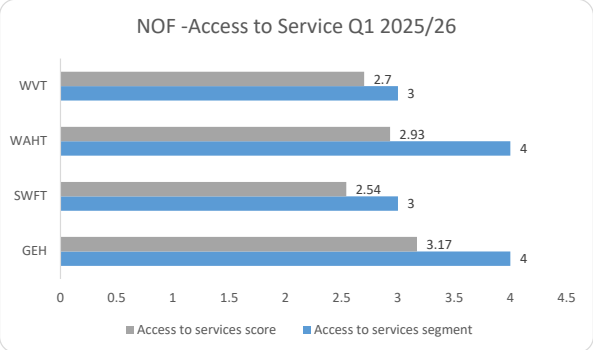
Group Analytics

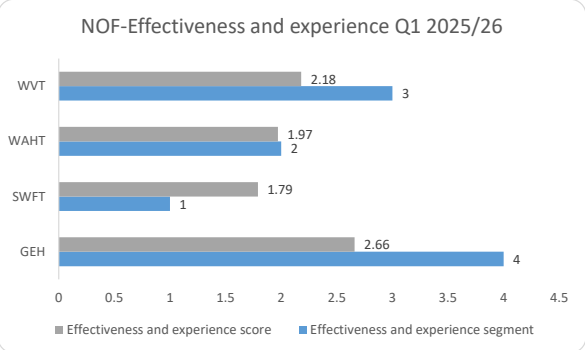
George Eliot Hospital NHS Trust | South Warwickshire University NHS Foundation Trust | Wye Valley NHS Trust | Worcestershire Acute Hospitals NHS Trust

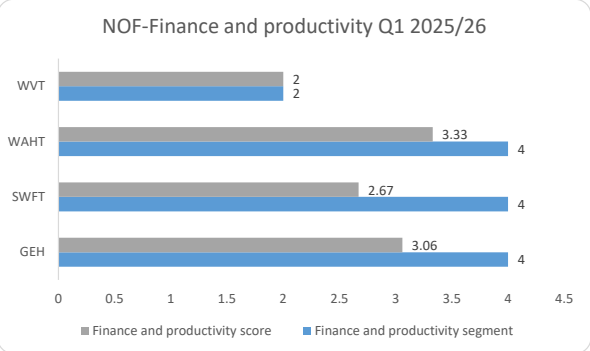
Trust	Trust Type	NOF Segment	Score	Rank (1-134)	Trust in Financial deficit
GEH	Acute – Small	4	2.86	121	Yes
SWFT	Acute – Teaching	2	2.28	25	No
WAHT	Acute – Large	4	2.68	110	Yes
WVT	Acute – Multi-Service	3	2.43	76	Yes

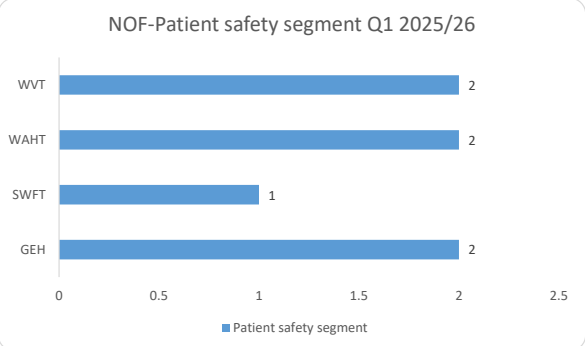
Segmenation of focussed performance araes	GEH	SWFT	WAHT	WVT
Access to services	4-low performing	3-Below Average	4-low performing	3-Below Average
Finance and productivity	4-low performing	4-low performing	4-low performing	2-Above Average
Effectiveness and experience of care	4-low performing	1-High performing	2-Above Average	3-Below Average
Patient Safety	2-Above Average	1-High performing	2-Above Average	2-Above Average
People and workforce	2-Above Average	2-Above Average	3-Below Average	2-Above Average

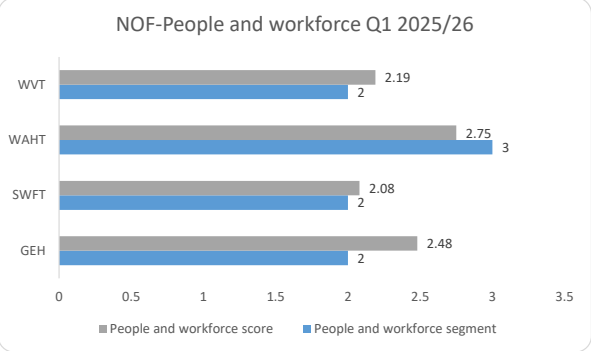
Domain	Units	GEH	SWFT	WAHT	WVT
Access to services	segment	4	3	4	3
	score	3.17	2.54	2.93	2.7
Effectiveness and experience	segment	4	1	2	3
	score	2.66	1.79	1.97	2.18
Finance and productivity	segment	4	4	4	2
	score	3.06	2.67	3.33	2
Patient safety	segment	2	1	2	2
People and workforce	segment	2	2	3	2
	score	2.48	2.08	2.75	2.19











George Eliot Hospital NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25 and 2025/26

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	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 77% (FY_2024-25) ≥ 80% (FY_2025-26)	69.8%	66.6%	68.7%	76.6%	71.1%	76.2%	71.2%	62.0%	66.8%	71.8%	79.3%	75.6%		461	610	70.4%		75.6%	75.6%	Aug 2025			
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	96.8%	100%	100%	100%	100%	100%	100%	98.5%	100%	100%	100%	100%		56	56	99.7%		100%	94.9%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 70% (FY_2024-25) ≥ 75% (FY_2025-26)	78.0%	64.8%	67.0%	61.6%	51.8%	55.2%	62.8%	68.5%	64.4%	61.2%	69.9%	66.7%		33	50	66.0%		66.7%	70.1%				
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	51.0%	59.0%	72.2%	84.5%	86.2%	91.6%	70.3%	53.8%	82.4%	73.6%	83.7%	84.1%		497	591	75.1%		84.1%	74.7%				
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	26.8%	30.9%	38.8%	98.2%	96.4%	94.6%	67.3%	51.0%	72.0%	28.6%	72.6%	52.2%		24	46	57.8%		52.2%	52.9%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	3	3	7	7	14	6	15	10	9	9	6	5											
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	100%	50.0%	66.7%	42.9%	35.7%	15.4%	33.3%	42.9%	47.8%	28.6%	57.1%	28.6%		1.0	3.5	44.9%		28.6%	63.6%	Aug 2025			
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	83.8%	95.2%	100%	80.8%	77.8%	56.7%	80.0%	83.8%	91.7%	84.2%	92.9%	88.0%		11.0	12.5	87.5%		88.0%	82.7%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	45	53	42	52	32	39	47	46	50	57	25	24											
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	93.1%	92.6%	92.1%	91.6%	93.0%	94.4%	94.5%	95.0%	95.1%	94.6%	94.6%	93.9%	89.6%	1,961	2,189	93.9%							
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,229	8,688	9,199	9,098	8,275	7,760	8,873	8,477	8,752	8,632	8,472	7,992	8,454			50,779		8,632	14,140	Sep 2025			
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	9.6%	6.7%	6.8%	7.1%	6.9%	7.4%	8.1%	10.1%	9.2%	7.8%	11.2%	7.1%	6.8%	94	1,386	8.7%							
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	61.4%	45.9%	53.8%	43.9%	53.7%	49.7%	51.5%	64.6%	63.1%	51.2%	66.3%	49.3%	45.7%	633	1,386	56.9%							
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	9.2%	25.4%	12.2%	25.7%	23.0%	22.8%	18.8%	8.8%	10.5%	15.4%	7.6%	25.3%	24.5%	340	1,386	15.2%							
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	768	902	856	931	874	722	812	803	823	744	755	700	724										
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	42.0%	42.9%	45.9%	44.7%	47.1%	46.9%	46.3%	46.1%	47.4%	50.6%	50.7%	50.5%	54.3%	1,091	2,011	49.6%							
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	0%	9.3%	12.2%	9.6%	11.2%	10.7%	10.9%	10.4%	9.6%	9.4%	10.4%	9.0%	10.9%	10.9%	919	8,454	9.8%							
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		93	96	111	113	97	109	113	92	102	106	99	105	89			99		92	71	Apr 2025			
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 78%	74.6%	72.5%	70.9%	68.2%	71.2%	69.6%	66.6%	72.5%	67.9%	69.5%	76.1%	72.2%	76.6%	6,475	8,454	72.4%		76.6%	74.1%	Sep 2025			
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	≤15 mins	17	21	24	22	20	21	19	15	16	16	14	16	16			16		14	13.5	Aug 2025			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	161	380	141	345	224	392	323	307	284	485	255	441	499			2,271							
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	2.0%	1.4%	2.3%	2.5%	2.5%	2.4%	2.2%	2.1%	2.1%	2.6%	2.8%	3.2%	2.9%	236	8,074	2.6%							

George Eliot Hospital NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25 and 2025/26

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	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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
Elective Care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	59.5%	60.1%	59.4%	58.4%	57.7%	58.6%	57.9%	58.1%	58.3%	60.7%	62.2%	63.0%	64.5%	13,183	20,438	61.1%		63.0%	61.0%	Aug 2025			
	18 weeks to First Appointment (%)	Chief Operating Officer	≥ 72%								65.9%	65.4%	66.3%	69.2%	69.6%	72.2%	8,569	11,873	67.1%							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		17,046	17,751	18,206	18,184	17,566	19,922	19,492	20,260	20,574	20,279	20,525	20,218	20,438										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	1% of the total waiting list by March 2026	1.3%	2.0%	2.3%	2.5%	2.8%	2.8%	2.8%	3.7%	4.0%	3.4%	1.8%	0.9%	0.8%	167	20,438	2.4%		0.9%	2.4%				
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	1	2	14	12	11	13	19	30	8	8	1	1			67		1	80	Aug 2025			
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	1	0	0	0	1	0	0	0	0					0	15				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0	4				
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	2019/20	108%	102%	107%	109%	104%	98.8%	120%	64.7%	46.8%	69.7%	73.1%	53.6%	58.0%	2,101	3,625								
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	≥ 100%	116%	132%	119%	123%	126%	123%	117%	113%	112%	136%	116%	113%	135%	6,573	4,858	121%		116%	119%	Jul 2025			
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	100%	79.3%	89.9%	90.5%	85.1%	91.7%	88.9%	84.9%	99.4%	86.8%	98.8%	102%	89.4%	104%	6,573	6,321								
	Proportion of all outpatient attendances that are for first appointments or follow-up appointments with a procedure	Chief Operating Officer	≥ 46%	41.3%	41.0%	42.5%	36.9%	38.0%	41.4%	41.5%	40.2%	39.7%	41.2%	42.0%	42.1%	43.0%	9,583	22,291	42.4%							
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 100%	214%	244%	125%	142%	114%	124%	105%	109%	113%	124%	123%	84.9%	131%	173	132	118%		123%	91.1%	Jul 2025			
	Total Elective Activity (volume v plan)	Chief Operating Officer	100%	64.9%	105%	112%	84.8%	43.7%	70.9%	60.0%	119%	86.0%	104%	118%	109%	92.0%	173	188								
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 100%	107%	104%	108%	111%	117%	107%	106%	84.1%	99.7%	112%	100%	106%	109%	1,497	1,379	101%		100%	113%	Jul 2025			
	Total Daycase Activity (volume v plan)	Chief Operating Officer	100%	69.1%	77.2%	86.5%	79.1%	84.3%	77.4%	76.6%	94.1%	88.3%	94.1%	97.5%	92.0%	93.9%	1,497	1,594								
	BADS Daycase rates	Chief Operating Officer	≥90%	94.8%	89.8%	96.3%	95.6%	91.8%	98.8%	93.9%	100%	95.6%	94.6%	95.5%	95.5%	100%	99	99	96.1%							
	Elective - Theatre Utilisation - Capped (%)	Chief Operating Officer	85%	75.5%	77.7%	82.9%	76.7%	81.2%	82.0%	83.9%	86.3%	85.0%	83.2%	83.2%	86.8%	86.4%	56,169	65,040	84.7%							
	Elective - Theatre Utilisation - Uncapped (%)	Chief Operating Officer	85%	78.0%	80.6%	85.6%	80.1%	88.9%	86.2%	100%	90.0%	88.7%	89.6%	100%	91.4%	90.8%	59,082	65,040	92.2%							
	Theatre Start Times - On time (early and up to 5 minutes late) (%)	Chief Operating Officer		8.9%	11.8%	13.0%	12.3%	13.9%	9.0%	10.2%	12.2%	13.1%	14.8%	12.4%	12.0%	13.3%	24	181	13.0%							
	Theatre Start Times - 5 to 15 mins late (%)	Chief Operating Officer		17.1%	20.8%	16.3%	23.9%	17.5%	25.8%	22.3%	25.6%	24.4%	24.5%	20.1%	26.0%	27.6%	50	181	24.0%							
	Theatre Start Times - 15 to 30 mins late (%)	Chief Operating Officer		43.2%	36.5%	39.1%	37.4%	30.4%	34.8%	41.4%	39.7%	33.9%	32.7%	41.2%	28.0%	35.9%	65	181	35.3%							
	Theatre Start Times - 30+ mins late (%)	Chief Operating Officer		30.8%	30.9%	31.5%	26.5%	38.1%	30.3%	26.1%	22.4%	28.6%	28.1%	26.3%	34.0%	23.2%	42	181	27.8%							
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	42	34	43	16	28	29	30	39	57	114	109	72	103			82							

George Eliot Hospital NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25 and 2025/26

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

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

George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	Latest Available Monthly Position	Pass/Fail	Trend Variation	DQ Mark
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	137%	150%	151%	143%	150%	129%	163%	147%	149%	144%	151%	155%	156%	2,474	1,588	**150%**							
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	92.5%	96.4%	95.0%	96.4%	95.9%	81.8%	115%	99.0%	109%	104%	91.8%	99.1%	105%	766	733	**101%**							
	Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	93.2%	80.6%	83.2%	90.4%	91.0%	89.1%	125%	101%	86.5%	95.5%	99.9%	83.3%	97.5%	1,226	1,257	**94.0%**							
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**>95%**	86.0%	92.3%	95.2%	89.6%	92.8%	92.3%	93.2%	96.0%	95.1%	95.9%	97.6%	94.1%	89.8%	3,703	4,123	**94.5%**		**94.1%**	79.0%	Aug 2025			
Woman and Child Care	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**≥90%**	97.3%	97.6%	98.3%	98.4%	96.6%	99.0%	98.9%																
	Maternity - % of women who have seen a midwife by 10 weeks of pregnancy	Chief Nursing Officer	**≥90%**					56.7%	65.2%	59.8%	95.7%	95.4%	95.6%	93.1%	91.1%	95.6%	197	206	**94.4%**		**91.1%**	67.4%				
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		20.6%	25.0%	20.0%	18.5%	12.0%	28.6%	21.9%	8.3%	21.2%	42.9%	27.3%	42.9%	13.8%	4	29	**25.5%**		**42.9%**	10.0%	Aug 2025			
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		53.3%	44.6%	55.6%	50.0%	56.9%	52.5%	71.7%	53.5%	63.0%	67.3%	58.8%	44.4%	65.0%	26	40	**56.0%**		**44.4%**	63.2%				
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		92.7%	74.1%	66.7%	88.5%	71.9%	80.8%	93.8%	82.1%	93.5%	84.6%	81.8%	89.7%	92.9%	26	28	**87.6%**		**89.7%**	84.1%				
	Maternity Activity (Deliveries)	Chief Nursing Officer	**Actual**	187	186	160	176	181	151	177	186	194	195	180	194	191			**1,140**							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	30	27	24	28	28	21	24	25	27	28	26	28				**1:27**							
	Still Birth rate (stillbirths 24wplus per 1000 total births) - rolling 12 months	Chief Nursing Officer		1.9	2.3	2.8	2.8	2.8	2.3	2.3	2.8	3.3	3.2	2.8	2.7	2.7										
	Neonatal Death rate (Neonatal deaths 0-28 days per 1000 total births) - rolling 12 months	Chief Nursing Officer		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.5	0.5										
	Extended Perinatal Mortality rate (stillbirths +Neonatal deaths per 1000 total births) -rolling 12 months	Chief Nursing Officer		1.9	2.3	2.8	2.8	2.8	2.3	2.3	2.8	3.3	3.2	3.3	3.2	3.2										
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<5%**	7.6%	7.6%	7.8%	8.6%	8.6%	7.8%	7.5%	7.5%	8.2%	7.6%	7.9%	8.0%	7.5%	1,730	22,918	**7.7%**		**8.0%**	6.5%	Aug 2025			
	PIFU Rate	Chief Operating Officer	**≥ 5%**	3.2%	3.0%	2.8%	3.3%	3.2%	2.9%	3.6%	3.2%	3.4%	3.5%	3.3%	3.3%	3.5%	758	21,750	**3.4%**							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**≥90%**	62.3%	63.6%	64.4%	61.2%	64.2%	64.5%	62.9%	64.7%	66.5%	67.7%	70.1%	70.8%	71.6%	23,778	33,223	**68.6%**							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**≥ 25%**	16.0%	15.1%	15.1%	15.1%	14.6%	14.0%	14.6%	14.7%	15.0%	14.4%	13.8%	14.5%	14.7%	3,400	23,104	**14.4%**							
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		6.9%	6.5%	10.0%	6.8%	6.6%	3.8%	5.1%	6.5%	4.6%	7.3%	5.0%	3.1%				**6.2%**		**3.1%**	5.7%	Aug 2025			
	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**< 90%**	94.8%	94.2%	98.3%	99.3%	99.8%	99.5%	98.5%	99.7%	98.7%	99.7%	100%	100%	99.5%	375	377	**99.6%**		**99.4%**	91.1%	Apr - Jun 2025			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0			**0**		**0**	38	Aug 25			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		1.9%	1.8%	1.4%	0.9%	1.1%	1.1%	1.1%	0.8%	1.3%	0.8%	0.9%	0.9%	1.1%	12	1,048	**1.0%**							
	ALoS – D2A Pathway 2	Chief Operating Officer		29.0	33.4	29.5	35.9	45.8	35.6	34.2	35.7	33.5	29.1	34.5	39.8	40.3										

George Eliot Hospital NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25 and 2025/26

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

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

George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	ALoS – D2A Pathway 3	Chief Operating Officer		25.2	39.5	31.3	27.9	34.0	28.2	41.0	31.4	35.0	37.5	29.3	45.6	37.2										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.1	5.4	4.8	4.5	5.4	5.2	5.2	4.8	4.9	4.5	4.3	4.5	4.8			4.6					F		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.7	2.7	2.6	3.5	1.3	3.2	2.9	3.6	2.8	2.6	2.2	2.3	2.1			2.6					?		
	Volume of MFFD	Chief Operating Officer	≤25							50	39	39	47	49	51	49			46							
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	14.1%	14.1%	12.2%	13.9%	14.4%	13.0%	12.6%	10.1%	10.6%	12.4%	13.6%	14.1%	12.9%	49	375	12.4%					F	H	
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	9.0%	9.0%	8.0%	10.4%	9.3%	9.5%	9.7%	9.6%	9.2%	9.1%	9.6%	10.3%	8.9%	385	4,313	9.4%					F	H	
	HSMR - Rolling 12 months (Published Month)	Chief Medical Officer	<100	104.3	106.7	106.0	118.8	118.8	114.2	119.2	119.2	125.1	121.9						121.9					F	H	
	Mortality SHMI - Rolling 12 months (Published Month)	Chief Medical Officer	<1	1.06	1.06	1.04	1.03	1.02	1.02	1.03	1.05	1.06	1.07	1.09	1.07	1.07			1.07					P		
	Never Events	Chief Medical Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0					P		
	MRSA Bacteraemia (COHA/HOHA Only)	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0	1.1				
	MSSA Bacteraemia (COHA/HOHA Only)	Chief Nursing Officer		2	2	0	1	1	1	0	1	1	0	0	0	2			4		0	10.4	Jul 2025			
	Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA/HOHA Only)	Chief Nursing Officer	2022/23 (35)	1	6	4	2	5	0	6	1	3	2	3	3	2			14		3	21.7		P	H	
	Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (10)	0	2	1	1	1	1	1	2	1	1	1	1	3			9					P		
	Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0					P		
	Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	Actual	0	1	5	3	2	0	3	6	3	1	2	4	5			21							
	VTE Risk Assessments	Chief Medical Officer	≥95%	97.5%	97.2%	97.3%	97.5%	96.9%	96.4%	96.5%	95.9%	96.5%	97.2%	96.3%	95.8%	96.3%	4,099	4,257	96.4%					P		
	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%					P		
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	96.2%	96.8%	97.8%	97.8%	97.4%	97.1%	98.2%	98.3%	98.5%	98.4%	97.8%	98.3%	98.4%			98.2%							
	Number of complaints	Chief Nursing Officer	2021/22 (352)	9	8	6	2	5	9	5	5	10	10	14	14	7			60					P		
	Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	0	0	0	1	2	0	0	0	0	0	0	0				0					F		
	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					P		
	Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0				0					P		

George Eliot Hospital NHS Trust

Trust Key Performance Indicators (KPIs) - 2024/25 and 2025/26

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

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

George Eliot Hospital NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	Complaints resolved within policy timeframe	Chief Nursing Officer	**≥ 90%** (FY_2023-24) **≥ 85%** (FY_2024-25)	88.9%	87.5%	100%	100%	100%	100%	60.0%	100%	100%	90.0%	85.7%	85.7%		12	14	94.2%							
	Friends and Family Test Score: A&E% Recommended/Experience by Patients**	Chief Nursing Officer	**≥86%**	100%	100%	40.0%	12.5%	55.6%	90.9%	86.1%	100%	66.7%	68.9%	78.8%	83.2%	92.8%	337	363	81.2%		83.2%	80.9%				
	Friends and Family Test Score: Acute % Recommended/Experience by Patients**	Chief Nursing Officer	**≥86%**	98.8%	99.0%	94.6%	90.4%	95.5%	95.1%	95.6%	96.7%	97.1%	90.8%	92.2%	91.0%	91.0%	302	332	93.5%		91.0%	94.7%				
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	**≥96%**	0.0%	66.7%	100%	89.5%	96.4%	89.5%	95.7%	96.0%	100%	79.4%	100%	83.3%	100%	4	4	93.2%		83.3%	90.0%	Aug 2025			
	Friends and Family Test: Response rate (A&E)**	Chief Nursing Officer	**≥25%**	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%	0.5%	0.0%	0.0%	2.6%	5.9%	15.1%	12.1%	835	6920	4.6%		15.1%	9.9%				
	Friends and Family Test: Response rate (Acute inpatients)**	Chief Nursing Officer	**≥30%**	11.3%	11.0%	10.3%	3.6%	4.5%	6.0%	9.9%	7.7%	8.9%	10.4%	22.6%	26.6%	26.0%	363	1396	15.3%		26.6%	18.8%				
	Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	**≥30%**	0.0%	1.3%	10.0%	8.2%	15.5%	8.2%	14.4%	13.4%	2.6%	17.4%	7.8%	5.1%	4.6%	4	87	9.3%		5.1%	11.9%				

**Due to changes in HSMR methodology, HSMR is now an outlier at 121.9 for the latest period.

**(Shaded Grey) From September 2024 due to the expiry of the FFT vendor contract, the data presented is indicative of the performance and does not present the actual performance of the trust period.

George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2024/25 and 2025/26

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

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

NHS George Eliot Hospital NHS Trust

People		Responsible Director	Standard	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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%	84.5%	83.7%	84.6%	82.8%	83.8%	84.5%	85.2%	86.5%	84.5%	86.5%	89.4%	86.4%	85.8%	1,846	2,152	86.5%							
	Mandatory Training	Chief People Officer	≥ 85%	94.2%	93.9%	93.4%	93.7%	93.5%	93.7%	94.0%	94.3%	94.4%	94.3%	94.7%	94.7%	94.3%	27,964	29,644	94.5%							
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	5.3%	5.6%	5.9%	6.3%	6.4%	5.9%	5.2%	5.0%	5.2%	5.2%	5.5%	5.7%	5.6%	5,079	90,258	5.4%		5.0%	4.8%	Apr 2025			
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	4.9%	5.0%	5.1%	5.2%	5.4%	5.4%	5.4%	5.4%	5.5%	5.5%	5.5%	5.6%	5.6%	61,155	1,087,930	5.5%							
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	10.5%	10.2%	10.1%	10.1%	10.1%	9.8%	9.6%	9.8%	9.7%	9.4%	9.7%	9.8%	9.6%	287	2,977	9.7%		9.4%	9.3%	Jun 2025			
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer		0	0	0	0	2	0	0	0	0	0	5	0	0			5							
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer		6	4	6	5	8	6	4	8	17	4	14	7	6			56							
	Vacancy Rate	Chief People Officer	< 10%	7.7%	8.8%	8.3%	9.6%	7.8%	7.3%	6.9%	4.8%	4.9%	4.8%	4.1%	4.3%	4.0%	125	3,141	4.5%		4.8%	6.9%	Jun 2025			

Finance and Use of Resources		Responsible Director	Standard	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	46	465	-1,148	-627	-692	-333	2,377	-1,864	-1,723	-1,609	-1,084	-1,341	-127			-7748							
	I&E - Margin (%)	Chief Finance Officer	Plan	0.2%	1.7%	-5.2%	-2.8%	-3.1%	-1.5%	6.1%	-8.7%	-7.5%	-7.0%	-4.6%	-6.0%	-0.5%	-127	24,089	-5.6%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-527	209	-1,664	-1,291	-1,027	-959	1,891	-301	-665	-474	-413	-237	513			-1577							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-92.0%	82.4%	-323%	-194%	-307%	-153%	389%	-19.3%	-63.0%	-41.8%	-62.0%	-21.0%	80.0%	513	-640	-26.0%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-1,420	-1,067	-84	-730	91	424	-531	-559	-321	45	390	110	-1,705			-2040							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	288	355	361	223	308	294	393	76	111	76	122	133	113			631							
	Agency Expenditure - Reduction in Current vs Spending in FY 2024-25 (%)	Chief Finance Officer	≥30%								87.1%	78.7%	83.1%	64.2%	78.4%	60.8%			75.6%							
	Agency - Expenditure as % of total pay	Chief Finance Officer	≤3.2%	1.9%	1.9%	2.3%	1.4%	1.9%	1.8%	1.4%	0.5%	0.7%	0.5%	0.7%	0.8%	0.7%	113	16,817	0.6%							
	Agency - Expenditure as % of cap	Chief Finance Officer	≤100%	76.0%	93.9%	96.0%	59.0%	81.5%	78.0%	104%	38.4%	56.0%	73.1%	65.2%	127%	80.1%	113	141	68.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	5,031	4,355	4,413	4,468	4,250	4,563	4,288	4,611	4,600	4,777	4,755	4,790	4,783			4,690							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	514	781	269	295	1,071	-2,198	-2,494	-155	-122	-179	-5	431	147			117							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	27	31	25	25	23	25	41	38	39	38	37	37	26			26							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	97.2%	93.2%	83.1%	90.0%	79.9%	73.1%	89.8%	79.5%	90.2%	90.4%	95.4%	93.5%	87.8%	13,368	15,242	88.7%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	97.3%	91.7%	94.9%	96.0%	89.6%	97.5%	97.1%	92.9%	92.8%	97.5%	96.5%	96.7%	96.8%	2,274	2,332	95.5%							

South Warwickshire University NHS Foundation Trust Relates to the latest months data
Trust Key Performance Indicators (KPIs) - 2025/26

NHS South Warwickshire University NHS Foundation Trust

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

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

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

Example

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

Quality of care, access and outcomes		Responsible Director	Standard	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	**80%**	76.6%	70.4%	59.3%	54.4%		*914*	*1679*	**67.4%**					
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	**93%**	62.2%	60.5%	53.1%	52.6%		*793*	*1507*	**59.2%**					
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	**93%**	92.0%	91.3%	20.8%	37.6%		*41*	*109*	**65.2%**					
	Cancer 62 Day Standard	Chief Operating Officer	**75%**	56.2%	59.6%	60.8%	57.3%		*61.0*	*107*	**60.6%**					
	Cancer 31 Day Treatment Standard	Chief Operating Officer	**96%**	86.8%	86.4%	97.0%	96.9%		*123*	*127*	**91.6%**					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	**0**	19	14	16	16		*16*							
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	**2024/25 Outturn**	**102.1%**	**110.0%**	**106.6%**	**100.4%**	**107.1%**	***93490***	***87331***	**105.2%**					
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	**80%**	99.3%	99.7%	99.7%	99.5%	99.3%	*1457*	*1468*	**99.5%**					
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	**70%**	87.9%	88.4%	87.6%	88.7%	87.7%	*1585*	*1807*	**88.1%**					
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		97.0%	96.8%	96.1%	95.9%	91.5%	*2252*	*2462*	95.5%					
	iSPA call response rate within one minute	Chief Operating Officer	**80%**	84.2%	85.7%	83.4%	84.3%	90.2%	*9987*	*11069*	**86.1%**					
Urgent and emergency care	A&E Activity	Chief Operating Officer	**PLAN**	99.7%	101.8%	103.9%	105.4%	106.5%	*9017*	*8465*	**102.4%**					
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	**65%**	35.4%	42.2%	44.3%	41.7%	42.8%	*620*	*1447*	**41.0%**					
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	**95%**	89.9%	96.7%	84.6%	94.6%	96.3%	*904*	*939*	**91.0%**					
	A&E - Ambulance handover within 45 minutes	Chief Operating Officer		95.5%	99.7%	85.4%	98.6%	99.0%	*1432*	*1447*	**93.4%**					
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	**0%**	3.1%	0.0%	13.6%	0.9%	0.6%	*8*	*1447*	**5.9%**					
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	**PLAN**	**101.9%**	**95.2%**	**91.8%**	**95.5%**	**101.1%**	***3471***	***3432***	**98.0%**					
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	**-**	41.6%	40.8%	36.5%	36.0%	37.4%	*725*	*1938*	39.4%					
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	**-**	4.5%	1.7%	2.1%	1.5%	3.0%	*260*	*8777*	2.8%					
	A&E - Time to treatment (median)	Chief Operating Officer	**-**	68	62	57	52	53	*53*		58					
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	71.2%	75.7%	78.3%	79.3%	75.7%	*6645*	*8777*	**75.5%**					
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	**78%**	82.6%	85.9%	86.6%	87.3%	86.9%	*3545*	*4078*	**85.9%**					

Quality of care, access and outcomes		Responsible Director	Standard	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
	A&E - Time to Initial Assessment	Chief Operating Officer	-	15	12	14	14	15	*15*		14					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0%**	76	11	28	14	57	*57*		**221**					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	3.8%	4.0%	3.8%	4.6%	4.5%	*379*	*8516*	4.1%					
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**69%**	65.7%	65.8%	65.6%	65.0%	65.2%	*21275*	*32630*	**65.2%**					
	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	**29025**	32641	33389	33301	33099	32630	*32630*		32630					
	RTT - Percentage of patients waiting over 52 weeks.	Chief Operating Officer	**1.0%**	2.1%	2.2%	2.1%	2.3%	1.9%	*624*	*32630*	**1.9%**					
	Referral to Treatment - Percentage of patients waiting no longer than 18 week for a first appointment	Chief Operating Officer	**70.1%**	65.3%	64.6%	64.1%	63.3%	62.8%	*13411*	*21369*	**63.9%**					
	Referrals (GP/GDP only)	Chief Operating Officer	-	7656	8132	8565	7327	7583	*7583*							
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	**2024/25 Outturn**	108.0%	110.0%	97.9%	95.8%	111.9%	*11771*	*10518*	**104.5%**					
	Outpatient Activity - Total	Chief Operating Officer	**2024/25 Outturn**	**98.3%**	**106.7%**	**98.8%**	**96.3%**	**106.9%**	***40078***	***37501***	**100.5%**					
	Elective Activity	Chief Operating Officer	**2024/25 Outturn**	97.5%	109.4%	101.3%	101.1%	104.8%	*3652*	*3484*	**102.5%**					
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	**75%**	86.4%	86.1%	85.2%	85.1%	87.6%	*87612*	*99980*	**86.0%**					
	Elective - Theatre utilisation	Chief Operating Officer	**85%**	90.0%	89.4%	88.9%	92.1%	91.1%	*110137*	*120920*	**90.1%**					
	Cancelled Operations on day of Surgery	Chief Operating Officer	**1%**	0.84%	2.80%	1.90%	3.00%	1.50%	*24*	*1595*	**1.92%**					
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**2024/25 Outturn**	112.2%	94.0%	96.4%	107.8%	96.8%	*706*	*729*	**102.0%**					
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**2024/25 Outturn**	87.5%	97.2%	103.3%	86.6%	111.4%	*731*	*656*	**95.7%**					
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**2024/25 Outturn**	98.9%	102.3%	136.3%	125.2%	125.9%	*1804*	*1433*	**117.4%**					
	Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	**95%**	95.0%	97.4%	98.3%	95.7%	96.0%	*8167*	*8505*	**96.0%**					
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	**70%**	75.6%	77.6%	71.9%	73.5%	-			**74.7%**					
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	27.2%	20.2%	20.8%	18.8%	20.3%	*62*	*305*	21.0%					
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	30	27	25	33	31	*31*		175					
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	**90%**	93.7%	90.8%	89.6%	90.7%	90.8%	*226*	*249*	**90.8%**					
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	19.0%	19.3%	20.0%	20.0%	18.7%	*53*	*283*	19.4%					
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	34.1%	32.8%	33.6%	34.9%	33.2%	*87*	*262*	33.8%					
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	86.9%	86.2%	86.1%	86.0%	84.7%	*232*	*274*	86.2%					
	Maternity Activity (Deliveries)	Chief Operating Officer	**PLAN**	90.1%	101.5%	98.6%	92.2%	108.2%	*303*	*280*	**97.8%**					
	Midwife to birth ratio	Chief Nursing Officer	**1:27**	1:22	1:23	1:22	1:22	1:23	*1:23*		1:23					
	Maternity - Breast Feeding at 6 - 8 weeks Warwickshire (Community Midwives & Health Visitors) - Lates	Chief Nursing Officer	**46%**		52.0%			TBC	*685*	*1317*	**49.4%**					
	Maternity - Breast Feeding at 6 - 8 weeks Coventry (Community Midwives & Health Visitors) - Latest Qu	Chief Nursing Officer	**46%**		62.3%			TBC	*649*	*1042*	**60.7%**					
	Maternity - Breast Feeding at 6 - 8 weeks Solihull (Community Midwives & Health Visitors) - Latest Quar	Chief Nursing Officer	**46%**		51.1%			TBC	*232*	*454*	**51.1%**					
	Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	**81%**	91.6%	92.8%	90.4%	87.5%	93.1%	*282*	*303*	**91.1%**					
nation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	**6.5%**	5.3%	5.6%	5.5%	6.0%	6.1%	*1196*	*19590*	**5.7%**					
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**95%**	91.4%	89.4%	91.0%	90.2%	89.0%	*15763*	*17711*	**90.4%**					

Quality of care, access and outcomes		Responsible Director	Standard	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Outpatient transform	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	**46%**	51.3%	50.2%	51.2%	49.8%	50.4%	*15511*	*30793*	**50.5%**					
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	**85% OP/112% OPP 2019/20 Outturn**	93.9%	104.0%	95.0%	95.7%	101.9%	*19022*	*18659*	97.2%					
	Outpatient Activity - New Virtual	Chief Operating Officer	**Virtual vs Total**	15.4%	13.0%	14.5%	13.4%	13.6%	*1600*	*11771*	14.35%					
	Outpatient Activity - Follow Up Virtual	Chief Operating Officer	**Virtual vs Total**	15.9%	14.9%	16.3%	16.7%	16.5%	*3137*	*19022*	16.05%					
	Outpatients Activity - Virtual Total	Chief Operating Officer		**15.7%**	**14.2%**	**15.6%**	**15.5%**	**15.4%**	***4737***	***30793***	**15.4%**					
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	**8%**	2.2%	1.8%	3.1%	1.1%	1.3%	*4*	*304*	**1.9%**					
Safe, high quality care	Occupancy Acute Wards Only	Chief Operating Officer	**92%**	100.8%	98.7%	96.8%	96.4%	100.7%	*10210*	*10134*	**98.9%**					
	Bed occupancy - Community Wards	Chief Operating Officer	**90%**	125.4%	107.2%	118.5%	121.3%	126.4%	*1479*	*1170*	**120.6%**					
	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	**0**	0	0	0	0	0	*0*		**0**					
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	**3%**	1.1%	0.9%	0.9%	0.7%	0.6%	*16*	*2691*	**0.8%**					
	ALoS – D2A Pathway 2	Chief Operating Officer	**>28 days**	31	37	28	30	24	*24*		**30**					
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	**6.0**	7.4	7.4	7.0	7.1	6.9	*6785*	*982*	**7.2**					
	ALoS – Elective Inpatients	Chief Operating Officer	**2.5**	2.2	2.3	2.7	2.2	2.0	*651*	*329*	**2.3**					
	Medically fit for discharge - Acute															
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	**30%**	15.9%	14.3%	14.9%	15.1%	14.2%	*284*	*2000*	**14.5%**					
	HSMR - Rolling 12 months Aug 24 - Jul 25	Chief Medical Officer	**100**						*112.5*		**112.5**					
	Mortality SHMI - Rolling 12 months May 24 - Apr 25	Chief Medical Officer	**89-112**						*101.0*		**101.0**					
	Never Events	Chief Nursing Officer	**-**	0	0	0	0	0	*0*							
	MRSA Bacteraemia	Chief Nursing Officer	**0**	0	0	0	0	0	*0*		**0**					
	MSSA Bacteraemia	Chief Nursing Officer	**0**	1	0	0	3	0	*0*		**5**					
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	**19**	3	2	5	3	2	*2*		**15**					
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	**1.14**	1.44	1.29	1.40	1.71	1.70	*61*	*13503*	**1.46**					
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	**10**	0	2	0	2	0	*0*		**5**					
	PSIIs (patient safety incident investigations)	Chief Nursing Officer	**-**	0	0	0	0	0	*0*							
	VTE Risk Assessments - KPI Submitted Quarterly	Chief Nursing Officer	**95%**		73.2%			89.5%	*4876*	*5447*	**81.2%**					
	VTE Risk Assessments - KPI Submitted Monthly Position - EPMA & Maternity Wards	Chief Nursing Officer	**95%**	73.5%	75.1%	86.6%	91.2%	90.8%	*1642*	*1808*	**81.2%**					
	WHO Checklist	Chief Nursing Officer	**100%**	99.4%	99.6%	99.2%	99.0%	98.6%	*7215*	*7321*	**99.1%**					
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**95%**	98.2%	98.2%	98.3%	97.0%	TBC	*76*	*78*	**98.1%**					
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**95%**	98.3%	98.3%	98.2%	98.3%	TBC	*19*	*19*	**98.3%**					
	No. of Complaints received	Chief Nursing Officer	**-**	19	16	11	13	20	20		110					
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	**0**	0	1	0	2	1	1		**4**					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	72.7%	54.5%	66.7%	40.0%	66.7%	6	*9*	**62.9%**					
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	86.6%	89.6%	84.0%	85.8%	88.9%	*168*	*189*	**87.3%**					

Quality of care, access and outcomes		Responsible Director	Standard	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	93.7%	92.5%	95.1%	93.7%	96.9%	*3750*	*3870*	**94.8%**					
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	97.9%	97.2%	97.6%	97.5%	99.4%	*158*	*159*	**98.3%**					
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**>96%**	100.0%	0.0%	0.0%	100.0%	-	-	-	**100.0%**					
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**>12.8%**	2.4%	4.1%	6.4%	4.5%	3.8%	*189*	*4998*	4.5%					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**>25%**	1.4%	1.5%	2.2%	1.1%	1.8%	*129*	*6996*	1.7%					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**>23.4%**	0.7%	2.1%	0.6%	0.7%	0.0%	*0*	*330*	0.7%					
	Friends and Family Test: Response rate (Community)	Chief Nursing Officer	**>30%**	2.4%	0.9%	2.0%	1.1%	2.0%	*159*	*7808*	1.8%					

People		Responsible Director	Standard	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking after our people	Agency - expenditure as % of total pay	Chief Finance Officer	-	2%	1%	1%	2%	1%	*2%*							
	Clinical WTE Establishment	Chief Finance Officer	-	4281	4259	4288	4291	4292	*4292*							
	Clinical WTE Actual	Chief Finance Officer	-	4452	4442	4445	4456	4477	*4477*							
	Non-Clinical WTE Establishment	Chief Finance Officer	-	1226	1213	1217	1222	1216	*1216*							
	Non-Clinical WTE Actual	Chief Finance Officer	-	1182	1174	1163	1170	1155	*1155*							
	Frozen Posts (where no agency or bank is being used)	Chief Finance Officer	-	-	-	-	-	-								

Finance and Use of Resources		Responsible Director	Standard	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	-2243	7	1335	-779	1744	*1744*							
	I&E - Margin (%)	Chief Finance Officer	-	-5%	-3%	-1%	-2%	-1%	*-1%*							
	I&E variance from plan (£)	Chief Finance Officer	-	-2158	42	1319	-837	1634	*1634*							
	I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A	N/A	N/A							
	CPIP - Variance from plan (£k)	Chief Finance Officer	-	-257	20	190	1330	-34	*-34*							
	Agency - expenditure (£k)	Chief Finance Officer	-	524	267	432	233	354	*354*							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4824	4998	4742	5952	5402	*5402*							
	Capital - Variance to plan (£k)	Chief Finance Officer	-	-1722	-1141	-1203	-1257	401	*401*							
	Cash - Balance at end of month (£m)	Chief Finance Officer	-	13508	12568	10953	6678	5600	*5600*							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	87%	88%	89%	89%	89%	*89%*							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	97%	97%	97%	98%	98%	*98%*							
	Agency - expenditure as % of cap	Chief Finance Officer	-	110%	56%	97%	52%	82%	*82%*							

Worcestershire Acute Hospitals NHS Trust

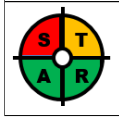
Trust Key Performance Indicators (KPIs) - up to Sep-25 data

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

Example



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

Quality of care, access and outcomes		Responsible Director	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Latest Month Numerator	Latest Month Denominator	Year to Date (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	% of patients told their cancer diagnosis outcome within 28 days (all routes) ***NHSE NOF***	Chief Operating Officer	80.0%	82.5%	77.6%	77.3%	77.0%	79.9%	78.9%	74.6%	70.0%	75.4%	77.2%	75.9%	-	1,933	2,547	74.6%		74.6%				
	% of patients receiving their first or subsequent treatment for cancer within 31 days of decision to treat / earliest clinically appropriate date (all routes)	Chief Operating Officer	84.3%	84.5%	78.0%	82.7%	86.6%	89.5%	86.7%	87.4%	84.7%	84.4%	79.6%	83.3%	-	453	544	83.7%		91.6%	Aug-25			
	% of patients receiving their first definitive treatment for cancer within 62 days of referral (all routes) ***NHSE NOF***	Chief Operating Officer	72.0%	67.0%	60.3%	59.8%	61.6%	59.7%	71.1%	64.5%	57.4%	58.5%	57.3%	65.1%	-	223	342	60.6%		69.1%				
	% of suspected cancer referrals waiting >62 days	Chief Operating Officer	8.6%	7.6%	6.7%	7.7%	7.2%	5.4%	6.3%	8.6%	10.3%	9.8%	9.8%	11.5%	9.1%									
Urgent and emergency care	% of ambulance handovers within 45 minutes	Chief Operating Officer	63.0%	56.5%	60.9%	53.5%	63.3%	79.2%	73.1%	65.9%	71.7%	80.8%	84.2%	81.4%	65.8%	1,307	3,826	75.2%						
	% of patients seen within 4 hours (any type) ***NHSE NOF***	Chief Operating Officer	68.5%	65.1%	54.4%	53.0%	58.7%	66.2%	66.0%	60.9%	65.1%	66.1%	66.5%	64.5%	63.0%	7,195	19,721	64.7%		75.0%				
	% of patients seen within 4 hours (type 1)	Chief Operating Officer	54.6%	51.1%	37.9%	36.8%	42.2%	52.3%	51.2%	44.5%	49.3%	50.9%	50.8%	49.5%	47.7%	7,203	13,776	48.8%		61.1%	Sep-25			
	% of patients spending more than 12 hours in A&E ***NHSE NOF***	Chief Operating Officer	17.0%	17.8%	19.7%	22.0%	21.3%	18.3%	16.9%	18.6%	15.9%	14.8%	13.0%	14.8%	17.7%	2,431	13,773	15.8%		9.8%				
Elective care	Referral to Treatment - % of open pathways waiting < 18 weeks ***NHSE NOF***	Chief Operating Officer	56.3%	56.9%	56.5%	55.5%	55.3%	58.2%	59.3%	59.3%	59.8%	59.9%	59.1%	58.5%	59.3%	34,060	57,391			61.2%				
	Referral to Treatment - % of non-admitted pathways waiting < 18 weeks for their first outpatient appointment	Chief Operating Officer	56.6%	57.4%	57.5%	55.6%	57.1%	60.8%	63.0%	63.1%	63.1%	62.2%	59.1%	58.5%	58.8%	-	-			-				
	Referral to Treatment - % of open pathways waiting > 52 weeks ***NHSE NOF***	Chief Operating Officer	2.64%	2.63%	2.26%	2.05%	1.84%	1.71%	1.46%	1.65%	1.66%	1.72%	1.66%	1.57%	1.49%	855	57,391			2.6%	Aug-25			
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	105	57	23	40	39	28	18	21	24	22	18	18	25					12,805				
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	96%	100%	90%	105%	100%	102%	102%	104%	105%	105%	100%	95%	99%	21,586	21,782	101%						
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	106%	107%	95%	106%	103%	103%	99%	107%	106%	105%	103%	97%	102%	64,370	63,392	103%						
	Total Elective Activity (volume v plan)	Chief Operating Officer	110%	111%	99%	100%	100%	99%	97%	106%	108%	98%	98%	98%	96%	8,177	8,521	105%						
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	83%	83%	82%	81%	81%	80%	80%	83%	84%	84%	83%	83%	83%			83%		78%	Februar			
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	40	59	59	38	45	32	33	40	37	55	50	21	46			249		21,053	Q4 23-24			
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	29.2%	22.9%	22.6%	17.0%	16.0%	12.0%	14.4%	16.8%	16.2%	21.0%	24.9%	26.4%	24.9%	3,381	13,572			24.0%	Aug-25			
Maternity	% of women who have been booked to see a midwife by 9 weeks and 6 days of pregnancy	Chief Nursing Officer	33%	31%	30%	28%	29%	34%	33%	37%	37%	42%	47%	42%	49%	211	428	42%						
	Maternity Activity (Deliveries)	Chief Nursing Officer	409	410	349	361	353	343	393	384	403	420	432	419	450			2,508						
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	5.3%	5.1%	5.2%	5.3%	4.8%	4.6%	4.6%	4.5%	4.7%	5.0%	5.2%	4.9%	5%	3,396	66,405	5%		6.6%	Aug-25			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	89%	89%	89%	88%	89%	90%	90%	89%	90%	90%	89%	89%	89%	35665	40021	89%						
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	112%	111%	98%	106%	105%	104%	97%	109%	108%	105%	105%	98%	103%	42,784	41,610	105%						
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	16%	16%	17%	17%	17%	17%	17%	17%	18%	16%	17%	17%	18%	11,491	64,733	17%		18%	Feb to Jan			

Prevention long term conditions	Maternity - Women who were smokers at time of delivery (SATOD)	Chief Nursing Officer	5.1%	7.1%	7.4%	5.8%	7.9%	7.3%	4.3%	3.9%	6.5%	5.7%	4.4%	5.0%	4.4%	20	450	5.0%					
Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	95%	94%	94%	93%	96%	96%	94%	96%	96%	95%	94%	93%	94%	795	843	95%		95%	Sep-25		
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	60	65	56	55	50	48	55	55	62	46	60	52	55			117		3,853	Aug 25		
	ALoS – D2A Pathway 3		-	-	-	-	-	-	-	-	-	-	-	-	-			-					
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	7.7	8.1	8.2	8.2	8.3	8.5	7.6	7.3	7.4	7.3	7.0	6.7	7.1	21757	3068	7.2		4.4	Feb to Jan		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	3.0	3.6	3.4	3.3	3.1	3.1	2.7	3.1	3.1	3.3	2.5	3.6	3.4	1608	478	3.2		3.1			
	Medically fit for discharge - Acute	Chief Operating Officer	15%	15%	13%	9%	15%	15%	15%	12%	14%	16%	15%	15%	BH	98	814	12.0%		23.1%	Dec		
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5.1%	4.8%	4.5%	4.5%	4.3%	4.2%	4.63%	4.65%	4.87%	4.62%	4.73%	4.67%	4.69%	562	1977	4.6%		7.5%	Jan to Dec		
	Mortality SHMI - Rolling 12 months ***NHSE NOF***	Chief Medical Officer	103.76	104.39	105.00	106.00	108.00	110.00	110.00	110.71	110.55	-							As expected				
	MRSA Bacteraemia ***NHSE NOF***	Chief Nursing Officer	0	0	0	0	0	0	0	1	0	0	1	1	1			3					
	Number of external reportable >AD+1 clostridium difficule cases ***NHSE NOF***	Chief Nursing Officer	11	13	11	9	11	5	9	4	8	14	10	11	14			26					
	Number of falls with moderate harm and above	Chief Nursing Officer	2	6	3	7	6	4	2	5	4	4	4	4	4			13					
	VTE Risk Assessments	Chief Medical Officer	96%	97%	96%	95%	95%	97%	91.66	91.07	90.52	90.54	91.37	91.63	92.50%	11,027	11,953	92%					
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	64%	47%	47%	56%	57%	65%	73%	48%	57%	57%	66%	67%	78.6	55	70	62%					
	Complaints resolved within policy timeframe	Chief Nursing Officer	70%	59%	54%	50%	71%	46%	54%	64%	69%	78%	54%	79%	67%	52	77	63%					
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	79%	75%	71%	61%	80%	79%	82%	84%	81%	85%	84%	80%	80%	1889	2371	83%		81%			
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	95%	94%	95%	94%	97%	97%	96%	96%	96%	96%	96%	95%	96%	3520	3675	96%		95%	Aug 25		
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	85%	85%	85%	92%	96%	95%	97%	98%	93%	96%	97%	96%	97%	133	137	96%		92%			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	22%	21%	4%	0%	4%	12%	20%	13%	25%	16%	24%	19%	18%	2371	13933	19%					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	40%	36%	40%	35%	25%	36%	37%	32%	36%	35%	36%	31%	31%	3375	11706	37%					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	26%	19%	32%	28%	22%	22%	18%	26%	21%	11%	23%	18%	14%	137	962	18.8%					

People		Responsible Director	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	8.3%	5.3%	6.9%	7.7%	6.9%	7.3%	5.8%	6.6%	4.8%	5.3%	4.6%	3.2%	4.6%			4.8%					
	Appraisals - Non-medical	Chief People Officer	82.0%	82.0%	83.0%	84.0%	84.0%	83.0%	84.0%	83.0%	84.0%	84.0%	83.0%	82.0%	82.0%	5,226	6,335	83.0%					
	Appraisals - Medical	Chief People Officer	93.0%	94.0%	94.0%	95.0%	96.0%	94.0%	94.0%	96.0%	96.0%	94.0%	94.0%	94.0%	93.0%	558	598	94.5%					
	Mandatory Training	Chief People Officer	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	91.0%	91.0%	90.0%	91.0%	79,986	88,361	90.5%					
	Overall Sickness	Chief People Officer	5.1%	5.5%	5.6%	5.9%	6.1%	5.6%	5.1%	5.1%	4.8%	4.7%	5.2%	5.5%	5.5%	11,816	213,926	5.1%					
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10.4%	10.1%	9.8%	9.9%	9.7%	9.4%	9.2%	9.0%	8.9%	8.6%	8.4%	8.1%	8.0%	507	6,339	8.5%					
	Vacancy Rate	Chief People Officer	7.0%	6.3%	5.7%	5.3%	6.2%	5.5%	5.0%	7.2%	7.4%	7.3%	7.6%	7.1%	6.8%	519	7,128	7.2%					

Finance and Use of Resources		Responsible Director	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	£24,901	£6	-£433	-£880	£1	-£9	-£557	-£3,631	-£3,063	-£2,149	-£339	-£2,292	-£745			-£12,219					
	I&E - Margin (%)	Chief Finance Officer	28.2%	18.7%	-4.9%	-7.5%	12.2%	-0.2%	-0.6%	-5.7%	-4.8%	-3.3%	-0.5%	-3.6%	-1.1%			-5.7%					
	I&E - Variance from plan (£k)	Chief Finance Officer	£190	£355	-£143	-£289	£457	£336	-£163	-£221	-£68	£141	£199	-£40	£23			£34					
	I&E - Variance from Plan (%)	Chief Finance Officer	1.0%	-102.0%	50.0%	49.0%	-100.0%	-97.0%	41.0%	6.0%	2.0%	-6.0%	-38.0%	2.0%	-3.0%			6.0%					
	CPIP - Variance from plan (£k)	Chief Finance Officer	£368	£456	-£439	£94	-£403	-£226	£831	-£593	£147	-£152	-£563	-£2,833	-£489			-£2,394					
	Agency - expenditure (£k)	Chief Finance Officer	£3,113	£2,375	£2,700	£3,143	£2,756	£2,875	£2,404	-£2,294	-£1,983	-£2,215	-£1,988	-£1,275	-£1,404			-£11,157					
	Agency - expenditure as % of total pay	Chief Finance Officer	8.4%	4.8%	7.0%	7.8%	6.9%	7.3%	3.6%	5.5%	4.8%	5.3%	4.6%	3.2%	3.4%			4.5%					
	Capital - Variance to plan (£k)	Chief Finance Officer	-£1,592	£934	£564	£464	£2,580	£2,746	£12,471	£664	£328	-£378	£1,420	£11	£1,489			£3,534					
	Cash - Balance at end of month (£m)	Chief Finance Officer	£13.291m	£24.208m	£16.708m	£16.428m	£14.106m	£18.729m	£35.262m	£21.887m	£21.443m	£17.673m	£18.698m	£15.859m	£6.160m			-					
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	55%	70%	76%	75%	74%	76%	77%	92%	94%	94%	92%	90%	91%			-					
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	55%	56%	63%	64%	65%	67%	70%	91%	94%	91%	82%	90%	92%			-					

NHS
Wye Valley
NHS Trust

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

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

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

Example

Data Quality Assurance Questions

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

Quality of care, access and outcomes		Responsible Director	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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	**80%**	77.4%	75.9%	81.0%	78.3%	82.2%		825	1004	78.9%			74.6%	August			
	2 Week Wait all cancers	Chief Operating Officer	**93%**	84.1%	82.5%	72.3%	80.6%	81.5%		809	993	80.1%			70.2%				
	Urgent referrals for breast symptoms	Chief Operating Officer	**93%**	0.0%	13.3%	16.7%	27.3%	18.8%		3	16	13.5%			54.9%				
	Cancer 31 Days Combined	Chief Operating Officer	**96%**	89.4%	85.5%	82.9%	85.3%	85.0%		130	153	85.8%			91.6%				
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		11	6	8	9	3				37							
	Cancer 62 days Combined	Chief Operating Officer	**75%**	72.6%	77.3%	69.3%	69.7%	72.2%		92	128	72.3%			75.7%	Aug			
	Cancer: number of cancer patients waiting over 62 days	Chief Operating Officer	**Plan**	69	72	66	50	74	58										
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	**v 2023/24**	116%	118%	117%	125%	120%		30742	25694	119%							
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	**70%**	91%	84%	86%	82%	88%	92%	232	251	87.0%			84%	Aug			
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	**90%**	87%	87%	88%	88%	88%	87%	1592	1820	87.6%			92%	Aug to Jul			
Urgent and emergency care	A&E Activity	Chief Operating Officer	**Plan**	99%	96%	100%	100%	99%	101%	6234	6178	99%							
	Ambulance handover within 30 minutes (WMAS Only)	Chief Operating Officer	**98%**	44.3%	53.8%	60.4%	69.6%	58.9%	50.9%	747	1467				73%	July			
	Ambulance handover within 45 minutes (WMAS Only)	Chief Operating Officer	**0%**	45.7%	35.1%	26.6%	17.8%	28.7%	34.8%	511	1467								
	Ambulance handover over 60 minutes (WMAS Only)	Chief Operating Officer	**0%**	38.5%	28.6%	18.9%	11.6%	21.4%	26.7%	392	1467	23.8%			12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	**Plan**	118%	118%	115%	124%	122%	125%	1647	1315	120%							
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	**45%**	48%	47%	49%	47%	47%	49%	1316	2688	47.8%			36%	Aug to Jul			
	A&E - % of patients seen within 4 hours	Chief Operating Officer	**78%**	57.4%	60.4%	65.2%	70.9%	67.2%	65.6%	4830	7366	64.5%			75%	Sep			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		16.4%	14.2%	11.6%	8.1%	10.9%	14.0%	852	7366	11.8%			8%	August to July			
	A&E - Time to treatment	Chief Operating Officer		02:13	01:59	01:35	01:25	01:31	01:39						01:47				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	00:24	00:25	00:22	00:22	00:23	00:28						00:20				
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	277	249	234	182	207	283			760							
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**3%**	9.2%	8.0%	9.4%	8.2%			107	5309	8.7%			10%	Aug to Jul			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**61%**	57.1%	59.4%	59.8%	61.4%	61.0%	62.7%	14176	22595				61.0%	Aug			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	**TBC**	70.8%	70.4%	70.1%	70.3%	68.8%	68.6%	3170	4619								
	Referral to Treatment - Percentage of patients waiting no longer than 18 week for a first appointment - English Standard	Chief Operating Officer	**72%**	65.9%	66.9%	66.4%	66.8%	67.3%	68.4%	8284	12117								
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		27943	28097	27296	27198	27294	27214										
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	660	768	871	909	973	925						191493				
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	31	46	34	48	80	104						12805	August			
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	2	5	2	6	11	18						1416				
	GP Referrals	Chief Operating Officer	**2024/25**	98%	93%	102%	101%	98%	106%	4138	3898	**100%**							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	101%	100%	100%	100%	92%	102%	6512	6384	**99%**							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	109%	108%	108%	107%	100%	107%	20802	19402	**106%**							
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	**46%**	46%	46%	47%	47%	48%	47%	13403	27937	47%			46.1%	Aug to Jul			
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	96%	102%	101%	99%	92%	100%	3216	3206	**98%**							
	Elective Recovery Fund (ERF) Actual v Plan (£)	Chief Operating Officer	**Plan**	116%	126%	136%	128%	124%	143%			129%							
	BADS Daycase rates	Chief Operating Officer	**Actual**	83.2%	83.3%	82.7%				0	0	**83.1%**			80%	Jul to Jun			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	82.8%	80.8%	81.6%	80.3%	83.6%	81.3%			**81.7%**			81%	Aug			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	85.8%	84.3%	84.6%	85.2%	86.6%	83.9%			**85.1%**			85%	Feb			
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	**10 per month**	26	17	20	21	36	22			142			19268	Apr to Jun			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	91%	96%	111%	109%	108%	79%	3242	4126	**98%**							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	**Plan**	101%	94%	89%	88%	135%	110%	881	503	**100%**							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	99%	94%	120%	99%	145%	78%	1738	2237	**104%**							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<5%**	27.5%	30.8%	26.2%	25.5%	26.5%	24.4%	1321	5408				24.0%	Aug			
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	99.1%	96.6%	98.0%	96.9%	94.8%	97.3%	110	113	**97.1%**							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	**<15%**	19.8%	21.1%	19.8%	19.4%	15.2%	16.0%	16	100	**16.0%**							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	**<34%**	67.9%	64.8%	62.1%	67.8%	69.2%	67.1%	139	207	**67.1%**							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	**<60%**	88.7%	86.8%	87.7%	89.1%	89.5%	90.6%	115	127	**90.6%**							
	Maternity Activity (Deliveries)	Chief Nursing Officer	**v 2024/25**	91%	97%	91%	102%	100%	93%	132	142	96%							
	Midwife to birth ratio	Chief Nursing Officer	**1:26**	1:21	1:22	1:23	1:25	1:24	1:27										
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	**<4%**	5.6%	5.9%	5.7%	5.7%	5.8%	5.7%	1880	30915	**5.7%**			6.9%	Aug to Jul			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	88.5%	88.3%	89.0%	88.1%	88.8%	87.6%	17023	19423	**97.8%**							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	112%	112%	112%	110%	103%	110%	14290	13018	**110%**							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	19.3%	19.6%	20.2%	20.1%	20.2%	18.5%	3939	20802	**19.6%**			18%	Aug to Jul			
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.1%	10.9%	7.4%	6.3%	4.3%	5.3%	6	113								

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	98%	100%	100%	99%	98%	100%	348	348	**99%**			95%	Sep			
	Bed occupancy - Community Wards	Chief Operating Officer	**<92%**	96%	97%	93%	97%	92%	98%	78	80	**95%**							
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	117	90	146	105	46	119			**623**			3853	Aug			
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	**4%**	6%	8%	6%	5%	6%	7%	79	1200	6%							
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	6.3	6.7	6.1	5.6	5.7	5.9	8402	1433	**6.0**			4.7	Aug to July			
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	2.1	1.9	2.3	2.4	2.1	1.9	487	253	**2.1**			3.0				
	ALoS - General & Acute Adult (English)	Chief Operating Officer		5.5	5.8	5.4	5.1	4.9	5.1	7432	1458	5.3							
	ALoS - General & Acute Adult (Welsh)	Chief Operating Officer		7.3	7.3	5.9	5.5	6.4	6.4	1457	228	6.4							
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	16.7%	18.0%	17.5%	18.1%	16.7%	17.9%	1698	9498				23.1%	Dec			
	Medically fit for discharge - Community	Chief Operating Officer	**10%**	20.8%	36.1%	39.3%	37.4%	39.6%	35.3%	857	2425								
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	4.9%	4.4%	4.8%				172	3566	**4.7%**			8.4%	Jul to Jun			
	Mortality SHMI - Rolling 12 months	Chief Medical Officer	**<100**	110.1	112.3					1430	1275				100	Nov to Oct			
	Never Events	Chief Nursing Officer	**0**	0	0	0	1	0	0			**1**							
	MRSA Bacteraemia	Chief Nursing Officer	**0**	1	0	0	0	1	1			**3**							
	MSSA Bacteraemia	Chief Nursing Officer		0	0	1	2	0	2			**5**							
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	**44**	1	5	6	2	4	4			22							
	Number of falls with moderate harm and above	Chief Nursing Officer	**2022/23 (30)**	1	0	2	2	1	7			13							
	VTE Risk Assessments	Chief Medical Officer	**95%**	90.0%	89.5%	90.4%	86.4%	87.9%	90.0%	3884	4317	**89.0%**							
	WHO Checklist	Chief Medical Officer	**100%**			99.4%													
	% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	**60%**	67.6%	61.3%	71.7%	90.9%	85.7%	82.2%	37	45	**76.4%**							
	Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	64.7%	36.4%	75.0%	60.0%	70.0%	37.5%	3	8	**57.6%**							
	Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	**80%**	81.5%	78.8%	82.1%	92.0%	93.0%	76.8%	43	56	**83.6%**							
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	**98%**	97.5%	97.4%	97.9%	97.7%	97.4%	97.5%			**97.6%**							
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	**98%**	98.6%	98.7%	98.6%	99.2%	99.2%	98.5%			**98.8%**							
	Number of complaints	Chief Nursing Officer	**2022/23 (253)**	38	48	30	35	27	34			212							
	Complaints resolved within policy timeframe	Chief Nursing Officer	**90%**	58.0%	59.0%	58.0%	42.0%	44.0%	43.0%	12	28	**50.7%**							

	Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	**30%**						4	5023	**0.0%**							
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	**95%**	73%			85%	85%	82%						81%	August		
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	81%			90%	91%	94%	174	186	**89.0%**			95%			
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	**95%**	100%			81%	100%	100%	17		**95.3%**			92%			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**25%**	19%			14%	13%	15%									
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	15%			12%	13%	11%	186	1666	**12.9%**						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	23%			14%	14%	15%	17	114	**16.7%**						

People		Responsible Director	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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%**	4.5%	3.7%	3.5%	3.2%	2.9%	3.0%			3%							
	Appraisals	Chief People Officer	**85%**	73.5%	71.7%	72.1%	75.2%	76.0%	77.3%	0	0	74%			76%	2021/22			
	Mandatory Training	Chief People Officer	**85%**	89.8%	89.5%	89.6%	89.8%	90.4%	89.6%	36622	40879	90%			88%				
	Overall Sickness	Chief People Officer	**4.0%**	5.2%	4.5%	4.8%	4.8%	4.2%	4.4%	4998	113091	5%			5%	May			
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**10%**	8.8%	8.2%	8.7%	8.7%	8.3%	8.0%	298	3729	8%							
	Clinical WTE Establishment	Chief People Officer		3165	3169	3169	3151	3161	3160										
	Clinical WTE Actual	Chief People Officer		2871	2869	2855	2858	2894	2913										
	Non-Clinical WTE Establishment	Chief People Officer		923	912	901	883	872	862										
	Non-Clinical WTE Actual	Chief People Officer		872	869	869	862	861	854										
	Frozen Posts (where no agency or bank is being used)	Chief People Officer																	
	Vacancy Rate	Chief People Officer	**5%**	8.4%	8.4%	8.5%	7.8%	6.9%	6.3%	255	4022	8%							

Finance and Use of Resources		Responsible Director	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-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**	-£798	-£875	-£959	£223	-£209	-£503			**-£3,121**							
	I&E - Margin (%)	Chief Finance Officer	**≥0%**		-1.3%	-2.9%	0.7%	-0.6%	-1.5%	-£503	£32,500								
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£17	£37	£31	£273	£653	-£22			**£955**							
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	-2.0%	4.1%	3.1%	-546.0%	-75.8%	4.6%	-£22	-£481								
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	£191	£209	£157	£364	£110	£299			**£1,330**							
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	£851	£851	£723	£685	£598	£616			£4,323							
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	4.1%	4.1%	3.5%	3.2%	2.9%	2.9%	£598	£20,367	3.6%							
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	-£440	-£441	£199	£29	£56	£210			**-£387**							
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£35	£35	£30	£34	£31	£36			£36							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	99.6%	98.6%	94.4%	99.7%	97.9%	94.4%	£10,822	£11,469	**95.3%**							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	98.4%	98.9%	98.4%	98.7%	98.9%	98.4%	£4,285	£4,356	**98.8%**							

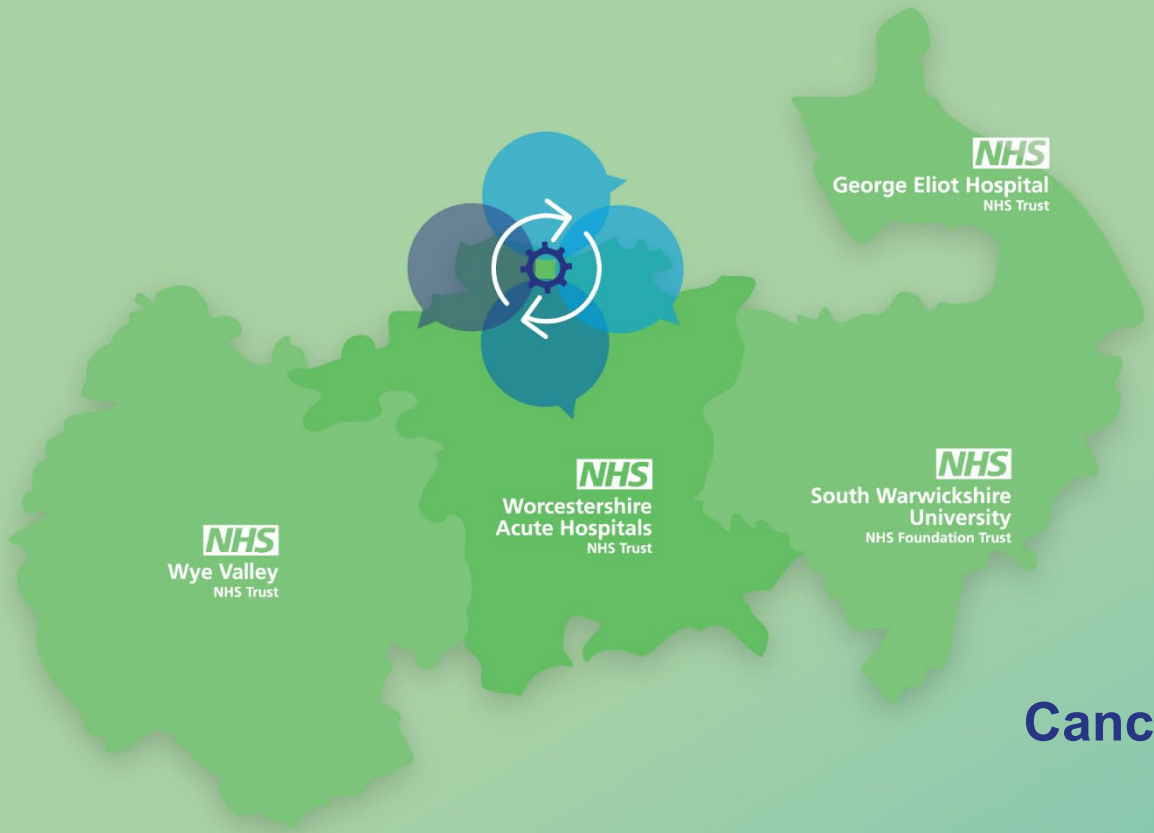
South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.2
Date of Meeting	5 November 2025		
Title of Report	Cancer Performance Deep Dive		
Status of report: (Consideration, position statement, information, discussion)	Position statement		
Author:	Harkamal Heran, Chief Operating Officer of South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH), Andrew Parker, Chief Operating Officer of Wye Valley NHS Trust (WVT), and Chris Douglas, Acting Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT).		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT and GEH, Andrew Parker, Chief Operating Officer of WVT, and Chris Douglas, Acting Chief Operating Officer of WAHT.		
1. Purpose of the Report	To provide the Foundation Group Boards with a current update of the performance, challenges and shared practice and learning across the Foundation Group of the oncoming Winter. The report summarises the current issues and pressures along with how the Foundation Group will approach these challenges together, through learning and adapting common schemes and initiatives to deliver changes to our cancer pathways for the patients who require our services. We aim to deliver return to Cancer NHS Constitutional standards by 2028/29 as part of the Medium-Term Planning Framework.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report		
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers in the Foundation Group with feedback to future individual Board meetings as part of their Trust Integrated Performance reporting.		



Cancer Performance Deep Dive

Reporting Framework

Standards Analysed

- 28-Day Faster Diagnosis Standard (FDS) **Target: 80% by March 2026**
- 31-Day First/Subsequent Treatment **Target 96%**
- 62-Day Combined Pathway **Target 85% by March 2026**

Periods Covered

Tumour site Analysis: April 2025 - August 2025 combined

Overall Trend Analysis: October 2023-August 2025 Monthly

Data Extract Date

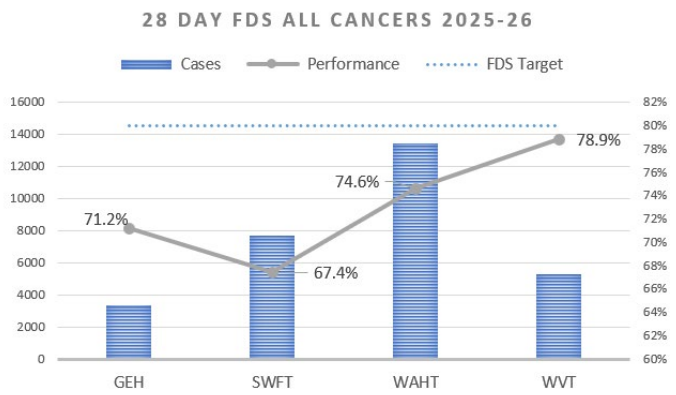
14 October 2025 from NHS England published figures.

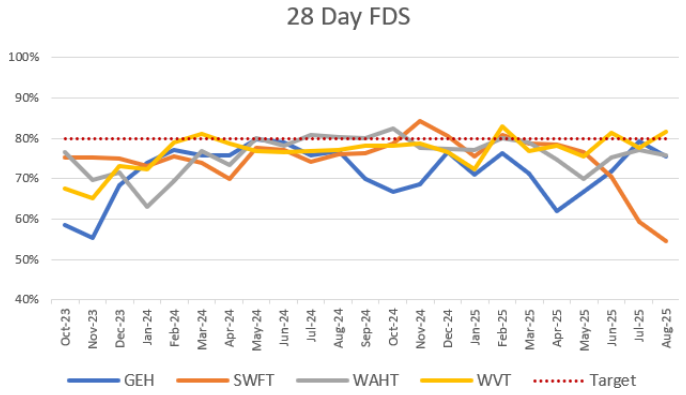
28 Day FDS 2025-26 Year to Date (YTD)

George Eliot Hospital NHS Trust	71.2%	Leads performance for the tumour site Breast significantly compared to rest of the Foundation Group. George Eliot Hospital NHS Trust (GEH) has opportunity to improve for the tumour sites Lower GI and lung.
South Warwickshire University NHS Foundation Trust	67.4%	Leads performance for the tumour site Gynaecology and has opportunity to improve for the tumour sites Head & Neck and Skin.
Worcestershire Acute Hospitals NHS Trust	74.6%	Leading performance under tumour sites Haematology, Lower GI, Upper GI. Opportunity to improve for the tumour site Urology.
Wye Valley NHS Trust	78.9%	Leads in overall performance meeting the target of 75 % current FY and leads for tumour sites Head & Neck, Lung and Skin and Urology. The trust has opportunity to improve performance for the tumour site Breast.

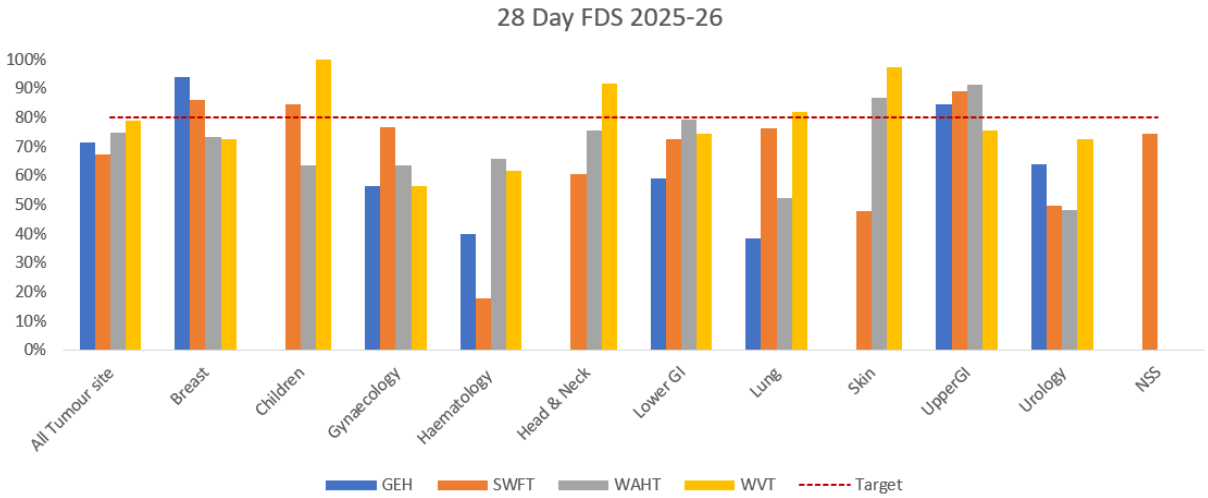
Best Practice Observation

Recording of cases under the tumour site NSS is mainly only done by South Warwickshire University NHS Foundation Trust (SWFT).187 cases with 74.3% FDS performance.





28 Day FDS 2025-26 YTD



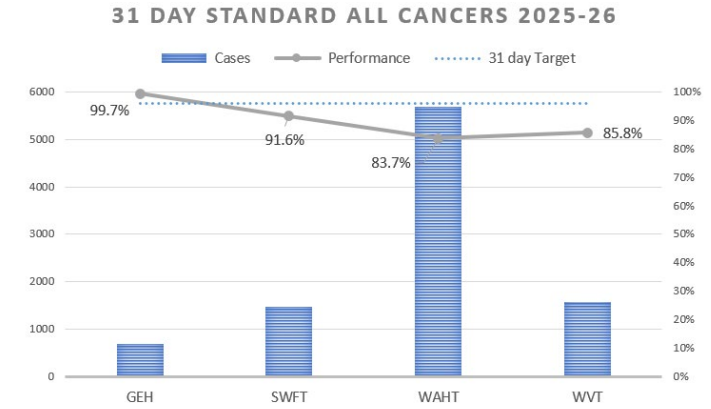
28 Day FDS 2025-26	GEH	SWFT	WAHT	WVT
All Tumour site	71.2%	67.4%	74.6%	78.9%
Breast	93.7%	85.9%	73.3%	72.4%
Children		84.6%	63.6%	100.0%
Gynaecology	56.5%	76.8%	63.4%	56.3%
Haematology	40.0%	23.3%	65.9%	61.5%
Head & Neck		60.5%	75.5%	91.5%
Lower GI	58.9%	72.6%	79.4%	74.3%
Lung	38.3%	76.3%	52.2%	81.8%
Skin		47.7%	86.6%	97.4%
UpperGI	84.5%	89.1%	91.3%	75.6%
Urology	63.9%	49.5%	48.0%	72.7%
NSS		74.3%		

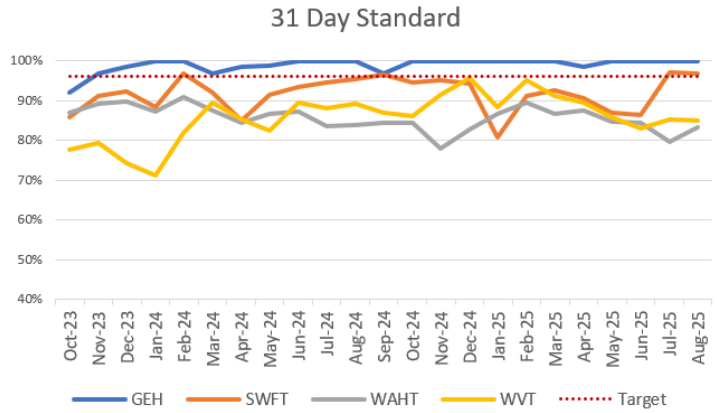
Green highlights achieved March 2025 FDS Target of 77%

31 Day Standard 2025-26 YTD

NHS George Eliot Hospital NHS Trust	99.7%	GEH leads overall 31-day performance with 99.7% and leads performance in all tumorous sites along with other trusts for some tumour sites.
NHS South Warwickshire University NHS Foundation Trust	91.6%	100% performance for Haematology and Lung. Opportunity for improvement for Gynaecology.
NHS Worcestershire Acute Hospitals NHS Trust	83.7%	Opportunity for improvement for Skin, Urology and Head and Neck.
NHS Wye Valley NHS Trust	85.8%	100% performance for Gynaecology, Haematology, Head and Neck, Lung and Upper GI. Opportunity for improvement for breast (72.2%).

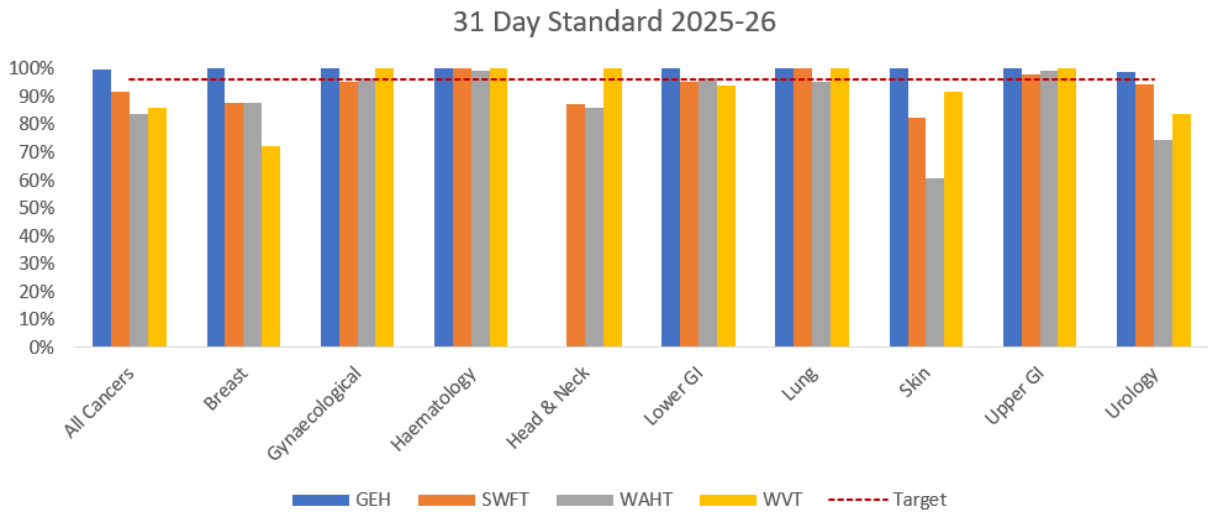
Disparity is seen in the 31-day standard as GEH and SWFT as they use increased tertiary centres compared to Worcestershire Acute Hospitals NHS Trust (WAHT) and Wye Valley NHS Trust (WVT)





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

31 Day Standard 2025-26 YTD

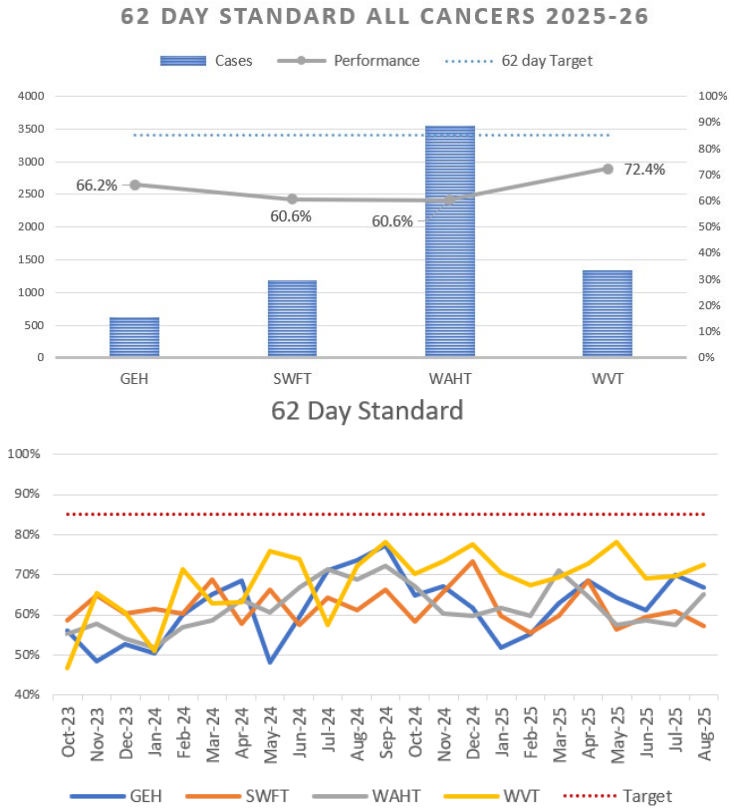


31 Day 2025-26	GEH	SWFT	WAHT	WVT
All Cancers	99.7%	91.6%	83.7%	85.8%
Breast	100.0%	87.6%	88.0%	72.2%
Gynaecological	100.0%	95.2%	96.6%	100.0%
Haematology	100.0%	100.0%	99.3%	100.0%
Head & Neck		87.5%	86.1%	100.0%
Lower GI	100.0%	95.1%	96.8%	93.8%
Lung	100.0%	100.0%	95.5%	100.0%
Skin	100.0%	82.4%	60.8%	91.7%
Upper GI	100.0%	97.8%	99.4%	100.0%
Urology	98.8%	94.6%	74.6%	83.8%

Green highlights achieved 31 Day Standard Target of 96%

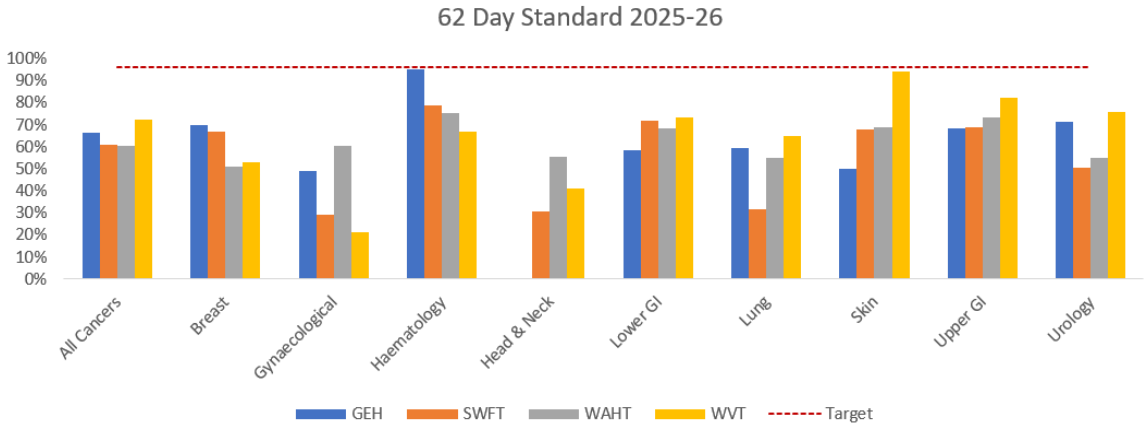
62 Day Standard 2025-26 YTD

NHS George Eliot Hospital NHS Trust	66.2%	Leads performance for the tumour sites Breast and Haematology. GEH has opportunity to improve for the tumour sites Lower GI, Skin an Upper GI.
NHS South Warwickshire University NHS Foundation Trust	60.6%	Second performing for Breast tumour site and has opportunity to improve for the tumour sites Lung, Urology and Head and Neck.
NHS Worcestershire Acute Hospitals NHS Trust	60.6%	Leading performance under tumour sites Gynaecology and Head and Neck. Opportunity to improve for tumour sites Breast and Urology.
NHS Wye Valley NHS Trust	72.4%	Leads in 62-day overall performance(72.4%) and leads the tumour sites Lower GI, Lung, Skin, Upper GI and Urology.



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

62 Day Standard 2025-26 YTD



62 Day 2025-26	GEH	SWFT	WAHT	WVT
All Cancers	66.2%	60.6%	60.6%	72.4%
Breast	69.6%	67.0%	50.8%	52.7%
Gynaecological	49.0%	29.3%	60.4%	21.2%
Haematology	95.0%	78.7%	75.2%	66.7%
Head & Neck		30.6%	55.3%	40.9%
Lower GI	58.6%	71.6%	68.1%	73.4%
Lung	59.3%	31.5%	54.9%	64.8%
Skin	50.0%	67.6%	68.8%	93.9%
Upper GI	68.2%	68.8%	73.0%	82.0%
Urology	71.3%	50.6%	54.8%	75.5%

Green highlights achieved 62 Day Standard March 2025 Target of 70%

NHS England (NHSE) Tiering GEH

GEH in tier 1 based on cancer performance. This involves biweekly performance management meetings with NHSE, Regional and Integrated Care Board (ICB) colleagues.

Current situation

- Below trajectory and national target for both 28- & 62-day performance
- Aim to be at trajectory for FDS performance by end of November 2025
- Improving picture for 62- & 104-day backlogs, which have reduced since June 2025
- Aim to be at trajectory by end of December 2025 for 62-day performance

Drivers & Actions

28-day FDS performance has not been maintained largely due to delays to diagnostics across all tumour sites. Improved escalation plans and waiting list initiatives (WLIs) in radiology and endoscopy alongside gynae hysteroscopy booking before day 15 will support the improvement in performance.

62-day performance is being driven by poor processes for the transfer of patients, leading to the majority of Inter-provider Transfers (IPTs) taking place after day 38. Robust process to be developed following the West Midlands Cancer Alliance (WMCA) best practice for IPTs. Breach Analysis meetings to commence to ensure all breach pathways are reviewed and improvements made. Low numbers of treated patients (generally in single figures) impact performance.

Diagnostics, including radiology, histopathology and endoscopy, is a factor in the poor performance. An improved escalation process for radiology and histopathology has been introduced and is expected to show improvements. Endoscopy have recently moved to Medilogik which has impacted performance temporarily. It is anticipated that this will improve in the next 4 weeks and in the meantime, there is an escalation route for cancer patients.

NHSE Tiering SWFT

SWFT in tier 2 (shortly to be upgraded to tier 1) based on cancer performance. This involves bi-weekly performance management meetings with NHSE, Regional and ICB colleagues.

Current Situation

- Off plan for both 28 day and 62 day performance.
- Backlog numbers who have been on the waiting list for more than 62 days is significantly above the 78 patients we saw in March, making SWFT an outlier nationally for backlog growth.
- 31 day performance has improved and remains above national cancer waiting times.
- Revised recovery trajectory predicts for 28 day we will be back on plan by November 2025. Weekly tracking is showing this will be achieved
- Revised recovery trajectory will place 62 day performance at 70% by 31.03.25 which is below the 75% in the submitted plan. Based on current level of referrals and activity it is unlikely we will meet the submitted plan this year.
- Our confirmed cancer rate remains stable remains at 8%, however, with increased number of referrals this is placing pressure on our treatment capacity.

Drivers & Actions

28 day performance deteriorated as a direct result of the crisis in the skin pathway as a result of over prediction referrals and unplanned absence in the consultant team. A rapid recovery plan that includes weekend clinics and minor surgery using an insourcing company has been implemented.

62 day performance is being driven by a number of tumour sites and reasons, areas of concern are head and neck, urology and gynae.

Diagnostics, both radiology and pathology remain our main pressure points.

Treatment, demand for surgery and oncology are increasingly becoming pressurised. Oncology remains a concerns for breast, gynae and urology due to access to consultant oncologists.

Improvement group has been set up for urology, with a clear focus in conjunction with GEH on those areas most pressurised, head and neck and gynae.

Key Challenges Across All Trusts

Workforce and Capacity
- Heavy reliance on locums, bank and waiting list initiative (risk to service continuity)
- Recruitment challenges across multiple pathways
- Shortage of pathology dissection space and workforce

Performance Pressures
- Struggles with Faster Diagnosis Standard (FDS) and 62-day targets in several pathways (Breast, Gynae, Haem, Lung, Skin, Urology)
- Increased demand versus capacity
- Delays in Positron Emission Tomography (PET) scanning and tertiary referrals, as well as challenges in meeting Service Level Agreements (SLAs) for diagnostic and treatment pathways across multiple tumour sites

Infrastructure and Systems
- Variation in Electronic Patient Records (EPR) and cancer database systems and lack of standardised dashboards (only Worcester has full dashboard)
- Estates limitations

Pathway and Referral Issues
- Variable cancer navigator roles and unclear structure
- Quality of Urgent Suspected Cancer (USC) referrals from General Practitioners (GP's) impacting triage and flow, this is also a national problem

Good Practice and Shared Learning

Service Improvements and Shared Tools
- **WVT**: Improved Colonography computed tomography (CTC) wait times via EPR prescription process
- **SWFT**: Implemented Gynae one-stop model
- **WAHT**: Comprehensive dashboard system integrating all data reports and electronic patient tracking list (PTL)
- **GEH** – Improvement to Colorectal first outpatient appointment waits following collaborative working
- **All trusts**: Successful use/trial of Teledermatology and Faecal Immunochemical Test (FIT) testing

Collaborative Learning
- Sharing of escalation policies and high performing specialty pathways
- Participation in each other's cancer PTL meetings for mutual learning
- Clinical Nurse Specialist empowered to request scans across all sites

Process and Pathway Development
- New Post Menopaused Bleeding Gynaecology pathway supporting FDS performance
- WVT & WAHT collaboration on joint radiology posts
- WVT to share robotic surgery training module with WAHT
- WVT regional sharing of FDS performance for Head and Neck

Living with and Beyond Cancer

SUCCESSES

- **GE :** Digital implementation of health and wellbeing events
- **SWFT :** Patient stratified follow up (PSFU) pathways operational in Breast/ Colorectal/ Prostate and Gynaecology
- **WVT :** PSFU pathway BAU in Breast/ Colorectal/ Prostate. Gynaecology and Haematology go live Q3/Q4
- **WAHT :** Cancer Services application – signposting/ notification app for patients, families and clinicians (Shortlisted NHS Parliamentary Award 2024). PSFU pathways operational in Breast / Colorectal / Prostate / Gynaecology and Haematology

CHALLENGES

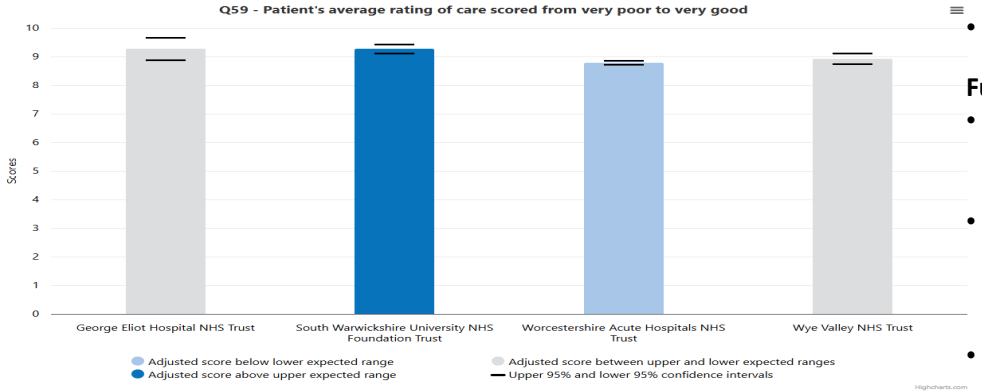
- **GE :** Lack of end of treatment summaries
- **SWFT :** Lack of patient awareness on PSFU
- **WVT :** Citizens Advice losing funding in March 2026 this will impact on patients for finance support and advice/ Ongoing funding for any pilot initiatives through West Midlands Cancer alliance (WMCA)/Macmillan
- **WAHT :** Increasing referrals into Macmillan Hubs, 2 x vacancies. Future funding for End of Treatment Summaries from WMCAS Pilot not confirmed. Citizens Advice as per WVT.

Actions

- Increase health and wellbeing events
- PSFU pathways to be implemented across all sites
- All cancer specialities to have EOTS embedded
- Continue to bid for WMCA and Macmillan opportunities to improve living with and beyond cancer opportunities

Cancer Patient Survey Results (CPES)

Organisation	Sample	No. of Responses	Response Rate	Questions above expected range	Questions below expected range
George Elliot	79	49	62%	2	0
SWFT	639	342	54%	16	0
WAHT	2467	1324	54%	1	22
Wye Valley	500	301	60%	2	2



Actions take by Trusts

- All patient comments have been circulated to clinical teams for action plans to be developed
- Results shared with ICB's and Primary Care Partners for information

Future Plans

- Develop in house patient surveys to be shared across the Foundation Group. To enable real time reporting to ensure more responsive actions can be taken by clinical teams
- Shared learning across Foundation Group members, collaborative approach to solutions. i.e. communication and breaking bad news is flagged within CPES by patients. Action: develop Foundation Group Breaking Bad news Standard Operating Procedure for all clinical teams
- WMCA developing working group to increase patient response rate to future CPES surveys – focus on health inequalities and reporting from ethnic minority groups

Actions to Take Forward

Workforce and Capacity
- Review use of WLIs and locums to develop sustainable staffing models and continue recruitment strategies for key gaps
- Explore shared posts or joint working models across trusts

Process and Performance
- Review and implement rejection standard operation policy (SOP) for USC referrals
- Have a generic access policy for all trusts
- Aim for 7-day pathology turnaround to support FDS targets
- Replicate successful one stop models and ringfenced on the day pre-operative appointments

Systems and Data
- Roll out standardised cancer dashboard across trusts (based on WAHT model)
- Align cancer navigator roles and agree job responsibilities and structure
- Foundation group to be on same cancer register system with WVT visiting sites for demonstration
- Looking how artificial intelligence (AI) can be imbedded across whole of cancer services

Collaboration
- Maintain sharing of best performing pathways – monthly cancer manager foundation group meetings
- Monitor outcomes of Deep Inferior Epigastric Perforator (DIEP) flap surgery discussions and Head and Neck proposal with Gloucestershire Integrated Care Board
- Strengthen data sharing across all sites
- GEH and SWFT joint executive board leading to new structures and ways of working

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

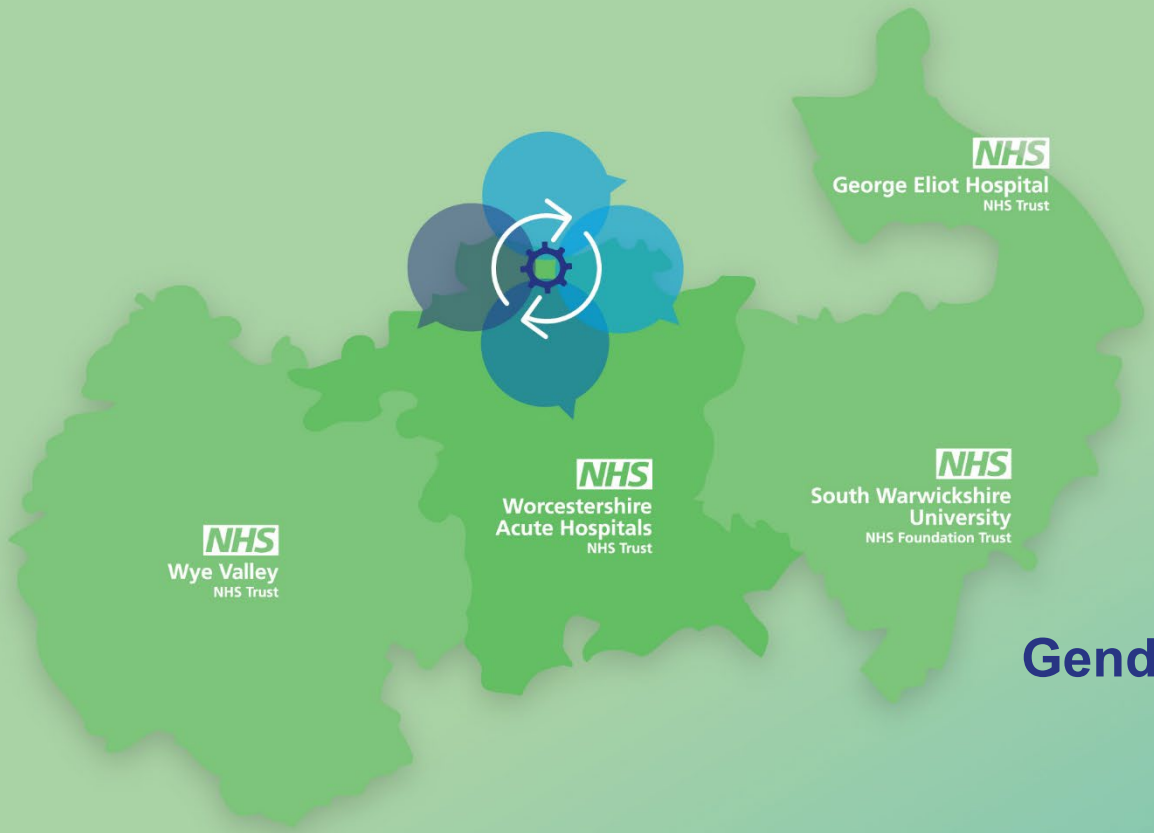
George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	6.3
Date of Meeting	5 November 2025		

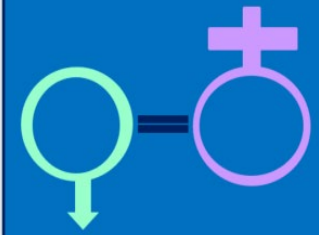
Title of Report	Gender Pay Gap Annual Update
Status of report: (Consideration, position statement, information, discussion)	For information
Author:	Ashi Williams, Chief People Officer for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH), Geoffrey Etule, Chief People Officer for Wye Valley NHS Trust (WVT), and Ali Koeltgen, Chief People Officer for Worcestershire Acute Hospitals NHS Trust (WAHT).
Lead Executive Director:	Ashi Williams, Chief People Officer for SWFT and GEH, Geoffrey Etule, Chief People Officer for WVT, and Ali Koeltgen, Chief People Officer for WAHT.
1. Purpose of the Report	Gender pay gap reporting is a statutory obligation for all UK employers with 250 or more employees, including NHS trusts. This requirement is set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. Public sector organisations must calculate and publish their gender pay gap data annually, both on their own website and on the government portal. NHS trusts must comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED), which require public bodies to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not.
2. Recommendations	The Foundation Group Boards are asked to: (a) endorse the publication of the 2025 Gender Pay Gap report and associated action plans; (b) support ongoing initiatives to address pay gaps, and (c) monitor progress against action plans and review outcomes annually.

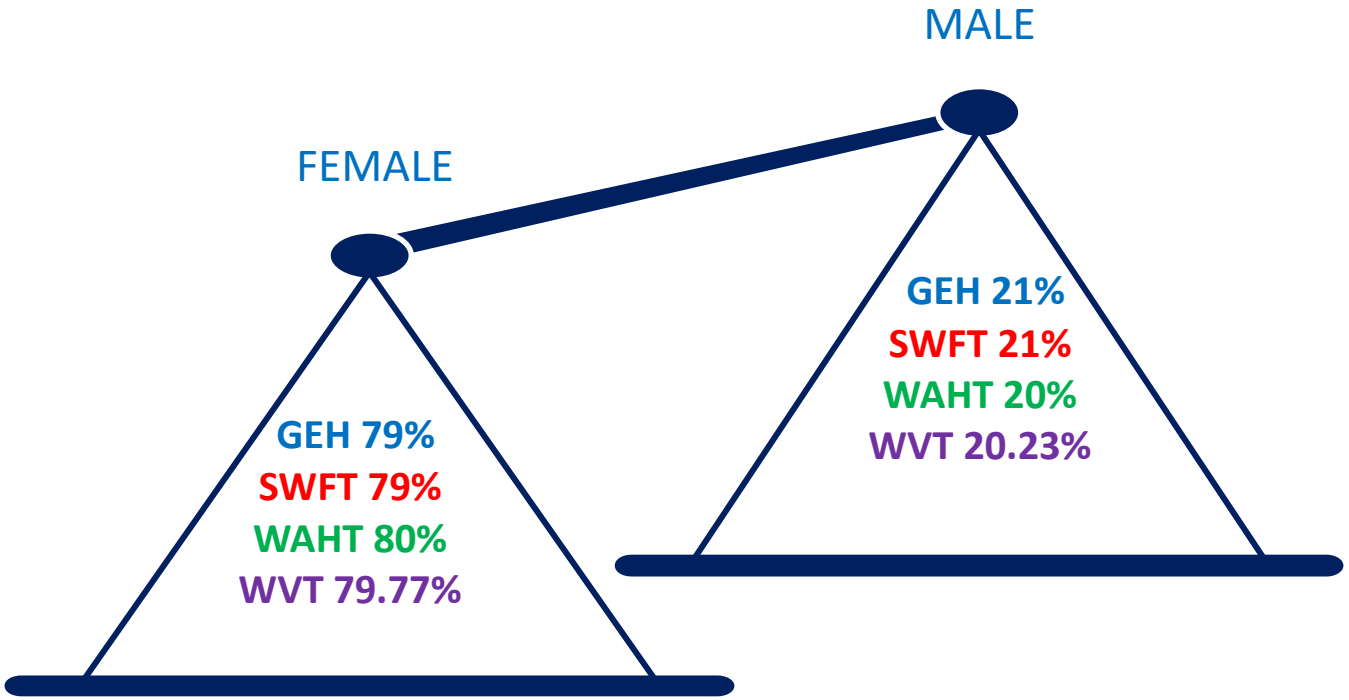
3. Executive Assurance	Addressing the gender pay gap is integral to our commitment to equality, diversity, and inclusion. The actions within this report align with the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), supporting fair treatment and career progression for all staff. It should be noted that the gender pay gap in NHS acute trusts is driven by structural factors, including the concentration of women in lower-paid roles and men in higher-paid clinical and managerial positions. National NHS data shows a similar pattern, with most trusts reporting a female workforce of 76–80% and persistent pay gaps despite gradual improvement. The Foundation Group's gender pay gap figures are broadly in line with national averages, though there is variation between trusts. The sector continues to focus on improving representation of women in senior roles and reducing the gap through targeted development and recruitment strategies. Preparations are underway for mandatory disability and ethnicity pay gap reporting, expected in 2026/27, with Human Resources (HR) teams reviewing data requirements and sharing best practices.



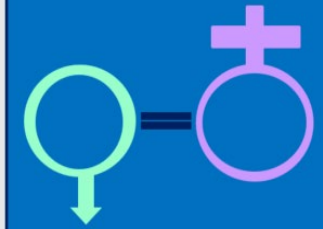
Gender Pay Gap Annual Update

Exploring the Gender Pay Gap





Employees by Pay Quartile



	UPPER QUARTILE		UPPER MIDDLE QUARTILE		LOWER MIDDLE QUARTILE		LOWER QUARTILE	
	F	M	F	M	F	M	F	M
GEH	83%	17%	85%	15%	83%	17%	64%	36%
SWFT	83%	17%	84%	16%	86%	14%	74%	26%
WAHT	67%	33%	85%	15%	83%	17%	83%	17%
WVT	84%	16%	83%	17%	85%	15%	66%	34%

Ordinary Pay: Mean

Pay Gap

and comparison to 2024

GEH

Female hourly rate £19.59

Male hourly rate £28.36

Difference: £8.77

30.9%

SWFT

Female hourly rate £20.33

Male hourly rate £26.92

Difference: £6.59

24.5%

WAHT

Female hourly rate £20.48

Male hourly rate £28.35

Difference: £7.87

27.7%

WVT

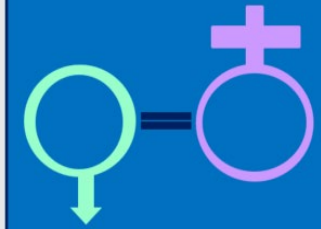
Female hourly rate £20.16

Male hourly rate £27.92

Difference: £7.76

8.14%

Ordinary Pay: Median



GEH

Female hourly rate: £17.23

Male hourly rate: £20.37

Difference: £3.10

Pay Gap

and comparison to 2024

15.22% ↓

7.03% ↑

SWFT

Female hourly rate £18.74

Male hourly rate £20.15

Difference: £1.42

WAHT

Female hourly rate: £18.66

Male hourly rate £21.11

Difference: £2.45

11.6% ↓

10.5% ↓

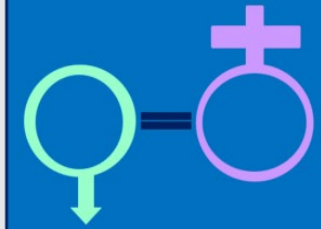
WVT

Female hourly rate £18.66

Male hourly rate £21.56

Difference: £2.90

Bonus Pay



GEH

Eligible for a bonus payment: 27

Female	Male
6	21

Bonus Pay Gap
Mean: 37.69% Median: -20.70%

SWFT

Eligible for a bonus payment: 58

Female	Male
14	44

Bonus Pay Gap
Mean: 4.25% Median: 34.17%

WAHT

Eligible for a bonus payment:

Female	Male
21	62

Bonus Pay Gap
Mean: 49.2% Median: 58.3%

WVT

Eligible for a bonus payment:

Female	Male
42	85

Bonus Pay Gap
Mean: 0.9% Median: 0%

Gender Pay Gap Actions – 2025/2028

Building our reputation as a model employer

Actions in place

- Transparent promotion, pay and reward processes to reduce pay inequalities.
- Working with schools, colleges and universities to ensure that people understand the range of roles available in the NHS and that they are open to both men and women.
- Offering work experience and placements to students
- Public commitment to reducing gender pay gap
- Working with ICS partners to support local recruitment programmes and carers

Recruitment and promotion processes

Actions in place

- To regularly monitor and report on the gender profile for applicants, shortlisted candidates and appointments, at all levels
- Ensuring that every requirement listed is something that is necessary for the job and skills that can be acquired on the role are not included as a pre-requisite.
- Providing recruiting managers with training around good recruitment practices and interviewing techniques and skills.
- Using diverse interview panels with women and cultural Ambassadors wherever possible
- Using structured interviews in recruitment processes
- Clear and transparent NHS based job evaluation processes and procedures in place

Gender Pay Gap Actions – 2025/2028

Parental, adoption and carers leave policies

Actions

- Developed and promoting good parental and adoption leave policies and encouraging the uptake of shared parental leave
- To share and promote examples of senior leaders, particularly male senior leaders, who have taken shared parental leave or have taken time off for caring responsibilities.
- Leave policy in place that facilitates staff to take leave to care for dependants that is separate to sickness or other types of absence.
- Providing staff with good information around free childcare hours, tax-free childcare scheme and examples of how staff have effectively utilised their keeping in touch days.
- Educating line managers so they can effectively support staff on parental leave and make the most of their keeping in touch days.

Wellbeing and retention

Actions

- Flexible working (*Yes to Flex* programme offering flexible working options to all staff) an excellent way to both recruit and retain staff and support them to create a better work-life balance
- Offering hybrid working patterns where possible
- To provide training and support for all staff on supporting women's health. This will include the impact of the menopause, menstruation and conditions like endometriosis.
- To develop a menopause and menstruation policy
- To publish case studies of senior leaders to working flexibly.
- Family-friendly policies in place for staff

Gender Pay Gap Actions – 2025/2028

Supporting female staff

Actions

- Created female-led networks
- To offer mentoring, coaching and sponsorship opportunities that target women's development.
- To share and promote examples of senior female leaders and their career journeys.
- To join and encourage female colleagues to join the Health and Care Women Leaders Network, a free network for women in the NHS and broader health and social care sector.

Tackling sexism, misogyny and sexual misconduct in the workplace

Actions

- Developed a clear policy based on the NHS Englands national people sexual misconduct policy framework and encouraging staff to complete e-learning
- To provide awareness and education to all staff on sexism and sexual misconduct including students,
- Creating psychologically safe working environments through Civility & Respect programmes and Freedom To Speak Up Guardians and champions to show a culture where it is safe to speak up about inequity, harassment and misogyny and to ask questions and able to work without fear of retribution or retaliation.
- To sign up to the British Medical Association's sexism in medicine pledge to tackle gender discrimination in the medical profession.

Gender Pay Gap Actions – 2025/2028

Data analysis

Actions

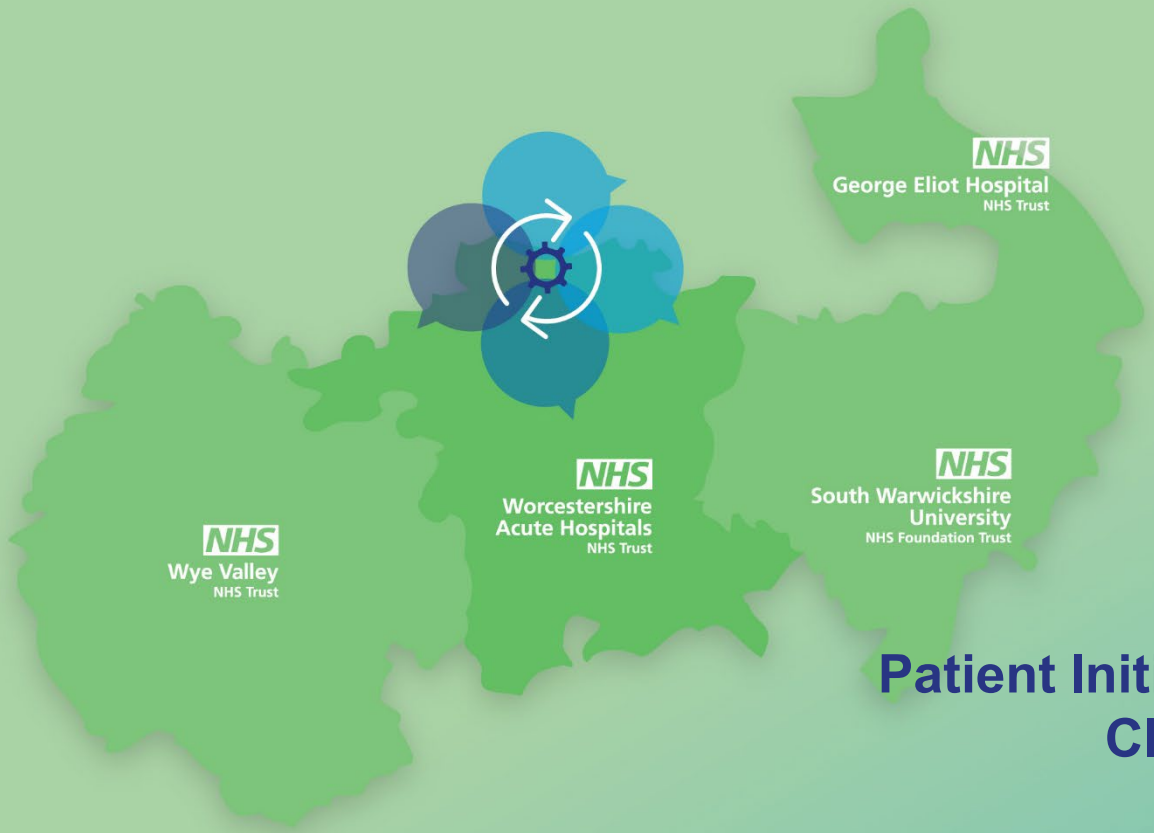
- Scrutinising data closely and identifying those departments, services and occupations where the gaps are bigger, or where the number of female appointments is lowest, and investigate why.
- To disaggregate data in different ways and consider the differences in terms of age, disability, race and other minority groups and see if this gives you any better insights.
- To consider the impact of intersectional identities and if one group of interacting identity categories has a larger pay gap than others.
- To consider if there is a gap between part-time and full-time staff in rates of progression, promotion or within the organisation.
- To analyse NHS Staff Survey data, particularly focusing on the experience of women.
- Conducting and publishing annual gender pay gap reports to track progress and identify areas for action.
- Analysing data on pay gaps and demographics at different grades to pinpoint specific issues and focus efforts.

Next Steps – 2025/2028

- Chief People Officers working on the red areas in action plan to ensure we can attain green ratings over the next 6 to12 months
- Review of resources required to deliver on key gender gap actions and in anticipation of disability and ethnicity reporting by 2027
- Teams reviewing data required for disability and ethnicity pay gap reporting which are likely to be mandated in 2026/27
- Human Resources (HR) teams continue to share best HR policies and Occupational Development practices

Questions

Report to	Foundation Group Boards	**Agenda Item**	6.4
Date of Meeting	5 November 2025		
Title of Report	Patient Initiated Follow Up (PIFU) and Clinical Engagement Update		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Dr Jules Walton, Chief Medical Officer of Worcestershire Acute Hospitals NHS Trust (WAHT), Dr Chizo Agwu, Chief Medical Officer of Wye Valley NHS Trust (WVT) and Dr Najam Rashid, Chief Medical Officer of George Eliot Hospital NHS Trust (GEH) and South Warwickshire University NHS Foundation Trust (SWFT).		
Lead Executive Director:	Dr Jules Walton, Chief Medical Officer of WAHT, Dr Chizo Agwu, Chief Medical Officer of WVT, and Dr Najam Rashid, Chief Medical Officer of GEH and SWFT.		
1. Purpose of the Report	To compare PIFU rates across the Foundation Group and identify those services that have opportunities for learning and improvement and the role of clinical engagement.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report.		
3. Executive Assurance	The Chief Medical Officers will continue to work with the clinical teams and share data and learnings across the four Trusts to further improve PIFU rates.		



Patient Initiated Follow Up (PIFU) and Clinical Engagement Update

Chief Medical Officers

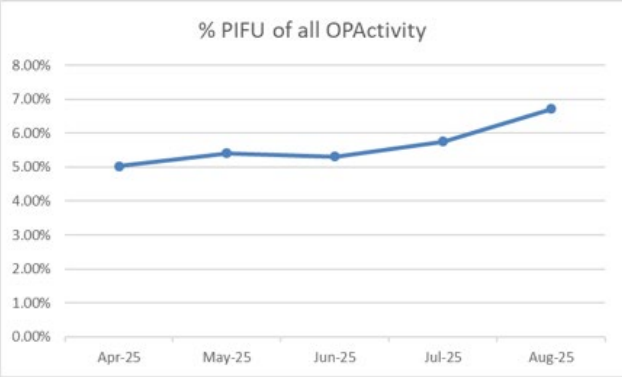
Wye Valley NHS Trust

PIFU Regional Comparisons

	Cardiology Service	Clinical Haematology Service	Dermatology Service	Diabetes Service	Ear Nose and Throat Service	Endocrinology Service	Gastroenterology Service	General Surgery Service	Gynaecology Service	Maxillofacial surgery	Neurology Service	Ophthalmology Service	Paediatric Service	Physiotherapy Service	Respiratory Medicine Service	Rheumatology Service	Trauma & Orthopaedics	Urology Service	Other	Total
Birmingham Women's & Children's FT	n/a	0.0%	0.0%	n/a	n/a	n/a	n/a	0.0%	0.0%	n/a	n/a	n/a	0.0%	0.0%	n/a	n/a	n/a	n/a	0.0%	0.0%
Royal Orthopaedic Hospital FT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	14.4%	n/a	2.7%	9.5%
UH Birmingham FT	0.5%	0.2%	1.8%	0.0%	4.0%	0.8%	0.5%	1.6%	1.3%	3.0%	1.4%	0.7%	0.4%	10.8%	2.2%	7.3%	8.1%	1.5%	1.9%	2.5%
George Eliot Hospital	2.2%	0.5%	n/a	1.2%	6.1%	1.9%	0.9%	0.1%	0.7%	0.0%	n/a	0.2%	1.0%	8.0%	6.1%	2.2%	3.4%	1.1%	3.2%	3.1%
South Warwickshire FT	0.0%	0.2%	8.8%	0.0%	8.9%	0.0%	30.7%	0.2%	4.3%	4.5%	n/a	0.0%	4.7%	9.1%	0.0%	5.4%	16.9%	2.1%	1.4%	5.6%
UH Coventry & Warwickshire	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Worcestershire Acute	2.6%	0.3%	1.9%	1.4%	5.5%	4.0%	3.6%	1.6%	7.5%	9.0%	7.2%	3.3%	5.4%	21.0%	10.3%	14.3%	15.3%	3.1%	2.3%	5.7%
Wye Valley	1.3%	1.1%	6.1%	1.2%	7.4%	0.0%	6.0%	1.5%	7.0%	6.4%	0.9%	0.2%	5.9%	3.6%	2.7%	1.7%	16.8%	2.5%	4.5%	4.4%
Chesterfield Royal Hospital FT	3.6%	0.0%	5.5%	18.8%	3.5%	0.4%	4.1%	1.8%	2.4%	4.0%	n/a	1.0%	4.2%	n/a	2.5%	1.8%	14.7%	1.8%	1.9%	4.3%
UH Derby & Burton FT	0.6%	0.5%	8.2%	0.9%	7.2%	2.4%	0.1%	3.8%	6.4%	6.7%	1.3%	0.0%	5.7%	18.3%	1.6%	8.9%	15.8%	6.2%	3.6%	5.8%
UH Leicester	2.2%	0.6%	3.9%	3.8%	4.4%	3.5%	2.6%	3.7%	6.0%	5.2%	2.9%	0.8%	9.2%	n/a	1.6%	4.7%	13.0%	8.9%	5.5%	5.4%
United Lincolnshire	4.2%	0.0%	6.7%	0.1%	8.8%	1.5%	2.6%	3.2%	3.5%	3.3%	7.6%	4.0%	3.6%	n/a	2.0%	5.1%	16.5%	7.0%	1.7%	4.6%
Kettering General Hospital FT	3.1%	0.5%	12.6%	0.6%	6.6%	0.0%	15.1%	3.7%	1.4%	1.3%	4.4%	0.5%	2.1%	10.0%	13.7%	4.5%	7.2%	1.1%	10.5%	6.4%
Northampton General Hospital	6.9%	0.6%	2.6%	0.0%	8.2%	0.0%	1.8%	11.8%	8.1%	1.2%	9.1%	0.4%	7.2%	n/a	8.5%	7.3%	14.6%	5.0%	3.7%	5.0%
Nottingham UH	2.5%	0.4%	3.2%	1.6%	2.1%	1.6%	1.1%	3.1%	3.2%	2.1%	1.2%	0.5%	17.6%	15.3%	2.2%	2.3%	24.3%	3.4%	4.6%	5.2%
Sherwood Forest FT	5.5%	0.0%	4.2%	0.0%	5.5%	0.0%	2.0%	6.2%	18.9%	2.4%	n/a	4.3%	9.6%	20.0%	5.3%	0.0%	20.4%	5.2%	15.2%	10.6%
Shrewsbury & Telford Hospital	0.9%	1.3%	5.9%	5.5%	6.9%	0.0%	0.9%	5.0%	4.4%	3.9%	n/a	2.9%	4.0%	14.7%	2.0%	n/a	15.3%	7.4%	2.6%	5.1%
Robert Jones & Agnes Hunt FT	0.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.0%	n/a	1.5%	5.2%	n/a	0.6%	8.1%	n/a	8.5%	6.7%
UH North Midlands	12.1%	1.4%	3.3%	3.4%	3.6%	0.8%	0.8%	1.8%	3.4%	0.1%	4.3%	4.6%	3.4%	11.1%	2.7%	n/a	15.4%	6.4%	4.7%	5.4%
Sandwell & West Birmingham	0.3%	0.0%	1.8%	0.0%	0.7%	0.0%	0.1%	0.1%	6.3%	0.0%	0.2%	0.1%	1.6%	57.3%	0.6%	0.3%	20.2%	0.1%	1.1%	2.9%
Dudley Group FT	5.1%	0.0%	7.7%	8.4%	8.5%	5.5%	3.5%	1.3%	1.8%	1.2%	1.2%	1.5%	4.0%	20.6%	0.7%	1.1%	7.7%	4.0%	2.3%	3.7%
Royal Wolverhampton	0.9%	1.1%	0.0%	0.4%	6.6%	1.2%	1.1%	1.6%	1.9%	3.9%	3.2%	0.0%	2.8%	6.1%	1.6%	0.7%	6.9%	3.2%	2.3%	2.4%
Walsall Healthcare	6.2%	0.0%	6.5%	0.0%	3.3%	0.9%	0.2%	1.2%	8.0%	2.1%	18.8%	0.0%	4.5%	0.5%	3.8%	0.5%	17.4%	n/a	4.9%	5.2%

Key:
- Lower quartile
- Inter quartile
- Upper quartile

PIFU Activity all services Wye Valley NHS Trust Hereford



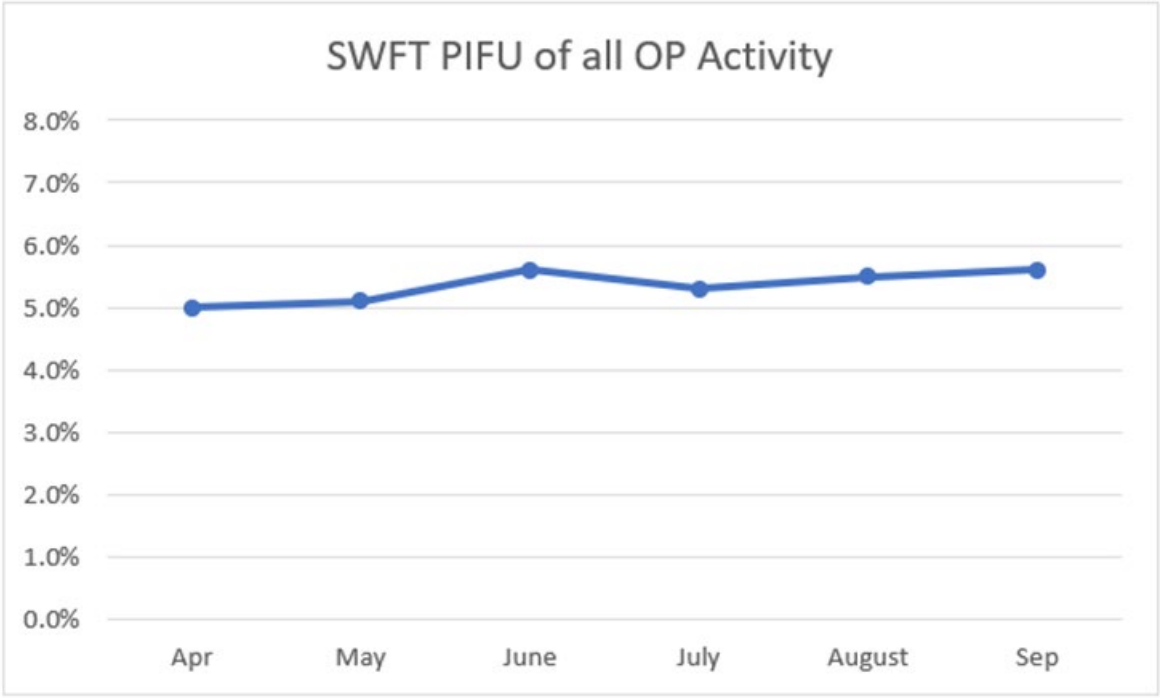
Possible Opportunities compared to other Trusts in Region (see previous slide)

- None identified (2 specialties in lower quartile have increased PIFU outcomes in latest 2 months

Specialty OP Activity	Apr-25	May-25	Jun-25	Jul-25	Aug-25
ORTHOTICS	45.6%	97.3%	79.7%	33.5%	41.1%
PODIATRY	44.5%	38.1%	37.8%	39.9%	32.0%
RESPIRATORY MEDICINE	2.7%	3.7%	3.2%	2.4%	27.0%
COMMUNITY PAEDIATRICS	12.5%	9.1%	21.6%	17.7%	24.6%
CHRONIC PAIN SERVICE	13.8%	14.3%	7.2%	13.3%	24.1%
Trauma and Orthopaedics	17.9%	19.7%	19.1%	22.4%	21.4%
Dietetics	9.3%	10.7%	14.2%	10.3%	19.2%
PAEDIATRIC ALLERGY	20.5%	8.5%	15.4%	14.3%	14.5%
Oral Surgery	6.0%	3.2%	6.4%	8.2%	13.1%
UPPER GASTROINTESTINAL SURGERY	7.5%	3.1%	5.1%	5.6%	11.6%
GYNAECOLOGY	11.6%	8.1%	7.7%	8.1%	10.7%
ENT	10.2%	10.9%	8.3%	9.1%	10.4%
PODIATRIC SURGERY	4.7%	8.5%	10.5%	8.1%	9.7%
DERMATOLOGY	8.0%	7.4%	6.9%	12.5%	9.2%
GERIATRIC MEDICINE	12.1%	14.0%	18.1%	11.5%	8.1%
NEUROLOGY	4.3%	2.2%	2.7%	8.1%	7.2%
Grand Total	5.0%	5.4%	5.3%	5.8%	6.7%
OCCUPATIONAL THERAPY ACUTE	4.1%	7.1%	7.0%	11.9%	6.5%
GASTROENTEROLOGY	4.6%	3.7%	6.0%	6.4%	6.2%
Paediatrics	2.8%	4.6%	3.6%	7.2%	4.6%
BREAST SURGERY	5.3%	2.6%	3.8%	3.8%	3.7%
UROLOGY	1.9%	2.0%	3.1%	2.8%	3.6%
COLORECTAL SURGERY	2.1%	2.4%	3.5%	3.2%	3.5%
GENERAL SURGERY	2.3%	5.4%	3.1%	3.4%	2.9%
CARDIOLOGY	1.9%	4.4%	1.5%	1.6%	2.7%
RHEUMATOLOGY	3.0%	1.8%	2.2%	3.0%	2.6%
NURSE DIABETIC MEDICINE	1.0%	0.4%	0.3%	1.1%	1.8%
PAEDIATRIC AUDIOLOGICAL MEDICINE	0.6%	2.1%	3.6%	4.3%	1.2%
ENDOCRINOLOGY	0.4%	0.0%	0.0%	0.9%	1.2%
DIABETIC MEDICINE	1.1%	1.2%	0.5%	0.0%	0.7%
AUDIOLOGY	0.9%	0.7%	0.8%	0.5%	0.6%
OPHTHALMOLOGY	0.4%	0.1%	0.3%	0.1%	0.1%

South Warwickshire University NHS Foundation Trust

Sum of PIFU_Percentage	olumn Labels					
Row Labels	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Breast Surgery	4.6%	2.3%	2.1%	1.9%	2.2%	4.4%
Clinical Haematology	0.2%	0.3%	0.2%	0.0%	0.3%	0.5%
Colorectal Surgery	0.4%	0.4%	0.3%	0.3%	0.3%	0.5%
Community Paediatrics	5.8%	12.2%	8.5%	9.0%	17.4%	14.8%
Dermatology	8.1%	9.2%	8.8%	11.1%	9.0%	8.3%
Diabetic Medicine	0.6%	1.8%	1.5%	0.8%	0.0%	0.4%
Endocrinology	0.0%	0.3%	0.0%	0.0%	0.4%	0.4%
ENT	4.6%	5.1%	8.9%	8.9%	8.1%	7.8%
Gastroenterology	29.3%	29.5%	31.4%	27.2%	25.9%	32.9%
Gynaecological Oncology	0.0%	5.6%	0.0%	0.0%	0.0%	0.0%
Gynaecology	3.1%	3.4%	4.3%	3.9%	3.2%	5.0%
Occupational Therapy	0.2%	0.5%	0.0%	0.0%	0.0%	0.0%
Oral Surgery	5.2%	5.2%	4.5%	4.9%	2.1%	3.1%
Orthodontics	0.0%	0.0%	0.2%	0.0%	3.3%	3.7%
Orthoptics	1.5%	1.7%	1.0%	0.5%	1.8%	1.7%
Paediatric Diabetic Medicine	0.0%	0.0%	2.5%	0.0%	0.0%	0.0%
Paediatric Ear Nose and Throat	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Paediatric Endocrinology	16.7%	50.0%	0.0%	14.3%		6.3%
Paediatric Respiratory Medicine	9.7%	6.7%	4.3%	5.4%	3.2%	6.4%
Paediatrics	5.1%	4.8%	4.8%	6.6%	5.3%	5.4%
Physiotherapy	7.8%	8.6%	9.2%	8.5%	8.6%	8.5%
Post-COVID-19 Syndrome Service	5.0%	18.2%	0.0%	0.0%	0.0%	0.0%
Rheumatology	4.7%	5.9%	5.4%	7.9%	12.8%	10.1%
Thoracic Medicine	0.3%	0.5%	0.6%	0.4%	0.4%	2.2%
Trauma & Orthopaedics	14.3%	13.8%	16.9%	15.2%	15.1%	15.3%
Urology	2.9%	0.6%	2.1%	1.0%	1.5%	2.4%

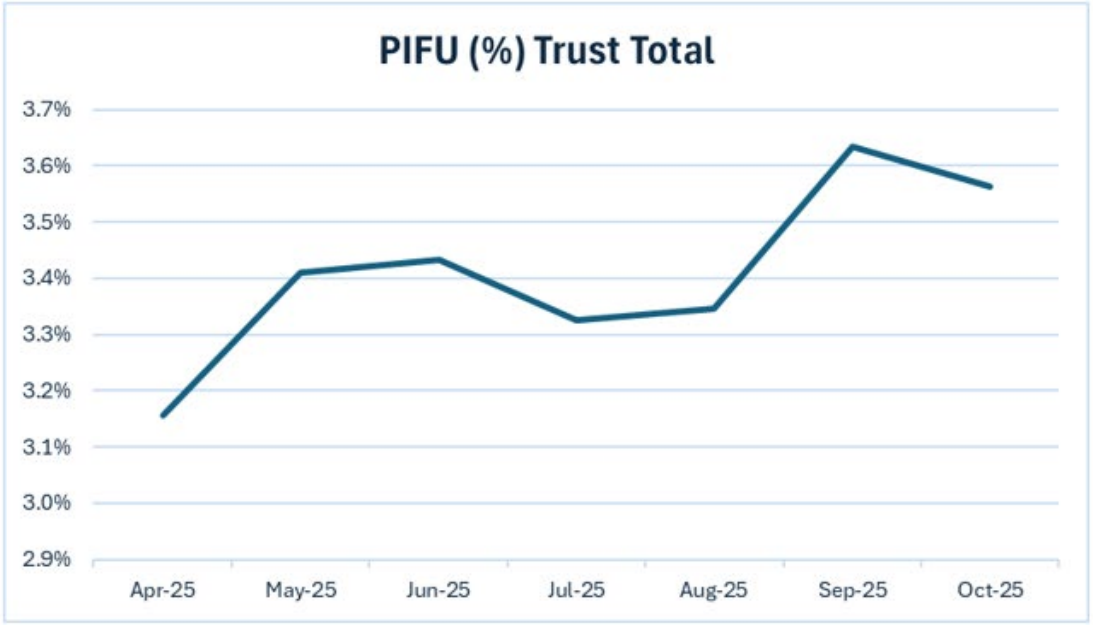

SWFT PIFU of all OP Activity
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Apr
May
June
July
August
Sep

George Eliot Hospital NHS Trust

George Eliot Hospital NHS Trust - PIFU Activity all services

Specialty OP Activity	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
658: Orthotics Service	38.9%	48.6%	53.7%	43.9%	42.7%	48.8%	38.6%
503: Gynaecological Oncology	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
191: Pain Management Service	12.4%	14.5%	19.0%	11.9%	10.9%	20.7%	24.2%
120: Ear Nose and Throat Service	0.0%	0.8%	6.1%	16.0%	17.2%	15.5%	17.5%
340: Respiratory Medicine Service	3.3%	4.4%	5.5%	4.6%	5.2%	6.3%	7.9%
650: Physiotherapy Service	9.3%	8.3%	7.9%	7.4%	7.3%	8.3%	7.8%
320: Cardiology Service	3.3%	3.4%	2.9%	4.6%	4.9%	4.3%	5.9%
101: Urology Service	1.6%	2.3%	0.5%	1.1%	1.0%	3.1%	2.7%
130: Ophthalmology Service	0.8%	0.2%	0.2%	1.0%	2.4%	1.6%	2.4%
110: Trauma and Orthopaedic Service	2.6%	2.9%	2.5%	2.4%	1.9%	4.6%	2.4%
302: Endocrinology Service	0.7%	1.8%	2.1%	0.3%	1.4%	0.9%	1.7%
104: Colorectal Surgery Service	0.8%	0.3%	0.0%	0.2%	1.5%	0.8%	1.6%
502: Gynaecology Service	1.4%	0.9%	0.7%	0.7%	0.4%	1.0%	1.5%
301: Gastroenterology Service	0.4%	0.8%	1.0%	1.0%	1.2%	0.1%	1.1%
410: Rheumatology Service	2.3%	1.9%	2.2%	0.9%	1.6%	2.1%	1.1%
140: Oral Surgery Service	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.7%
160: Plastic Surgery Service	1.0%	0.0%	0.0%	2.3%	0.5%	1.5%	0.7%
103: Breast Surgery Service	4.0%	5.1%	5.1%	5.6%	1.8%	0.7%	0.7%
420: Paediatric Service	0.0%	0.3%	1.0%	0.3%	2.5%	0.6%	0.7%
303: Clinical Haematology Service	0.1%	0.1%	0.5%	0.0%	0.4%	0.3%	0.4%
100: General Surgery Service	0.1%	0.5%	0.2%	0.2%	0.6%	0.2%	0.2%
370: Medical Oncology Service	0.1%	0.0%	0.0%	0.3%	0.7%	0.3%	0.1%
300: General Internal Medicine Service	0.1%	0.2%	0.0%	0.2%	0.1%	0.0%	0.1%
171: Paediatric Surgery Service	6.7%	6.3%	14.3%	0.0%	0.0%	11.1%	0.0%
307: Diabetes Service	0.2%	0.7%	1.2%	0.9%	0.0%	0.0%	0.0%
Trust Total	**3.2%**	**3.4%**	**3.4%**	**3.3%**	**3.3%**	**3.6%**	**3.6%**

George Eliot Hospital NHS Trust - PIFU Trust Performance



Worcestershire Acute Hospitals NHS Trust

PIFU Activity all services Worcestershire Acute

Outpatients	PIFU Utilisation								
	- - -								
	Jun-25			Jul-25			Aug-25		
	Provider	Peer	National	Provider	Peer	National	Provider	Peer	National
Trust	5.7	5.0	3.7	5.4	5.1	3.7	5.6	5.3	3.7
Cardiology	2.6	3.6	1.8	3.0	3.6	2.0	3.1	2.6	1.8
Clinical Haematology	0.3	0.8	0.1	0.2	0.3	0.1	0.0	0.3	0.1
Dermatology	1.9	5.5	3.8	2.0	5.5	3.4	2.7	5.0	3.3
Diabetes	1.4	0.6	0.4	1.6	0.6	0.5	1.2	1.0	0.4
Ear Nose and Throat	5.5	6.6	5.6	5.5	5.7	5.5	4.2	6.6	5.8
Elderly Medicine	-	-	-	-	-	-	-	-	-
Endocrinology	4.0	1.8	0.8	3.5	1.4	0.8	3.9	0.9	0.5
Gastroenterology	3.6	3.2	1.4	3.0	3.2	1.6	3.1	2.8	1.6
General Surgery	1.6	4.5	1.6	1.2	4.6	1.7	0.8	3.9	1.6
Gynaecology	7.5	4.3	3.4	6.9	5.2	3.6	8.8	4.9	3.7
Midwifery	-	-	-	-	-	-	-	-	-
Neurology	7.2	5.5	4.1	5.1	6.5	4.5	4.8	6.0	4.2
Obstetrics	-	-	-	-	-	-	-	-	-
Ophthalmology	3.3	2.0	0.5	4.0	2.6	0.6	3.5	2.3	0.5
Oral and Maxillofacial Surgery	9.0	3.4	2.0	7.2	4.7	1.9	9.5	4.1	2.1
Paediatrics	5.4	5.3	4.4	4.6	5.4	4.4	4.0	5.1	4.0
Physiotherapy	21.0	16.7	9.0	17.9	14.4	9.0	20.8	16.1	9.3
Renal Medicine	-	-	-	-	-	-	-	-	-
Respiratory Medicine	10.3	2.8	2.1	8.5	3.3	2.1	9.0	2.9	2.1
Rheumatology	14.3	3.5	2.4	12.7	3.5	2.7	12.1	4.5	2.7
Trauma and Orthopaedics	15.3	16.4	10.2	14.9	15.1	11.0	15.9	15.5	10.8
Urology	3.1	4.4	2.1	2.9	4.5	2.3	2.0	4.8	2.4

PIFU Activity all services Worcestershire Acute – latest for areas of opportunity

		25/26							25/26 Total
SpecialtyCodeName	Metrics	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	
120: ENT	Total transfers + discharges to PIFU/PCFU	117	84	115	138	73	122	9	658
	Transfer + discharge to PIFU/PCFU (%)	5.67%	4.38%	5.59%	5.69%	4.15%	5.44%	8.18%	5.23%
100: General Surgery	Total transfers + discharges to PIFU/PCFU	104	71	109	80	44	75	4	487
	Transfer + discharge to PIFU/PCFU (%)	5.52%	3.88%	5.94%	4.45%	3.35%	4.80%	2.90%	4.70%
101: Urology	Total transfers + discharges to PIFU/PCFU	61	54	84	79	46	75	0	399
	Transfer + discharge to PIFU/PCFU (%)	2.29%	2.31%	3.06%	3.00%	2.02%	3.03%	0.00%	2.62%
330: Dermatology	Total transfers + discharges to PIFU/PCFU	8	12	27	39	42	46	4	178
	Transfer + discharge to PIFU/PCFU (%)	0.55%	0.67%	1.86%	2.21%	2.66%	2.42%	4.08%	1.77%

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Boards	**Agenda Item**	7.1
Date of Meeting	5 November 2025		
Title of Report	Foundation Group Boards Calendar of Meetings for 2026/27		
Status of report: (Consideration, position statement, information, discussion)	For approval		
Author:	Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To inform the Foundation Group Boards of future meeting dates for their diaries.		
2. Recommendations	The Foundation Group Boards are asked to consider and approve their meeting dates for 2026/27.		
3. Executive Assurance	N/A		

NHS South Warwickshire University NHS Foundation Trust

NHS Worcestershire Acute Hospitals NHS Trust

NHS George Eliot Hospital NHS Trust

NHS Wye Valley NHS Trust

2026/27: Foundation Group Boards Meeting Dates and Deadlines

Date of Meeting All meetings are 13:30 – 15:30 & 15:45 - 16:45 (Public and Confidential)	Deadline Date for Papers	Date papers to be circulated
Wednesday 6 May 2026	12pm – Tuesday 28 April 2026	Thursday 30 April 2026
Wednesday 5 August 2026	12pm – Tuesday 28 July 2026	Thursday 30 July 2026
Wednesday 4 November 2026	12pm – Tuesday 27 October 2026	Thursday 29 October 2026
Wednesday 3 March 2027	12pm – Tuesday 23 February 2027	Thursday 25 February 2027

Please forward all papers to Foundation Group EA, Chelsea.Ireland@nhs.net

Report to	Foundation Group Boards	**Agenda Item**	8.1
Date of Meeting	5 November 2025		
Title of Report	Foundation Group Strategy Committee Report from the Meeting held on 18 September 2025		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 18 September 2025		
3. Executive Assurance	N/A		

Report to Foundation Group Boards – 5 November 2025

Foundation Group Strategy Committee Report from the Meeting held on 18 September 2025

Matters of Concern or Key Risks to Escalate to the Board	Major Actions Commissioned and Work Underway
• Tertiary partnerships were discussed, and concerns were raised over inconsistent contractual delivery and block payments for undelivered services during industrial action. Along with this there was a risk of reduced mutual aid due to tertiary providers prioritising their own activity due to their own performance challenges. However, the Committee recognised that Coventry and Birmingham had seen rapid population growth. • An update on the Aseptics Joint Venture was presented and the risks identified by NHS England's Transactions Team including TUPE sensitives, accounting treatment and private finance classification. • A brief discussion on procurement services took place and frustration over lack of progress and missed opportunities was felt. The Committee believed this was due to lack of formal agreements and dedicated leadership. • An update on NHS Strategic Developments was received, this included treasury reluctance to fund redundancy costs which could delay implementation of the new national operating model.	• The Committee supported plans to continue a more in-depth review of tertiary partnerships, and a further update would be provided. • The Committee requested that case studies of embedding improvement into frontline operations, training and communities of practice case studies to be presented at a future meeting. • The Committee agreed the progression of tender preparation for the Joint Aseptics Venture and commissioning of taxation advice and business case development. • Engagement with BSOL Procurement was to progress to explore savings and data sharing initiated. • The Foundation Group Chief Executive highlighted that the process for reassessment of Foundation Trusts would commence in due course.
Positive Assurances to Provide the Board	**Decisions Made by the Committee**
• National recognition for Quality, Service Improvement and Redesign (QSIR) received, highlighting strong Trust collaboration and integration into training modules. • The Group Director of Research and Development noted that there were high levels of enthusiasm and collaboration across Group Trusts in relation to Research and Development.	• The Minutes from the previous meeting held on 17 June 2025 were approved by the Committee. • The Committee supported progression and commissioning of taxation advice for the Aseptics joint venture. • The Committee's meeting dates for 2026-27 were approved.

Positive Assurances to Provide the Board (Continued)	
• A potential site had been identified for the Aseptics joint venture, as well as an interested partner and it was noted that the venture was in alignment with Lord Carter's recommendations. • The Foundation Group Chief Executive noted that the Foundation Group was well positioned to lead integration across counties working with neighbourhood sites.	
Comments on Effectiveness of the Meeting	**Recommendation**
• The meeting demonstrated strategic alignment, collaborative engagement and forward planning. • Constructive discussions were held with clear follow-up actions, particularly around improvement, partnerships and procurements. • Contributions from members of the Committee reflected shared ownership and commitment to continuous improvement.	• The Foundation Group Boards are asked to receive and note this report.

Chelsea Ireland
Foundation Group EA