







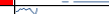













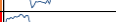



















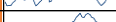












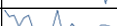




Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	57.7%	58.6%	59.6%	57.9%	57.2%	56.3%	55.4%	13020	23520			57.6%	Feb			
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	64.9%	66.2%	67.4%	65.5%	66.8%	67.6%	68.3%	2909	4260							
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		27857	27260	26915	27031	26837	27256	27780									
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1959	1981	1782	1636	1446	1287	1152					305050	February			
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	568	609	433	478	448	342	112					75004				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	34	33	18	16	7	16	9					9969				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	4	4	3	1	1	0					252				
	GP Referrals	Chief Operating Officer	2019/20	118%	110%	117%	98%	104%	119%		3458	2909							
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	113%	111%	113%	101%	112%	116%	129%	5454	4226							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	82%	112%	88%	121%	114%	113%	83%	5454	6540							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	110%	101%	110%	101%	109%	109%	124%	17257	13940							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	86%	113%	93%	133%	126%	120%	89%	17257	19325							
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	100%	95%	101%	92%	99%	106%	121%	2891	2389							
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	80%	104%	84%	112%	104%	113%	84%	2891	3446							
	BADS Daycase rates	Chief Operating Officer	Actual	76.7%	78.0%	76.7%	75.3%				0	0							
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%									
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%	81.5%	80.3%	82.8%	82.3%	82.8%	84.1%	84.7%									
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	30	15	29	31	65	36	31									
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	143%	130%	130%	119%	125%	111%	107%	2911	2708							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	83%	86%	131%	158%	143%	150%	99%	756	761							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	185%	158%	181%	148%	114%	95%	149%	1717	1154							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	27.6%	22.5%	17.2%	13.2%	17.9%	15.6%	21.5%	1489	6924							
															20.8%	Feb			
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	95.4%	96.2%	92.9%	92.2%	91.3%	92.1%	93.8%	144	153							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	23.9%	23.3%	22.9%	23.8%	24.3%	24.3%	19.5%	22	113							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	61.7%	63.6%	66.0%	64.9%	63.8%	64.6%	62.9%	132	210							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	93.4%	92.5%	92.6%	92.5%	88.4%	88.2%	87.0%	100	115							
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2022/23	98%	93%	97%	95%	141%	115%	99%	150	151							
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:35	1:24	1:23	1:24	1:24	1:22										
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development							0	0							
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	6.4%	6.8%	6.5%	6.9%	6.5%	6.2%	6.0%	1583	24649							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	85.1%	81.9%	86.3%	83.6%	83.3%	86.5%	87.0%	12782	14685							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	108%	97%	109%	102%	108%	106%	122%	11803	9714							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	88%	114%	95%	139%	132%	124%	92%	11803	12785							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	22.0%	21.7%	20.7%	20.4%	21.1%	19.8%	19.2%	3316	17257							
Prevention long term conditions																			
	Maternity - Smoking at Delivery	Chief Nursing Officer		12.2%	5.7%	6.9%	8.1%	2.8%	13.1%	8.7%	13	150							

Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	99%	100%	100%	99%	100%	100%	100%	317	317	98%			95%	Mar			
Bed occupancy - Community Wards	Chief Operating Officer	<92%	96%	97%	100%	99%	.	96%	98%	78	80	96%							
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	52	81	49	28	24	65	74			1021			4811	Feb			
Patient ward moves emergency admissions (acute)	Chief Operating Officer		7%	9%	9%	8%	11%	10%	9%	128	1322	9%							
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	3.7	3.8	4.1	3.8	4.0	3.9	3.7	9068	2445	3.943235			4.4	Feb to Jan			
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.2	3.0	2.2	2.3	2.4	2.8	2.7	722	250	2.3			3.1	Feb to Jan			
Medically fit for discharge - Acute	Chief Operating Officer	5%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	1762	9427				23.1%	Dec			
Medically fit for discharge - Community	Chief Operating Officer	10%	54.3%	43.6%	39.4%	43.6%	50.1%	51.6%	50.1%	1366	2725								
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	10.9%	11.6%	11.4%	11.2%				500	4449	10.8%			7.5%	Jan to Dec			
HSMR - Rolling 12 months	Chief Medical Officer	<100	114.5	111.3	112.8	111.9				766	688				99	Nov to Jan			
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	102.8	101.6	102.1					1260	1235				100	Feb to Oct			
Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0			1							
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	1	0			1							
MSSA Bacteraemia	Chief Nursing Officer		1	4	4	2	1	2	2			21							
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	2	3	3	4	3	3	2			38							
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	0	0	5	3	2	2	1			29							
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0	1									11							
Serious Incidents	Chief Nursing Officer	Actual	5									38							
VTE Risk Assessments	Chief Medical Officer	95%	89.1%	88.5%	89.8%	88.0%	87.4%	89.1%	88.1%	4478	5080	89.4%							
WHO Checklist	Chief Medical Officer	100%	99.4%			99.4%													
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	44.7%	62.9%	64.3%	48.1%	53.5%	66.7%	63.0%	17	27	64.1%							
Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	33.3%	100.0%	100.0%	0.0%	66.7%	60.0%	33.3%	1	3	58.1%							
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	70.0%	85.2%	90.9%	90.6%	80.0%	77.6%	82.6%	38	46	81.8%							
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	In development							0	0								
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	In development							0	0								
Number of complaints	Chief Nursing Officer	2022/23 (253)	30	35	34	24	27	29	38			373							
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	1	0	0	0	0	0			1							
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	36.8%	32.4%	52.2%	17.6%	34.6%	37.9%	36.7%	11	29	40.1%							

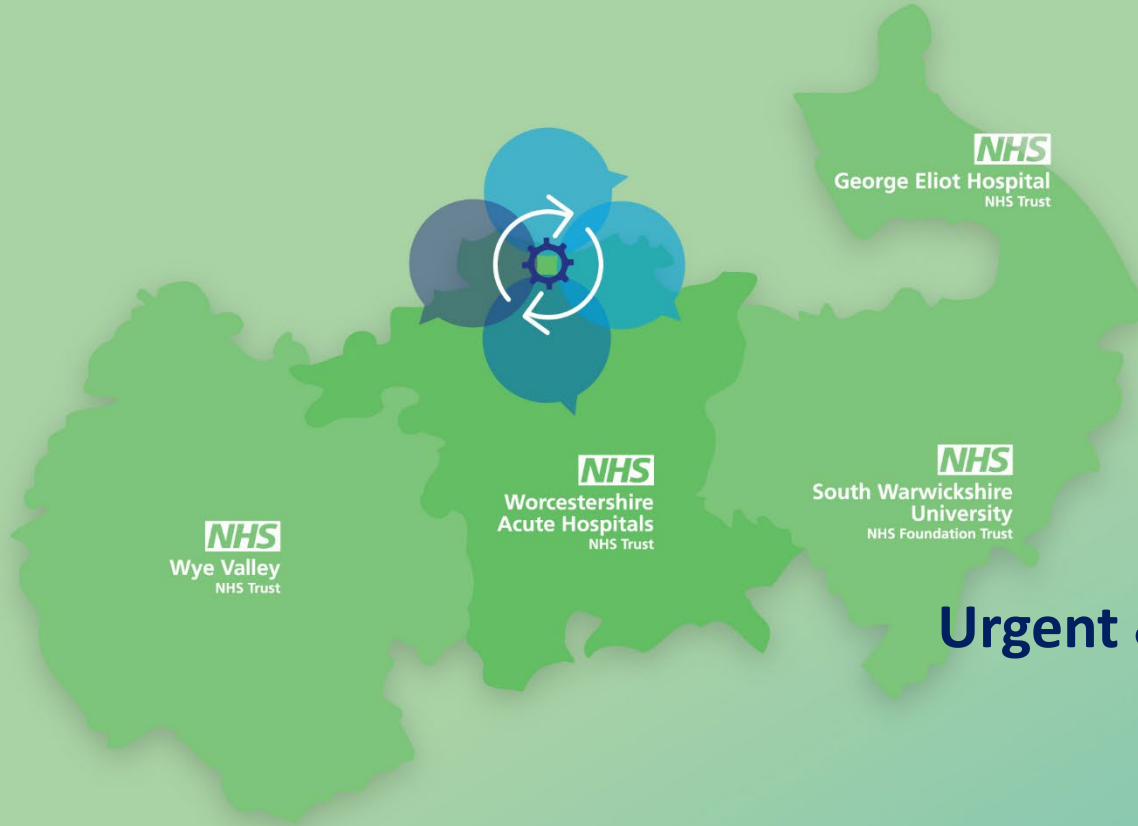
4	5023	0.1%							
					77%	January			
187	211	86.0%			94%				
4	4	93.9%			95%				
		86.7%			92%				
									
									
211	1269	16.9%							
23	145	22.3%							

Latest Month				Latest Available Monthly Position						
Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark	
		7%								
2260	3190	75%			76%	2021/22				
34695	39248	89%			88%					
4383	110730	5%			6%	Oct				
359	3447	10%								
146	3719	5%								

Latest Month				Latest Available Monthly Position						
Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark	
		-£21,973								
-£9,316	£42,073	-1.4%								
		-£20,481								
-£13,529	£42,073	-5.7%								
		-£7,743								
		£16,308								
£1,127	£18,616	8%								
		-£6,328								
		£19								
£18,329	£18,125	89.2%								
£5,733	£5,873	89.1%								

Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	2 May 2024		
Title of Report	Deep Dive into Urgent and Emergency Care (including Virtual Wards, Length of Stay, Demand Management and Discharge to Assess)		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion		
Author:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Helen Lancaster, Chief Operating officer of WHAT		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Helen Lancaster, Chief Operating officer of WHAT		
1. Purpose of the Report	<p>To provide the Foundation Group Board with a current update of the position faced across the Foundation Group in the delivery of Urgent and Emergency Care (UEC).</p> <p>It is recognised that all Trusts across the Foundation Group have experienced issues, drivers and introduced improvement opportunities, particularly during the national challenge to improve 4-hour Emergency Access Standards in March 2024, with plans to focus on winter 2024/25 as early as possible.</p> <p>The report also shows data graphs relating to attendances, 4-hour performance, length of stay and Virtual Ward activity and aspirations (from a Community of Practice approach). Common findings amongst the Group have been identified as has next steps.</p>		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings.		

Benefits of Working in a Foundation Group



Urgent & Emergency Care Review

Foundation Group Board – MAY 2024

Introduction

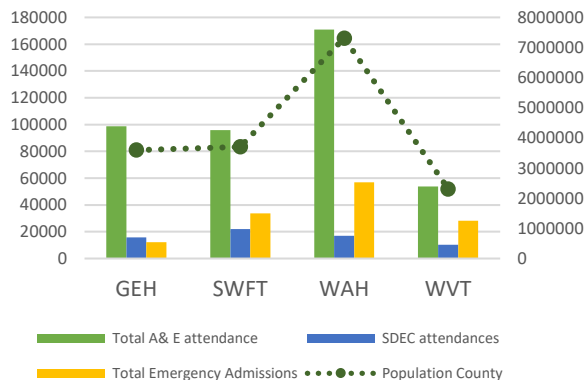
Urgent and Emergency Care (UEC) Services perform a critical role in keeping the population healthy and have a role to play in supporting patients to receive the right care, by the right person, in the right place, as quickly as possible:

- Attendance avoidance
- Emergency Department and Same Day Emergency Care (SDEC) areas,
- Pathway admission, length of stay and criteria to reside,
- Discharge pathways with community support and care, and virtual wards,

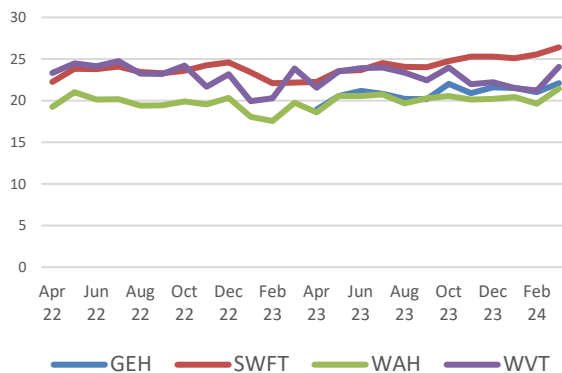


Attendances

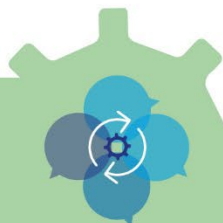
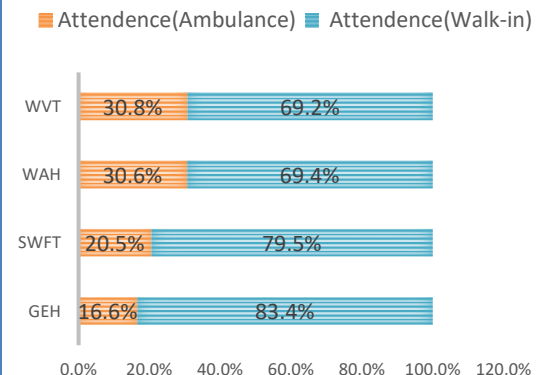
URGENT ACTIVITY TYPES
APR23-MAR 24



TYPE 1 A&E ATTENDANCES PER
1000 POPULATION

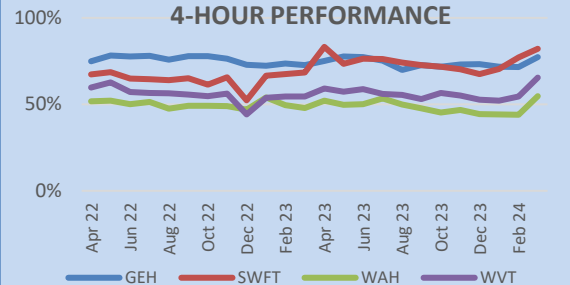


AMBULANCE/WALK IN
APR 23-MAR 24

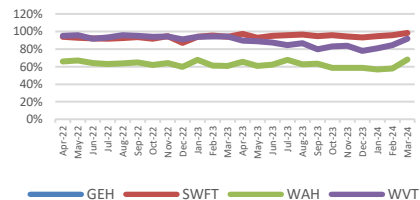


Emergency Department and Same Day Emergency Care (SDECs)

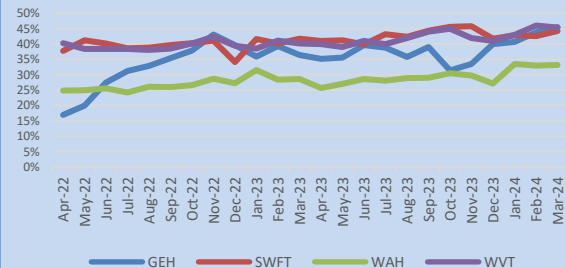
4-HOUR PERFORMANCE



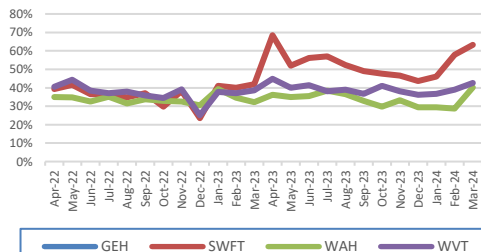
Type 1 4-hour Performance MINORS



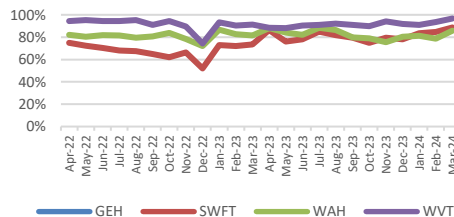
% of Emergency admissions through SDEC



Type 1 4-hour Performance MAJORS



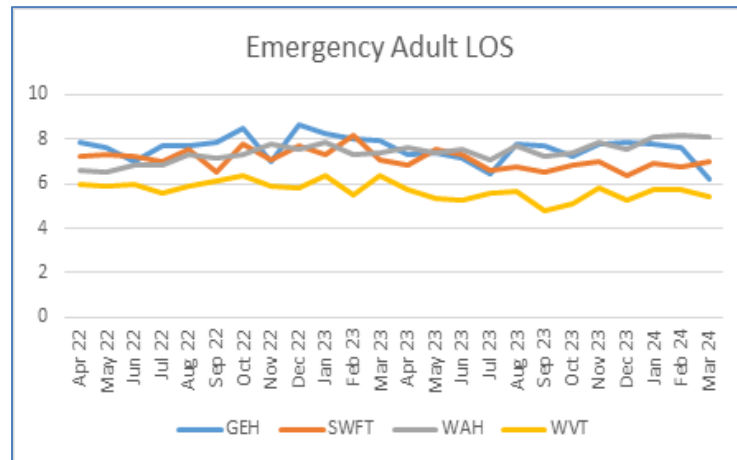
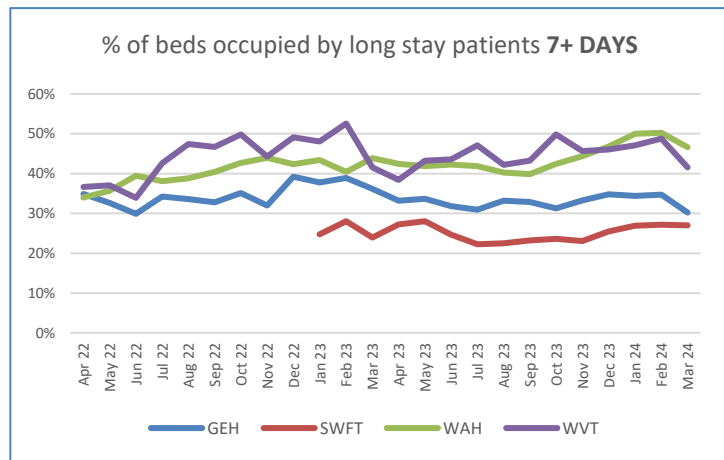
Type 1 4 hour performance PAEDS



SDECs (at a glance)	GEH	SWFT	WAHT	WVT
Medicine	✓	✓	✓	✓
Frailty	✓	✓	✓	✓
Surgical	✓	✓	✓	✓
Paediatric		✓		✓
Early Pregnancy & Gynae		✓	✓	✓
Cardiology			✓	
Therapy		✓		



Length of Stay



Virtual Wards : *Implementation and plans for onboarding VWs*

[illegible]

Issues

- Overcrowding in the Emergency Department
- High number of patients waiting more than 12 hours for admission
- Increased number of >60min Ambulance handover delays

Drivers

- High number of No Criteria To Reside patients
- <33% of discharges occurring before midday
- High number of >21day Length of Stay patients.

Improvements

- Clinically Exec led Multi-Agency Discharge Events (MaDE) taking place weekly focus on long length of stay
- System collaboration discharge event w/c 15th April '24
- Site reconfiguration to rebase the medical capacity available / closure of surge areas
- Implementation of iBox ward module



Issues

- Intelligence Conveyancing

Drivers

- Increased numbers of out of area patients, between 40-80 per day
- Increased surgical attendances
- IP demand for side rooms

Improvements

- Introduction of Clinical Decision Unit
- Surgical Assessment Unit, 7/7
- Extension of GP hours and slots
- Private Ambulance
- To aide flow, created Early Facilitation Flow Area for patients to await TTOs, etc.. In readiness for confirmed discharge
- Patient flow battle rhythm:
 - Daily: Red2Green assessment
 - Tuesday: Stranded Patient review To include Mental Health patients with CWPT, and Long LOS review at Silver
 - Wednesday: Out of Area MaDE and Bronze to Ward and Data-led Performance Review at Silver
 - Thursday : Action focussed Stranded Patient review with CLD opportunities for weekend
 - Friday: Long LOS MDT



Issues

- Ambulance handover breaches over 60 minutes still occurring.
- Bed capacity is compromised due to sedate flow. More discharges required earlier in the day.
- Review efficiencies for Gen Med patients and onward care patients needed
- Intelligent conveyancing
- Site configuration

Drivers

- Length of stay requires improvement, particularly for emergency admissions.
- High volumes of long length of stay patients (inc. on pathways)
- Poor pathway discharge totals
- High volumes of walk-ins, non-admitted and non-referred.
- Bed allocations not fully aligned to demand.
- High demand for side rooms due to IPC

Improvements

- Patient Flow Programme to address LOS reduction, LLOS reduction, SPOA implementation, SDEC, Internal Professional Standards
- Revision of bed base – WRH is too ‘hot’ and Gen Med ownership.
- Introduction of single point of access, with “call before convey” for ambulance service
- Handover delays reducing in volume and length – supported by Ambulance Handover protocol and revision to ED GRAT process



Issues:

- Significant ED congestion across all pathways
 - Challenges with Time to Initial Assessment and Time to be Seen
- Capacity with SDEC area to support ED flow

Drivers:

- Senior Nurse Streamer: At ED reception 12/7 – streaming to the right clinical pathway on arrive – SDECs / Minors / Primary Care
- Minors Pathway: Increase support for Minor Injuries and GP [10/7] for Minor Illness Pathway
- SDECs Pathways: Increased capacity to “pull” from ED
 - Additional Surgical SDEC capacity at weekends
 - Medical SDEC review of patient condition to utilise Medical Day Case and refer patient to VW rather than FUP face-to-face
 - Paediatric SDEC – improved escalation and oversight
 - Gynae SDEC – ring-fenced capacity and ring-fence inpatient bed to maintain flow
- Increased Hot Clinic: ENT hot clinics slots each weekday morning and afternoon – reduce ENT Fit2Sit ED breaches

Improvements:

- Minors Performance, 92% for March, our best since March last year
- Paediatrics Performance, 97% for March, our best performance for more than 2 years
- Average Time to Triage of 23 minutes / Time to be Seen and treatment started 60% within an hour, both our best performance for more than 2 years
- A reduction in the time patients waited in ED for over 12 hours reduced to its lowest level for more than 2 years
- SDECs: Additional 188 patients seen in SDECs compared with January 24 – highest patients throughput via SDEC
- GP in ED: Saw a total of 460 patients 4th-31st March – 445 seen within 4 hours - 98% 4hr EAS
- UEC improvement Programme for 24/25 includes all the above learning converted into schemes as part of “WVT Valuing Patients Time” agenda



Group Challenges and Opportunities

Common challenges across the Group

- As patients move away from the front door to SDECs, it will be imperative that the hospital flow allows faster transfer for admitted patients to beds. The 4-hour EAS is harder to achieve as the short stay ED patients will no longer be seen in ED.
- Out of Area – conveyances and Discharge delays
- Virtual Ward – utilisation & expansion
- Streaming to Primary Care – that support patient experience and timeliness
- 7 Day working and how to deliver
- High Acuity: Average acuity score Feb:
 - SWFT: 4.46,
 - GEH:4.76,
 - WAHT Alex 4.79, WHAT Worcester 4.28,
 - WVT 5.21

Common opportunities for learnings across the Group

- Same Day Emergency Care (SDEC) - what has worked well and has not worked well
- What are our productivity gains achieved by improving LOS.
- Single Point of Access developments
- OPAT expansion (including introduction of Fluflex)
- Consultant Connect learning
- Development of Virtual Ward offer.



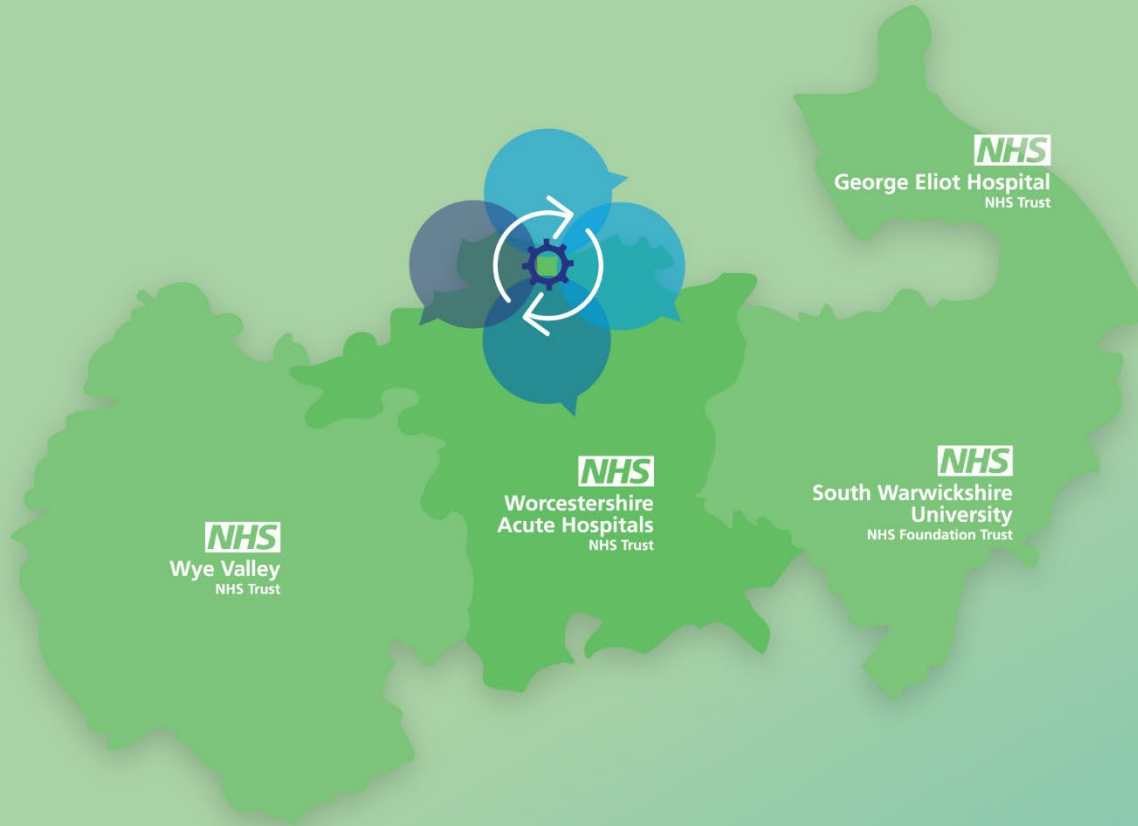
What's next?

- To hold a Foundation Group Debrief Winter Planning Summit, to identify any sharing of best practice or implementation of plans. Early preparation for next winter planning.
- To develop an SDEC Community of Practice across the Group to share learnings, benefits realised from SDECs and share best practice – *whilst recognising our differences*
 - To understand variance of Emergency admissions through SDEC through COP
- Strategy & Planning: Demand and Capacity focus on Bed modelling and population



Report to	Foundation Group Boards	Agenda Item	6.3
Date of Meeting	2 May 2024		
Title of Report	Safe Staffing Overview (to include Nurse Per Bed Ratio)		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Jeanette Halborg, Deputy Chief Nursing Officer GEH, Emma Smith, Associate Chief Nursing Officer WVT, Ellie Ward, Deputy Chief Nursing Officer SWFT, and Sue Smith, Deputy Chief Nursing Officer WHAT.		
Lead Executive Director:	Natalie Green, Chief Nursing Officer GEH, Lucy Flanagan, Chief Nursing Officer WVT, Fiona Burton, Chief Nursing Officer SWFT, and Sarah Shingler, Chief Nursing Officer WAHT.		
1. Purpose of the Report	To provide the Foundation Group Board with a Group overview of inpatient Nurse staffing.		
2. Recommendations	The Foundation Group Board is asked to receive and note this report.		
3. Executive Assurance	This report provides assurance that safe staffing was reported from all four Trusts for Quarter 4 (Q4) with consistent fill rates being reported on the 'safer staffing return' and Care Hours Per Patient Day (CHPPD) is stable across the four Trusts and within national variance. Also to note, there has been no correlation between staffing incidents and reported patient harm.		

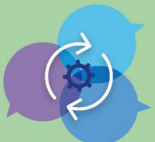
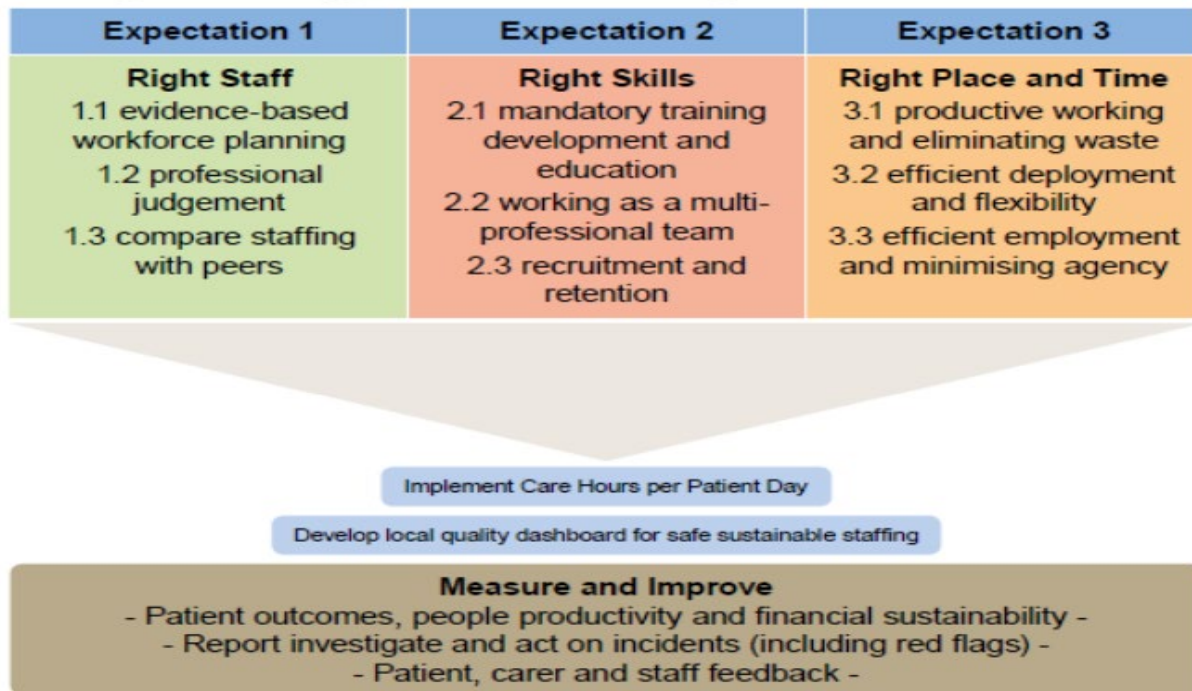
April 2024
(Quarter 4 data)



Safer Nurse Staffing

Fiona Burton – CNO SWFT
Lucy Flanagan – CNO – WVT
Natalie Green – CNO – GEH
Sarah Shingler – CNO - WAHT

National Context – Safer Nurse Staffing

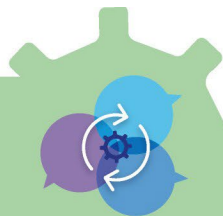


Safer Nurse Staffing Dashboard

Staffing dashboard	SWFT			WVT			GEH			WAHT		
	Jan 24	Feb 24	Mar 24	Jan 24	Feb 24	Mar 24	Jan 24	Feb 24	Mar 24	Jan 24	Feb 24	Mar 24
Number of beds	384	384	384	386	386	386	359	359	359	853	853	853
Vacancy rates RN (%)	10.54%	9.68%	9.87%	1.1%	0.7%	0.5%	5.93%	7.2%	5.33%	3.58%	3.19%	2.84%
Vacancy rates HCA (%)	6.02%	5.13%	5.56%	5.0%	5.6%	5.0%	5.99%	6.6%	4.41%	9.36%	7.81%	5.9%
Safer staffing return (Unify) overall	104%	103%	105%	114%	114%	109%	142%	108%	No available data	101%	102%	102%
CHPPD overall	8.1	7.6	8.2	8.3	8.2	7.8	6.9	6.8	No available data	8.4	8.6	8.7
Incidents / red flags	18	23	21	8	23	21	11	13	9	22	19	29
Overall NHSP/bank & Agency requests & fill RN (%)	94%	93%	94%	86%	94%	96%	92%	93%	93%	92%	95%	94%
Overall NHSP/bank & Agency requests & fill HCA (%)	86%	87%	86%	90%	95%	96%	83%	83%	87%	83.8%	87.5%	89.7
Agency / bank spend RN (%)	18%	19%	18%	19.58%	18.53%	14.37%	24%	24%	18%	19%	18.85%	20.45%
Agency / bank spend HCA (%)	17%	20%	24%	22.92%	24.39%	20.22%	24%	24%	19%	27%	29%	14.98%
Sickness RN (%)	8.33%	7.82%	No available data	6.6%	5.9%	3.6%	10.32%	10.34%	9.64%	7.19%	6.73%	6.8%
Sickness HCA (%)	Combined	Combined	Combined	8.5%	7.6%	4.62%	Combined	Combined	Combined	8.85%	8.53%	8.36%
Quality indicators:												
Falls with harm in month (per 1000 bed days)	0.79	1.08	0.94	0.15	0.16	0.07	0.00	0.16	0.08	0	0	0
Hospital acquired pressure ulcers (per 1000 bed days)	0.26	0.07	0.07	2.52	2.48	1.35	4.37	3.86	3.58	0.93	1.16	0.91
Friends and family recommended %	91%	88%	89%	91.7%	91.7%	91.9%	89%	82%	90%	94.3%	93.2%	93.9%

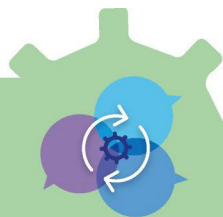
Combined CNO Exceptions and Escalations

- Vacancy rates for Registered nurses and Healthcare Assistants (HCA's) are reducing across the Group
- The Safer staffing return figures and Care Hours Per Patient Day (CHPDD) are stable across the Group with CHPDD being within the national variance
- There is no correlation between staffing incidents and patient harm across the Group
- Agency / bank fill rates are stable across the Group with some variation being seen in the agency and bank spends but a reduction in spend in some areas
- Sickness rates for Registered Nurses (RN's) and Healthcare Assistants are reducing across the Group
- Falls with harm and pressure ulcers with care omissions remain low across the Group and are all reported per 1000 bed days.
- Additional capacity beds remain open across the Group resulting in unplanned spend on temporary staffing.
- Boarding of patients continues across the Group and continues to be a patient safety concern.
- Cessation of use of all off framework agencies from July 2024 is a risk in Paediatric services across the Group; plans being worked through to mitigate this risk



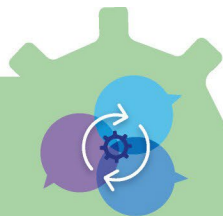
Exceptions and Escalations – Fiona Burton CNO SWFT

- The 384 core beds exclude Maternity, our CERU head injury unit and Feldon as part of the stroke pathway with University Hospitals Coventry and Warwickshire (UHCW). The capacity escalation includes up to 30 additional beds within existing areas. On numerous occasions between January and March 24 additional capacity beds were opened resulting in unplanned spend on temporary staffing.
- NHS England (NHSE) has directed a cessation of all off framework agency from July 2024. This presents a risk, as use of off framework at SWFT is driven by paediatric nursing in the acute and complex care packages for children, plus emergency cover for Special Care Baby Unit (SCBU), and there are limited agencies who can provide this specialist cover. Teams are planning mitigations for July including recruitment drives and negotiations with other agencies. This is an opportunity as a system and group to reduce rates and work together to find solutions.
- The majority of temporary staff fill is with bank rather than agency, with very little Clinical Support Worker (CSW) agency used and 61% RN bank fill.
- The Trust has ended the year with nurse agency spend of £9.501m. This is a £2 m reduction on 22/23, c. 3.4% of total pay and therefore met the agency ceiling. This was despite a significant year on year increase in the clinical workforce headcount.
- Nurse vacancies have also decreased and are at the lowest level since pre 22/23. Some Divisions are now showing over-establishment at CSW level; this is likely to be due to Trainee Nurse Associates / Nurse apprentices being in post but not budgeted.
- The CNO led Project 1000 system work to close the current gap and ensure nursing future workforce continues. There has been great success at SWFT in nursing apprentices and growing our own workforce with a high retention rate in this cohort. We continue to support this programme at cost pressure as the right thing to do to address future staffing needs in the face of a decline in students taking up a nursing degree.
- There was no correlation between staffing incidents and patient harms this quarter. All inadequate staffing incidents were reported as resulting in no harm. Falls with harm and pressure ulcers with care omissions remain low and are reported per 1000 bed days.



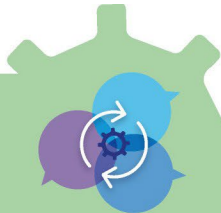
Exceptions and Escalations – Lucy Flanagan CNO WVT

- The Trust have continued to utilise 31 additional and escalation beds during this period driving a temporary workforce demand of 40wte (whole-time equivalent) in the quarter.
- Throughout this period, we have had an average of 24 boarders per day with up to 35 at times of extreme pressures – when required additional staff will be booked to maintain patient safety
- A large proportion of Emergency Department staffing is unfunded and equates to 24wte. A business case for staffing is in development.
- In year service developments equate to temporary workforce of 20wte, these will be funded from April 2024
- Recent Trust Management Board paper to increase funded establishment and recruit substantively where appropriate to do so has been agreed, this includes increasing headroom (timeout allowance) for HCA staff to 21% in line with nursing
- Care hours per patient day would be 7.3 average based on funded establishment
- Despite a strong vacancy position for registered nurses the factors above are driving a high level of agency demand
- Pressure Ulcer Information includes more than hospital acquired and is for all grades of pressure ulcer – this is an area of focus
- NHSE has directed a cessation of all off framework agency from July 24. This presents a risk for SCBU and paediatric nursing due to limited agencies who can provide this specialist cover.
- Master vend contract due for renewal – options appraisal for agency provision in development and mitigation plan for July directive
- Agency spend at end of year 9.2m compared to 14m in prior year



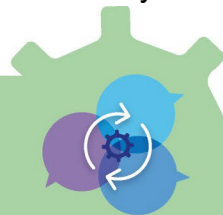
Exceptions and Escalations – Natalie Green CNO GEH

- Total funded beds = **359** Actual beds open (excluding boarders) = **387** Overall total funded/ unfunded/ Boarders = **396** in Jan, **396** in Feb, **400** in March 2024 (Excludes Maternity and Neonates)
- Additional unfunded capacity across the Trust has, in the main, been staffed through NHS Providers (NHSP) bank or agency.
- Staffing gaps for the next 24 hours are risk assessed daily through the safe staffing meeting and escalated appropriately.
- All red flag incidents and patient harms are reviewed by the senior team – there has been no correlation between staffing levels and reported harm.
- Zero off-framework agency use in the Trust since July 2023. Agency is not used for Healthcare Support Worker (HCSW) shifts.
- We are reducing expenditure of NHSP and Agency costs and the visibility of shifts to agencies. Hourly rates have been aligned to national cap and any agencies not compliant are under 'golden key' which requires corporate nurse sign off via a staffing risk assessment.
- Agency usage is predominately in the Intensive Care Unit, Emergency Department (ED), Childrens Assessment Unit and Theatres.
- Month 12 nursing agency spend is below NHSE 3.7% KPI – GEH 3.2% reduced from 9.5% in month 1.
- Extensive establishment review and budget alignment with planned rosters took place in quarter 4 to ensure 2024/25 budgets tally.
- 10 cohorts of 10/12 IEN have arrived at GEH cohort 10 arrived February 2024.. Totalling 110wte IEN.
- Domestic Registered Nurse recruitment on average has totalled between 3 – 5 a month.
- Percentage of Maternity leave for Jan 3.24%, Feb 2.57% Mar 2.48 %. This remains a cost pressure as there is no provision in establishments for cover. Sickness is above the 4% accounted for in the 21% establishment uplift and study leave is closely monitored however the 2% uplift does not cover all requirements for mandatory training or other leave.
- The current nursing workforce across the Trust is relatively junior. This is due to a combination of IEN throughout the year, newly qualified nurses domestically recruited and HCSW working in the NHS for the first time.
- Retention data demonstrates that the average leavers per month is RNs = 8 and HCSW = 8



Exceptions and Escalations – Sarah Shingler CNO WAHT

- Number of General and Acute (G&A) beds
 - January – March 2024: 853 to include 2 winter wards (48 beds). Plus 20 surge beds, 28 boarding spaces, 18 ED corridor care spaces
- Bank and agency - Winter wards, surge beds, boarding spaces and ED corridor care continue to be reliant on temporary staffing. In addition, temporary staff are also required for GRAT nurses and waiting room nurses in ED. To note: the reduction in HCA bank and agency spend due to the increase in substantive headcount. Usage of off framework agency for Q4 was a total of 63.5 hours, used mainly in Paediatrics and ED on a bank holiday.
- Continued progress demonstrated in the reduction of both RN and HCA vacancies.
- 12 cohorts of Internationally recruited nurses arrived, the last cohort in March, totalling 151wte for the 23/24 financial year
- Safer Staffing Return (Unify) data consistently above 95% required fill rate
- CHPPD
 - The figures are within the national range of 6.33 to 15.48 and are stable between 8.4 and 8.7
- Nurse to bed ratios
 - Some variance from NICE guidance of 1:8 for adult inpatient wards (range from 1:4.25 to 1:9.5) due to specialty wards and smaller ward templates
 - The 2nd acuity and dependency study for the year concludes in April and meetings are scheduled to review all nursing establishments, ward templates and staffing models.
- Incidents / red flags – consistent reporting demonstrated with no associated patient harm
- Quality indicators – no concerns to escalate.



Report to	Foundation Group Boards	Agenda Item	6.4
Date of Meeting	2 May 2024		
Title of Report	Implementation of the Sexual Safety Charter		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Gertie Nic Philib, Chief People Officer, GEH & SWFT Geoffrey Etule, Chief People Officer WVT Ali Koeltgen, Chief People Officer WAHT		
Lead Executive Director:	Gertie Nic Philib, Chief People Officer, GEH & SWFT		
1. Purpose of the Report	This report updates Foundation Group Boards on the status of the implementation of the sexual safety charter in each of the Trusts.		
2. Recommendations	Foundation Group Boards are asked to receive and note this report.		
3. Executive Assurance	Foundation Group Boards may take assurance that each organisation has signed its commitment to the national charter and that there are action plans in place in each organisation to respond to the charter.		

**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 – 2 May 2024

Implementation of the Sexual Safety Charter

Introduction

In June 2023, NHS England launched the Sexual Safety in healthcare – organisational Charter, which set out the clear aim that those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. The Sexual Safety Charter was launched in response to a number of reports of sexual assault, harassment and abuse in the NHS (see appendix 1).

The Charter built on the Domestic Abuse and Sexual Violence (DASV) Programme, which was launched in July 2022 with the aim of supporting staff, establishing national leadership and improving data collection.

Sexual harassment, abuse and/or misogynistic behaviours have no place in the modern workplace and any such behaviour falls significantly below our expectations of staff, volunteers and contractors and, as such, all four organisations have formally signed up to support the Charter.

The Sexual Safety Charter

As signatories to the Sexual Safety Charter, the four Trusts have committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

The Charter sets out 10 principles and actions to achieve a safe and supported work environment:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours;
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate;
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours;
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour;
6. We will ensure appropriate, specific and clear policies are in place. They will include appropriate and timely action against alleged perpetrators;
7. We will ensure appropriate, specific, and clear training is in place;
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours;
9. We will take all reports seriously and appropriate and timely action will be taken in all cases;
10. We will capture and share data on prevalence and staff experience transparently.

Where any of the ten principles of the Charter are not in place, Trusts are asked to commit to working to ensure that they are in place by July 2024.

All four Trusts have confirmed that they meet all ten principles of the Charter, albeit each organisation has noted that there is additional work to be done in this area and have developed supporting workstreams accordingly.

Staff Survey

In 2023, under the People Promise of “We are safe and healthy” the National Staff Survey included two question on sexual harassment for the first time, the questions asked about whether staff had experience unwanted behaviours of a sexual nature and split responses into behaviours experienced from:

A – patients, service users, their relatives or other members of the public

B – staff or colleagues

The table below sets out the responses received against these questions by Trust.

Table 1: Staff Survey responses on unwanted sexual behaviour

Trust	Q17a – In the last 12 months have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients/ service users, their relatives or other member of the public	Q17b – In the last 12 months have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleague
National Average	7.73%	3.82%
National best result	0.93%	1.44%
GEH	8.07%	3.65%
SWFT	7.59%	2.46%
WAHT	9.41%	4.21%
WVT	7.41%	4.16%

The findings of the Staff Survey surveys put survivor voices front and centre for the first time, and we must ensure they are not just heard, but listened to. It is critical that our workforce and colleagues who have experienced or witnessed these crimes feel empowered to speak up, report and call out this behaviour.

The 2025/25 priorities and operational planning guidance, issues in March 2024, has asked that every NHS organisation implement the Charter and looks to respond to the Staff Survey feedback and improve safety at work.

Actions to support the Sexual Safety Charter

It is noted that all four Trusts have confirmed they meet the ten principles of the Charter but have identified additional workstreams to support embedding and to improve experience in this important area.

The workstreams focus on areas such as:

- **Cultural change**

- Including: values and behavioural frameworks, communication campaigns, senior leadership role modelling and sharing of experiences; Regular HR, FTSU Guardian and Domestic Abuse Lead officer meetings to address any untoward behaviours and take appropriate actions to tackle any unwanted sexual harassment and behaviours;
- **Policy and training**
 - Including: Sexual Safety Policy development; Freedom to Speak Up, Dignity at Work and Safeguarding Policies; Development of sexual safety policies, developing specific sexual safety awareness training; Active Bystander training; Civility and Respect training;
- **Support**
 - Including: Sexual Safety Resource packs, signposting, reporting mechanisms, Freedom to Speak Up, development of Champions, considerations of the psychological safety to raise concerns; staff engagement campaigns to raise awareness of zero tolerance and support available

The workstreams include representation from a wide range of stakeholders including Staff Side, Freedom to Speak Up, Health and Wellbeing, People teams, Communications, Safeguarding. They also include representatives from different staff groups, including doctors of all grades

It is noted that there is a congruence across some of the workstreams, which provides and opportunity to work collaboratively across the Foundation Group on areas such as policy development, training, communications etc.

Conclusion

The Foundation Group Boards may take assurance that all four Trusts have formally signed up to the Sexual Safety Charter with a commitment to zero-tolerance of any unwanted, inappropriate and/or harmful sexual behaviours towards our staff. Further assurance may be taken that all four organisations have confirmed they meet the ten principles of the Charter.

It is noted that sexual harassment, abuse or assault is significantly under reported and as such all four Trusts are continuing with work to increase reporting, improving psychological safety for reporting, along with supportive work of signposting staff, developing policies and associated training on sexual safety and on-going cultural development to eradicate any such inappropriate behaviour.

Gertie Nic Philib
Chief People Officer SWFT/GEH

Sexual Safety UK

1 in 4 women and 1 in 18 men have been **raped or sexually assaulted** as an adult. Rape Crisis England & Wales

58% of women (3 in 5) have experienced **sexual harassment, bullying or verbal abuse at work**. TUC Poll, 2023

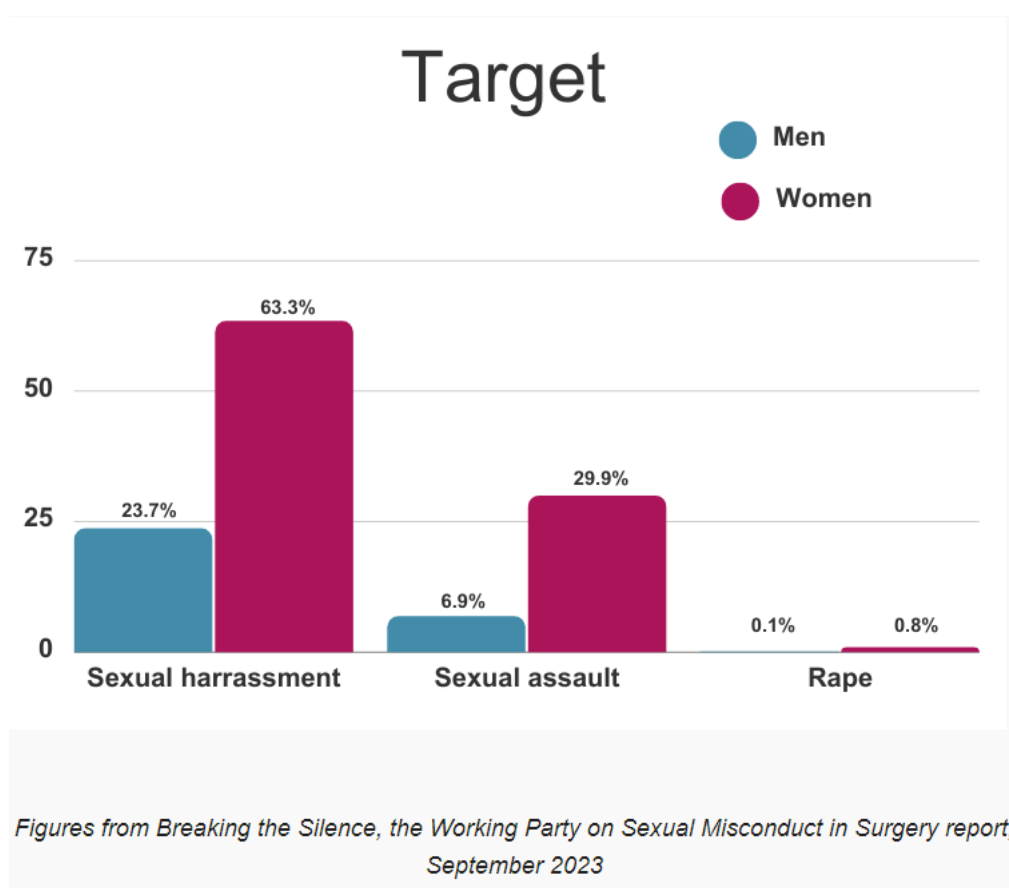
43% of women (2 in 5) have experienced **at least three incidents** of sexual harassment. TUC Poll, 2023

Health and social care staff are **more likely** to experience these crimes.

Black and minority, disabled, and LGBTQ+ communities experience abuse at a **disproportionate rate**.

*** Underreporting** of these crimes is significant.

Source: Rape Crisis Centre England & Wales, England and TUC Poll 2023



Source: Royal College of Surgeons, England; September 2023

Report to	Foundation Group Boards	Agenda Item	7.1
Date of Meeting	2 May 2024		
Title of Report	Annual Review of Board Committee Terms of Reference		
Status of report: (Consideration, position statement, information, discussion)	For approval		
Author:	<p>Erica Hermon, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)</p>		
Lead Executive Director:	Managing Directors, Chief Finance Officers, Chief People Officers and Chief Nursing Officers across the Foundation Group.		
1. Purpose of the Report	To ensure the Foundation Group Boards have an opportunity to consider and ratify the Board Committee Terms of Reference as part of the annual review process.		
2. Recommendations	<p>The Foundation Group Boards are asked to:</p> <ul style="list-style-type: none"> (a) consider and ratify the proposed Foundation Group combined Terms of Reference for the Audit Committee; (b) consider and ratify the proposed Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee; (c) consider and ratify the proposed Terms of Reference for the Foundation Group Strategy Committee; (d) receive and note the Foundation Group combined Terms of Reference for the Charity Trustee; (e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group, and (f) receive and note the update on the Foundation Group combined Terms of Reference for the Trust Management Board and Finance and Performance Executive. 		

3. Executive Assurance

The Foundation Group Boards can be assured by the work taken place to review the Terms of Reference for each of the Board Committees, Charity Trustee, Trust Management Board and Finance and Performance Executive across the Foundation Group, which ensures they are aligned and a consistent approach where possible.

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

Report to Foundation Group Boards – 2 May 2024

Annual Review of Board Committee Terms of Reference

1. Introduction

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

2. Board Committee Terms of Reference – Annual Review

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

The Foundation Group combined Terms of Reference were presented to each Audit Committee and Appointments and Remunerations Committee within the Foundation Group, with comments and amendments captured in the final versions attached to this report for consideration and ratification (Appendix A and B). It should be noted that the Audit Committee Terms of Reference have also been reviewed to ensure they are in line with the HFMA's NHS Audit Committee handbook published on 20 March 2024.

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

Also the Foundation Group combined Charity Trustee Terms of Reference have been considered and approved by each of the Charity Trustees across the Foundation Group. As the Charity Trustee for each Trust is a corporate trustee and not a Board Committee, the Terms of Reference do not require Board approval and have therefore been attached for information only (Appendix D).

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

Work has also been taking place to combine the Finance and Performance Executive (F&PE) Terms of Reference and also the Trust Management Board Terms of Reference, however further work is required on both sets of Terms of Reference. The Trust Management Board Terms of Reference will be submitted to either a future Foundation Group Boards or the individual Board meetings for approval. The F&PE Terms of Reference

will be considered by each F&PE and then submitted to each Trust Management Board for approval. Approval is not required by the Foundation Group Boards as F&PE is not a Board Committee.

3. Recommendations

The Foundation Group Boards are asked to:

- (a) consider and ratify the proposed Foundation Group combined Terms of Reference for the Audit Committee;
- (b) consider and ratify the proposed Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee;
- (c) consider and ratify the proposed Terms of Reference for the Foundation Group Strategy Committee;
- (d) receive and note the Foundation Group combined Terms of Reference for the Charity Trustee;
- (e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group, and
- (f) receive and note the update on the Foundation Group combined Terms of Reference for the Trust Management Board and Finance and Performance Executive.

Erica Hermon
Company Secretary/
Associate Director of Corporate Governance – WVT
and Company Secretary – WAHT

Sarah Collett
Trust Secretary – SWFT and GEH



Audit Committee

TERMS OF REFERENCE

Remit	The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board), in accordance with the Trust's Constitution ¹ or Standing Orders ² , as an Audit Committee in relation to providing assurance to the Board, specifically in relation to internal controls, risk management and the Trust's overarching governance framework.
Accountability Arrangements	<p>The Committee is accountable to the Board in accordance with the following paragraphs of the Constitution³ or Standing Orders⁴:</p> <ul style="list-style-type: none"> • The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate⁵. • An Audit Committee will be established and constituted to provide the Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS⁶. <p>The Committee has the full support of the Board and the Board has authorised the Committee to:</p> <ul style="list-style-type: none"> • investigate any activity within its Terms of Reference. • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
Responsibilities	<p><u>Governance, Risk Management and Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and</p>

¹ For SWFT

² For WVT, GEH and WAHT

³ For SWFT

⁴ For WVT, GEH and WAHT

⁵ SWFT Constitution paragraph 39

⁶ GEH Standing Order 4.8.1, WVT Standing Order 43.1 and WAHT Standing Order 25.9

internal control, across the whole of the organisation's activities (both clinical and non-clinical), including subsidiaries⁷, that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of disclosure statements.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certifications, including the NHS Code of Governance and NHS Provider Licence.
- the policies and procedures for all work related to counter fraud, bribery and corruption as required by NHS Counter Fraud Authority (NHSCFA).

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key Committees so that it understands processes and linkages. However, these other Committees must not undertake the Committee's role.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets public sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable/Accounting Officer and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

⁷ For SWFT

- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between Internal and External Auditors to optimise the use of audit resources.
- ensure a robust system is in place to follow up internal audit, external audit, value for money and any other audit reports presented to the Committee, based on agreed management action plans.
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- monitor the effectiveness of internal audit by carrying out an annual effectiveness review.

External Audit

The Committee shall review and monitor the External Auditor's (as appointed by the Council of Governors⁸ or Trust Board⁹) independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors, and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of External Audit, as far as the rules governing the appointment permit (and make recommendations to the Board when appropriate).
- discussion and agreement with External Audit, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy.
- discussion with External Audit of their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- review of all External Audit reports, including reports to those charged with governance and any work undertaken outside the annual audit plan, together with the appropriateness of management responses and also recommend the annual audit letter to the Board.
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.
- Ensuring that the External Audit tenure of appointment conforms with the code of governance regarding rotation of key audit personnel and the provider as a whole.
- The Committee shall ensure the cost effectiveness of External Audit.

⁸ For SWFT

⁹ For GEH, WAHT and WVT

Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance, risk management and assurance of the organisation, to include IT security and information governance.

These will include, but will not be limited to, understanding the implications of working in an Integrated System, ensuring arrangements are aligned and any impact on the Trust's governance arrangements. Also any reviews by NHS England, Department of Health and Social Care arm's length bodies, Regulators/Inspectors (eg Care Quality Commission (CQC), NHS Resolution, etc), NHSCFA and professional bodies with responsibility for the performance of staff or functions (eg Royal Colleges, accreditation bodies, etc).

In addition the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee and the Risk, Health and Safety Board/Executive Risk Committee/Executive Risk Management Committee.

In reviewing the work of the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function including that the quality account presents accurate data and meets the reporting requirements as prescribed nationally.

Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and shall review the outcomes of counter fraud, bribery and corruption work that meet NHSCFA's standards and shall review the outcomes of work in these areas.

With regards to the local counter fraud specialist it will review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans and discuss NHSCFA quality assessment reports.

Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

It may also request specific reports from individual functions within the organisation (eg clinical audit, ICT, compliance reviews and accreditation reports) as they may be appropriate to the overall arrangements.

Financial Reporting

The Audit Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- changes in, and compliance with, accounting policies, practices and estimation techniques.
- Changes in, and compliance with guidance issued by NHS England.
- unadjusted mis-statements in the financial statements.
- significant judgements in preparation of the financial statements.
- significant adjustments resulting from the audit.
- Letter of representation.
- Explanations for significant variances.
- Qualitative aspects of financial reporting:
- The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

Waiver¹⁰/Suspension¹¹ of Board Standing Orders

The Committee shall review every Board decision to suspend the Board Standing Orders.

System for Raising Concerns

The Committee shall review the effectiveness of the arrangements in place for allowing staff (and contractors) to raise (in confidence) concerns about possible improprieties in any area of the organisation (financial, clinical, safety or workforce matters) and ensure that any such concerns are investigated proportionately and independently, and in line with the relevant policies.

Governance Regulatory Compliance

The Committee shall review the organisation's reporting on compliance with the NHS Provider Licence, NHS Code of Governance and the Fit and Proper Persons Test.

¹⁰ SWFT Constitution paragraph 3.11

¹¹ GEH Standing Order 3.13, WAHT Standing Order 40.5 and WVT Standing Order 27

	<p>The Committee shall satisfy itself that the organisation's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the policy and procedures relating to conflicts of interest.</p>
<p>Responsibilities for SWFT Clinical Services Ltd Audit Business (the Company) – (for SWFT only¹² and not applicable for GEH, WVT or WAHT)</p>	<ul style="list-style-type: none"> • To monitor the integrity of the financial statements of the Company, reviewing significant financial reporting judgements contained in them. • To review the Company's internal financial controls and the Company's general internal control and risk management systems. • To monitor and review the effectiveness of the Company's internal audit function. • To make recommendations to the Company's Board in relation to the appointment of the external auditor. • To approve the Company's remuneration and terms of engagement of the external auditor. • To review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements. • To develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm. • To report to the Company's Board, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.
<p>Membership / Attendance</p>	<p>The Members of the Committee are:</p> <ul style="list-style-type: none"> • Not less than three Non-Executive Directors (Voting, Non-Voting and Associate). <p>The Chairperson of the Trust shall not be a member of the Committee.</p> <p>The Chief Finance Officer, Trust Secretary and appropriate Internal Auditor, External Auditor and Local Counter Fraud Specialist representatives shall normally attend meetings. At least once a year the Committee will meet privately with External and Internal Audit.</p> <p>The Chief Executive, Managing Director, Chief Officers and other Managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.</p> <p>The Chief Executive will attend at least annually, to discuss the process for assurance that supports the Annual Governance Statement and also when the Committee considers the annual accounts. The Managing</p>

¹² For SWFT

	<p>Director will attend when the Committee considers the draft internal audit work plan.</p> <p>For SWFT Clinical Services Ltd, the Company's Chief Executive, Director of Finance, Company Secretary and appropriate Internal and External Auditor representatives should be invited to attend when discussing the Company's audit business¹³.</p> <p>In exceptional circumstances, deputies may be nominated to attend prior to the meeting, with the Chair's approval.</p> <p>The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda.</p> <p>The Audit Committee, supported by the Chief People Officer, will ensure that all members are suitably trained and have continuing appropriate training to enable them to be effective.</p>
Chair	<p>The Chair of the Committee shall be appointed by the Board from amongst the Non-Executive Directors.</p> <p>In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the Chair.</p>
Quorum	<p>A quorum shall be two Non-Executive members, to include the member with significant, recent and relevant financial experience/ Chair of the Committee (who will be a voting Non-Executive Director).</p>
Reporting Arrangements	<p>The Minutes of Audit Committee meetings shall be formally recorded and the approved Minutes will be submitted to the Board. Following each meeting, the Committee Chair will submit a formal report on the proceedings of the meeting, drawing the Board's attention to any issues that require disclosure to the full Board, or require executive action, to the next meeting of the Board.</p> <p>The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements, the appropriateness of the evidence compiled to demonstrate fitness to register with the CQC and the robustness of the processes behind the quality accounts.</p>

¹³ For SWFT

Reporting Arrangements for SWFT Clinical Services Ltd <i>(for SWFT only ¹⁴ and not applicable for GEH, WVT or WAHT)</i>	<p>The Minutes of the Audit Committee relating to Company business will be formally recorded separately and submitted to the Company's Board. Any confidential matters will be identified as such in the Minutes.</p>
Frequency of Meeting	<p>The Committee will hold scheduled meetings not less than four times a year. The External Auditor or Head of Internal Audit may require a meeting if they consider that one is necessary. Therefore the Committee Chair may convene additional meetings as necessary.</p>
Administration	<p>The Trust Secretary will provide appropriate support to the Committee Chair and Committee members which will include:</p> <ul style="list-style-type: none"> • Advising the Committee on pertinent areas relating to governance and risk management arrangements. • Supporting the Chief Executive as Accountable Officer on issues in relation to internal controls, governance and risk management particularly providing assurance on such systems through the drafting of the Annual Governance Statement. • The development of an annual programme of work for the Committee to approve. <p>The Committee shall be supported by a nominated Executive Assistant/Board Administrator, whose duties will include:</p> <ul style="list-style-type: none"> • Preparation of agenda in consultation with the Committee Chair and Chief Finance Officer. • Collation and publishing reports / presentations at least 5 working days in advance of the meeting. • Taking the Minutes, ensuring they are an accurate reflection of the business of the meeting and keeping an accurate record of matters arising and issues to be carried forward. • Ensuring the Minutes and actions are circulated to the Committee Chair for review within 5 working days of the meeting and circulated to the other members for information within 10 working days. • Keeping a record of matters arising and seeking updates on action points ready for the next meeting.

¹⁴ For SWFT

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



Remit	The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board) to perform the duties prescribed by the Trust's Constitution ¹ or Standing Orders ² in relation to the appointment and remuneration arrangements of the Chief Executive, Managing Director and Chief Officers (also referred to as Executive Directors). It will also review the Trust's Fit and Proper Persons procedures and receive reports thereon.
Accountability Arrangements	<p>The Committee is accountable to the Board of the Trust to perform the duties prescribed by the following paragraphs of the Trust's Constitution or Standing Orders:</p> <ul style="list-style-type: none"> <i>The non-executive directors shall appoint or remove the Chief Executive³</i> <i>A committee consisting of the Chairperson, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors⁴</i> <i>The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors⁵</i>
Responsibilities	<p>The Committee will:</p> <ul style="list-style-type: none"> Review the structure, size and composition of the Board (including the mix of skills, knowledge and experience) in the light of the strategy and priorities of the Trust, and make recommendations to the Board with regard to any restructuring or development needs. Give full consideration to continuity in the executive team, including the Chief Executive, taking into account the challenges and opportunities facing the Trust and the skills and expertise particularly needed on the Board in future. Determine, and review from time to time, the terms and

¹ For SWFT

² For WVT, GEH and WAHT

³ SWFT Constitution paragraph 27, WVT Standing Order 3, GEH Standing Order 2.2 and 4.8.2

⁴ SWFT Constitution paragraph 27.4, WVT Standing Order 43, GEH Standing Order 2.2 and 4.8.2

⁵ SWFT Constitution paragraph 33, WVT Standing Order 43, GEH Standing Order 4.8.2

	<p>conditions of office of the Chief Executive, Managing Director and Chief Officers including the Trust's policies for the remuneration and allowances applicable to these positions.</p> <ul style="list-style-type: none"> • Approve processes for the annual performance review of the Chief Executive, Managing Director and Chief Officers, and receive an annual report on the outcome of these reviews. • Determine, and keep under review, the consolidated and non-consolidated remuneration of the Chief Executive, Managing Director and each Chief Officer. • Determine for all staff, under delegated powers, arrangements for any non-contractual payment, in line with Department of Health and Social Care and NHSE guidance. The Committee shall also sign-off the payment of contractual severance payments for individual Board level members of staff. • In the event of a vacancy for the Chief Executive, Managing Director or a Chief Officer position, approve the recruitment process, person specification and other particulars and instruct the Chief People Officer to undertake recruitment accordingly. • Identify a process for the short-listing and interview of candidates for the Chief Executive, Managing Director or a Chief Officer position. • To agree an interview panel and delegate authority to such a panel which shall be responsible for identifying and nominating for appointment candidates to fill posts for any Chief Executive⁶, Managing Director or Chief Officer vacancies as and when they arise provided that: <ul style="list-style-type: none"> ○ the appointment is within the parameters set by the Appointments and Remuneration Committee; ○ any proposed non-conformance to the parameters is referred back to the Appointments and Remuneration Committee for consideration and approval prior to any appointment being made; ○ a report confirming the appointment is submitted to the next Appointments and Remuneration Committee meeting. • Consider and decide upon any matter relating to the continuation in office of the Chief Executive, Managing Director and a Chief Officer, including suspension or termination of service in accordance with the terms and conditions of office. • Review succession planning and talent management for the positions of Chief Officers, and recommend to the Chief Executive and Chief People Officer such development activities as may be needed to ensure the continued executive and senior management capability of the Trust. • Approve an annual statement of the Committee's processes and activities for the Chairperson to report to the Board, in a suitable form for inclusion in the Trust's Annual Report.
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⁶ For SWFT, the appointment of the Chief Executive is to be approved by the Council of Governors, in accordance with the Trust's Constitution.

	<ul style="list-style-type: none"> • Receive an annual report on the operation of the Trust's Fit and Proper Persons Procedure and the self-declarations made including any concerns raised about Executive Directors through the process, agreeing where necessary the employment process needed. • Receive adhoc reports from the Chairperson, Chief Executive or Managing Director.
Membership / Attendance	<p>The members of the Committee are:</p> <ul style="list-style-type: none"> • The Trust Chairperson • The Non-Executive Directors (Voting, Non-Voting and Associate) <p>The Chief Executive shall be invited to attend the Committee and:</p> <ul style="list-style-type: none"> • excluded from any discussion or decision relating to their own appointment, remuneration or terms of office. • a voting member for any decision related to the appointment or removal of the Managing Director or a Chief Officer except themselves. <p>The Managing Director shall be invited to attend at least annually to discuss the performance of the Chief Officers.</p> <p>The Chief People Officer (or a deputy) will attend to advise the Committee, but will be excluded from any discussion or decision relating to their own appointment, remuneration or terms of office.</p> <p>The Managing Director, other officers of the Trust or external advisers may be invited to attend as the Committee considers necessary.</p>
Chair	The Chairperson of the Trust shall be the Chair of the Committee. The Vice-Chair of the Trust will deputise in the Chairperson's absence.
Quorum	The Chairperson (or Vice Chair) and two other NEDs, with at least one being a Voting NED, will constitute a quorum.
Reporting Arrangements	<p>Following each meeting of the Committee the Chairperson will submit a formal report on the proceedings of the meeting to the next meeting of the Board.</p> <p>The Committee will undertake an annual self-assessment of its effectiveness which will be reported to the Board for information. Also an Annual Report of the Committee's performance and compliance against its Terms of Reference, which includes an annual register of attendance, will be produced and submitted to the Board for information.</p>
Frequency of Meeting	The Committee will hold scheduled meetings at least twice a year, and the Chairperson may convene additional meetings as necessary.
Administration	The Trust Secretary (or a deputy) will attend to advise and support the Chairperson and the Trust Secretary or nominated Executive Assistant to take the Minutes of the meeting.
Date Approved	<p>WVT Committee on 25 October 2023</p> <p>GEH Committee on 7 November 2023</p> <p>WAHT Committee on 7 November 2023</p> <p>SWFT Committee on 14 December 2023</p> <p>Foundation Group Boards on 2 May 2024</p>
Date Review	To be reviewed annually. Next review due in 2024

Appendix C



Foundation Group Strategy Committee

TERMS OF REFERENCE

Remit	The Foundation Group Strategy Committee advises the Boards of South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, and George Eliot Hospital NHS Trust <u>and Worcestershire Acute Hospitals NHS Trust</u> on all matters relevant to identifying and sharing best practice at pace. The Committee have the ability to benchmark with other Associate Members of the Group and bring them into the Committee to do so.
Accountability Arrangements	<p>The Committee is accountable to the Board of Directors/<u>Trust Board</u> (hereafter referred to as the Board) of each Trust and is authorised by the Boards to investigate any activity within its tTerms of rReference.</p> <p>It is also authorised to:</p> <ul style="list-style-type: none"> • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • ensure the engagement of all Board members in the formation and execution of <u>the</u> strategy. • decide upon, and require officers to implement, appropriate action to ensure achievement of, or to correct deviation from, the strategic objectives agreed by the Boards.
Responsibilities	<p>The Committee will advise the Boards on the following matters;</p> <p>Strategic Financial and Operational Planning</p> <ul style="list-style-type: none"> • developing strategy and investment plans, including finance, IT, estates, and commercial development. • overseeing processes which benchmark clinical outcomes and productivity across the Group supporting the implementation of best practice solutions. • developing new working models for corporate functions. • developing new business models to progress the development of integrated health and care. • developing and executing a communications strategy. • developing and maintaining business development capacity and capability across the Group.

	<ul style="list-style-type: none"> • Determining the framework that supports each provider's organisational objectives and targets. • developing and supporting achievement of operating, business, efficiency and delivery plans. • identifying, reviewing and mitigating strategic risks. • proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies. • overseeing service transformation and pathway redesign.
Membership/ Attendance	<p>Members of the Committee are:</p> <ul style="list-style-type: none"> • Chair of the Trusts • Chief Executive of the Trusts • A Non-Executive Director from each Trust • Managing Director from each Trust • Chief Medical Officer (or equivalent) from each Trust • Chief Strategy Officer from each Trust • Group Strategy Advisor • <u>Group Strategic Financial Advisor</u> • <u>Group Medical Advisor</u> • Other Group Advisors • Representatives from Key Partner Organisations (as agreed by the Chair or Chief Executive) • Board Level Representatives of Associate Members <p>Other officers of the Trust may be invited to attend as required.</p> <p>Where a member is unable to attend routinely, an appropriate deputy who will attend on a regular basis should be nominated and notified to the Chair.</p>
Chair	The Chair of the Committee will be the Chair from the Trusts.
Quorum	A quorum shall be six members which will include two Non-Executive Directors (one of which could be the Chair), the Chief Executive and a Managing Director. The quorum should include either a <u>Non-Executive Director</u> NED or <u>Managing Director</u> MD from Wye Valley NHS Trust, and George Eliot NHS Trust and <u>Worcestershire Acute Hospitals NHS Trust</u> .

Reporting Arrangements	<p>The mMinutes of the Foundation Group Strategy Sub-Committee will be formally recorded and <u>the approved Minutes will be</u> submitted to the respective Boards of Directors. Any confidential matters will be identified as such in the mMinutes and separately recorded.</p> <p>Following each meeting, theEach Non-Executive Directors of the Foundation Group Strategy Sub-Committee will <u>submit a formal report to the next Board meetings on the proceedings of the meeting, provide a brief report to the following Board of Directors meetings drawing the Board's</u> attention to <u>any issues and</u> significant developments, highlighting areas where further assurance is required and matters requiring Board decisions.</p> <p>The Committee's agendas and meeting papers will be made available to all Board members of the respective Boards of Directors.</p> <p>The Committee will review its work annually to highlight key issues in the development of the Groups Operational and Financial Strategies and their management, as well as the effectiveness of the Committee.</p>
Frequency of Meeting	The Committee shall normally meet quarterly. The Chair may call an additional meeting if they consider one is necessary.
Administration	<p>The Committee shall be supported by a member of the Corporate Support staff, whose duties in this respect will include:</p> <ul style="list-style-type: none"> • Preparation of agenda in consultation with the Chair • Collation and circulation of papers/ presentations in advance of the meeting • Taking the minutes and agreeing these with the Chair • Keeping a record of matters arising and seeking updates on action points
Date Approved	<p><u>Foundation Group Strategy</u> Committee on <u>16 January 2024</u>28 February 2023</p> <p>Board of Directors of South Warwickshire University NHS Foundation Trust – 5 April 2023</p> <p>Trust Board of Wye Valley NHS Trust – 6 April 2023</p> <p>Trust Board of George Eliot NHS Trust – 4 April 2023</p> <p><u>Foundation Group Boards on 7 February 2024</u>2 May 2024</p>
Date Review	<p><u>To be reviewed annually.</u></p> <p><u>Next</u> Committee Review Date: <u>January 2025</u>February 2024</p> <p><u>Next Foundation Group</u> Boards Review Date: <u>February 2025</u>April 2024</p>

Appendix D



CHARITY TRUSTEE

TERMS OF REFERENCE

1. Introduction

The SWFT Charity (Charity Registration Number 1056424) is governed by the Trust Deed which was approved by the Trustee on 21 May 1996. Under the terms of the deed, the Charitable Fund is administered and managed by the Trustee, the South Warwickshire University NHS Foundation Trust as a body corporate.

The George Eliot Hospital NHS Trust (GEH) Charitable Fund and Other Related Charities was registered with the Charity Commission on 22 July 1996 (Charity Registration Number 1057607). GEH is the corporate trustee of the funds held on Trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Wye Valley NHS Trust (WVT) Umbrella Charity was registered with the Charity Commission on 29 October 1996 (Charity Registration Number 1057607). The WVT Umbrella Charity is the corporate trustee of the funds held on Trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Worcestershire Acute Hospitals Charity was registered with the Charity Commission on 16 April 1996 (Charity Registration Number 1054612). The Worcestershire Acute Hospitals NHS Trust (WAHT) is the corporate trustee of the funds held on Trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

For the GEH Charitable Fund and Other Related Charities, the WVT Umbrella Charity and the Worcestershire Acute Hospitals Charity, the Trustees of the Charity are therefore not individual Trustees of the Charity but are appointed as Board members (voting) of GEH, WVT and WAHT, the Corporate Trustee.

2. Membership

The Trustee for each organisations' charities are the Directors (voting) of their respective trusts.

The Chairperson of the respective Trustee is the Foundation Group's Boards Chairperson or their nominee.

The Trustee shall co-opt such individuals as it thinks fit, in order to discharge its duties. Co-optees shall be non-voting.

<p>All non-voting Board members of both GEH, WVT and WAHT are co-optees of their respective Trustee.</p> <p>A quorum for each organisations' respective Charity Trustee shall be two Non-Executive Directors and two Executive Directors.</p>
<p>3. Attendance</p>
<p>Other officers of the respective Trusts may be invited to attend when the Trustee's agenda includes items/issues for which they have leadership.</p> <p>In the absence of a Chief Officer/Executive Director, a deputy can only act as a Trustee if they are formally appointed as an Acting Director.</p>
<p>4. Frequency</p>
<p>The Trustee shall normally meet quarterly. The Chairperson may call an additional or special purposes meeting if they consider one is necessary.</p>
<p>5. Authority (SWFT Only)</p>
<p>The Trustee derives its authority to act from the Trust deed of the SWFT Charity, approved by the Trustee on 21 May 1996.</p>
<p>6. Duties</p>
<p>The Trustee of the respective Foundation Group's charities are responsible for the overall management of their Charitable Funds. They are required to:</p> <ul style="list-style-type: none"> (a) ensure that best practice is followed in terms of guidance from the Charity Commission, Department of Health and Social Care, NHS England and other relevant organisations; (b) consider and approve the Charity's Annual Report and Accounts, on the recommendation of the Trust's Audit Committee, for submission to the Charity Commission; (c) ensure that the appropriate policies and procedures are in place to support the Charitable Funds Strategy and to advise Fund Managers/Fund Ambassadors on income and expenditure and that this is reviewed at regular intervals; (d) review the Trust's Charitable Funds Strategy, Fundraising Strategy and Trustee terms of reference on an annual basis and agree changes where appropriate; (e) review the Scheme of Delegation for charitable funds on a regular basis and recommend changes where appropriate; (f) ensure that a separate register of interests is compiled for the Trustee and, if required the inclusion of the Fund Managers/Fund Ambassadors, and that this is reviewed and updated on a regular basis; (g) approve fundraising policies in conjunction with the Chief Finance Officer/responsible Executive Director, ensuring that statutory requirements are complied with;

- (h) on an annual basis, review and approve summary level income and expenditure plans from the Chief Finance Officer/responsible Executive Director, ensuring that they complement the strategy. (In support of this Fund Managers/Fund Ambassadors must submit detailed plans to the Chief Finance Officer/responsible Executive Director annually). Fund Managers of SWFT, WVT and GEH charities are to be reminded that if there are no plans to spend in 6-months, then half the fund would be transferred to the General Purposes Fund;
- (i) ensure an effective mechanism exists whereby equipment needs are identified and satisfied (within resource constraints) through an equitable bidding process underpinned by business plans. (All equipment purchased by charitable funds will be recorded in a separate register);
- (j) oversee the management of investments. Where an investment broker is used, the Trustee will ensure the investment strategy has been appropriately communicated, the information required is specified and received in a timely manner, and that the service is market tested at regular intervals;
- (k) ensure that all research monies paid into charitable funds meet the criteria for charitable status as specified by the Charity Commission;
- (l) review the number of funds on an annual basis and undertake a programme of rationalisation, where appropriate;
- (m) approve any request to set up new funds and cost centres;
- (n) decide the basis of apportionment for investment income and administration costs, respectively;
- (o) ensure Charitable Funds are utilised for the benefits of patients, staff and visitors to enhance levels of care and wellbeing beyond the provision of core government funds; and,
- (p) the Chief Officer designated as lead Executive for the Charity, with support of other divisions/directorates and the Fundraising Manager/Fundraising Coordinator/Head of Fundraising, shall be responsible for ensuring that the annual spend and fundraising plan for the General Purposes fund and legacies are aligned to the Trust objectives and organisational priorities.

7. Accountability

The respective Trustees are accountable to the Charity Commission for the proper use of the charitable funds and to the public as a beneficiary of those funds.

The Trust Secretary will therefore ensure that the Minutes of Trustee meetings and Annual Report/Accounts are published on the Trust's website.

The Chief Finance Officer will therefore ensure that all necessary reports and returns are made to the Charity Commission.

8. Administration

The Committee shall be supported by an Executive Assistant, whose duties in this respect will include:

- Preparation of agenda in consultation with the Chairperson;
- Collation and circulation of papers;
- Taking the minutes and agreeing these with the Chairperson, and

- | |
|---|
| <ul style="list-style-type: none">• Keeping a record of matters arising and seeking updates on action points. |
| 9. Reporting Responsibilities

As the Charity Trustee is a separate entity, there are no reporting requirements. |

Approved by Charity Trustee meeting:

SWFT – 14 March 2024

GEH – 25 March 2024

WVT – 14 March 2024

WAHT – 14 March 2024

Report to	Foundation Group Boards	Agenda Item	7.2
Date of Meeting	2 May 2024		
Title of Report	Group Digital Transformation Update		
Status of report: (Consideration, position statement, information, discussion)	For Approval		
Author:	Vikki Lewis – Chief Digital Information Officer WAHT		
Lead Executive Director:	Glen Burley – Group Chief Executive Officer		
1. Purpose of the Report	To seek approval to the outline case for change for the Group Digital Data and Technology (DDaT) portfolio.		
2. Recommendations	<p>To agree:</p> <ul style="list-style-type: none"> • The outline case for change relating to the DDaT portfolio. • To note the establishment of a <i>strategic leadership role</i> for the group utilising the incumbent Chief Digital Information Officer, for Worcestershire Acute Hospitals Trust. • To note the sequencing of key work streams relating to the portfolio over the next two quarters, quarter 4 2023/24 and quarter 1 2024/25. 		
3. Executive Assurance	<p>The aim of this proposal is to leverage at scale the benefits of the DDaT portfolio across the group, utilizing resources and leadership expertise that is available within part of the group for the benefit of each constituent Trust.</p> <p>The overarching objective is to improve the digital maturity of the Trusts and to create the right environment for our workforce to harness the power of data and technology to provide high quality patient care, and to improve efficiency and productivity.</p> <p>This proposal meets the established principle of group roles that accountability remains aligned to individual organization and their Executive Directors.</p>		

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

Report to Foundation Group Boards – 2 May 2024

1.0 Introduction

The Foundation Group Strategy Committee on the 24 January 2024 approved a proposal in respect of the Digital Data and Technology (DDaT) Portfolio.

The Outline Case for Change articulates the benefit of leveraging the DDaT Portfolio whilst acknowledging the different levels of digital maturity and operating landscapes across the Group.

The Foundation Group level approach recognizes key workstreams related to:

- Strategic DDaT Leadership
- Business Intelligence & Informatics
- Digital Applications deployment, implementation & optimization
- Infrastructure which is resilient and secure by design
- Innovation and Engagement

A concentrated focus on these key workstreams will help to drive up the digital maturity of the individual organizations across the group.

The aim is to develop and build on the continuous improvement ethos already embedded within the Foundation Group culture and create the right environment for a digital revolution to support the delivery of high-quality patient care.

2.0 High Level Actions and Timeframes

There are five workstreams to focus on over the next six months, each with several high-level actions listed below. Indicative timescales are given for each action.

- a) Strategic Leadership – *Outcome: strategic leadership and relationship management, setting strategic direction, explore and develop convergence opportunities, maximising external funding opportunities, commercial awareness and contract management.*
- Expert Client function for all key strategic digital partnerships- fully embedded by *quarter 1 2024/2025.*
 - Advice and Guidance function in place to the Executive Teams across the group by *quarter 1 2024/2025*
 - Engagement with key digital partners including commercial & statutory by *quarter 1 2024/2025*
 - Understanding of risk profile across the DDaT portfolio at group level standardization of risk recording and mitigations
- b) Infrastructure – *Outcome: Robust Infrastructure and Connectivity*

- INFRAM Assessment across the Group commissioned and arranged by *quarter 1 2024/2025*
 - Technology Roadmap supporting capital planning and prioritization by *quarter 1 2024/2025*
 - Potential convergence opportunity roadmap in development by *quarter 1 2024/2025*
- c) Business Intelligence and Informatics – *Outcome: Information for decision making is available and accessible.*
- Build on the identified priorities of the Group Analytics Board by *quarter 4 2023/2024*
 - Develop a hosted informatics and business intelligence workforce offer by *quarter 4 2023/2024*
 - Develop a strategic and operational roadmap for convergence of back-office requirements of information, for example hosted Datawarehouse offer for the group, by *quarter 1 2024/2025*
- d) Innovation and Engagement – *Outcome: develop an environment that embraces innovation and transformation.*
- Refresh the current Innovation Strategy by *quarter 1 2024/2025*
 - Meet and engage with delivery partners and commercial partners around the potential collaboration and emerging technology agenda by *quarter 4 2023/2024*
 - In the context of the above, strengthen the collaboration between the two Digital Innovation Hubs to support the Innovation Strategy *quarter 2 2024/2025*
 - Develop and consult on a Clinical Innovation engagement model by *quarter 1 2024/2025*
 - Schedule a Group wide Innovation event by *quarter 2 2024/2025*
 - Digital Applications – *Outcome: accessible digital information for patients about their health and care*
 - Share EPR deployment experience across the group from *quarter 1 2024/2025*
 - Baseline applications in use across the group to explore convergence and leveraging opportunities by *quarter 1 2024/2025*.

3.0 Conclusion

Foundation Group Boards should note the high-level work plan and key work areas and the intentions to develop collaborative opportunities for the Foundation Group aligned to the Group principles of organisational accountability.

An evaluation of current Digital Maturity levels will form a baseline assessment both for each Trust and at a Group level, identifying levelling up and convergence opportunities, as well as priorities for *quarter 2 24/25* onwards for the Group DDaT portfolio.

Vikki Lewis
Chief Digital Transformation Officer WAHT



South Warwickshire
University
NHS Foundation Trust



Worcestershire
Acute Hospitals
NHS Trust



George Eliot Hospital
NHS Trust



Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	8.1
Date of Meeting	2 May 2024		
Title of Report	Foundation Group Strategy Committee Report from the Meeting on the 16 th April 2024		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group EA		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on the 16 April 2024.		
3. Executive Assurance			

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

Report to Foundation Group Boards – 2 May 2024

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

1. Chief Strategy Officer's Collaborative Working Update

The Committee received an update from the Chief Strategy Officers on a variety of different collaborative working approaches from across the Group. They focused on Improvement, Health Inequalities, and Sustainability with the key points being below.

Sustainability

The Chief Strategy Officer for WVT gave an overview of the work that the Chief Strategy Officers had undertaken on Sustainability, and this included work to standardise a Climate Change Adaptation Plan. There was a lot of work at NHS England (NHSE) level on Climate Change and Sustainability so plans would change and develop as NHSE released more information. Each Trust had developed their Green Plans and were monitoring progress against these, including implementing Green Champions. A Sustainability Impact measure was being developed, targeted communication and work on embedding sustainability further such as in business cases and in QSIR training.

Health Inequalities

The Associate Director of Strategy for GEH explained that Health Inequalities had two elements, one part that had to be done at PLACE which was widely understood. However, there was also the element that needed to transfer across boundaries. She continued that best practice conversations around community engagement and community leadership had started and it had been recognised the importance of this in order to tackle and sustain Health Inequalities. The Associate Director of Strategy for GEH highlighted some of the similarities that had arisen from PLACE-based conversations specifically highlighting similar groups of people. These included traveller communities, homelessness and unregistered individuals. The Associate Director of Strategy for GEH explained that there was national drive to tackle Health Inequalities and therefore individual Trusts had been developing their objectives and tailoring conversations to include Health Inequalities as a focus moving forward.

Improvement

The Chief Strategy Officer for WAHT highlighted that WAHT had implemented their own Improvement Board in line with the rest of the Group and were developing their version of 'Fab Friday', 'Open to Change', and 'Transformation Tuesday'. Following the NHS Impact Assessment, which was National Policy to ensure Improvement and Culture Change, the Chief Strategy Officers were investigating how to develop their own internal assessments. They were also looking at developing the 'see and learn' visits, to share best practice across each Trust and how to share best practice outside the Foundation Group to further learn and improve. The Chief Strategy Officer for WAHT took the time

to highlight the Group Improvement Week taking place from the 13th – 17th May 2024, which was a programme aimed at the entire Foundation Group.

2. Group Information Proposal

The Managing Director for SWFT and the Chief Finance Officer for GEH provided the Committee with an overview of the work of the Group Analytics Board (GAB) and the proposal for Group Analytics moving forward. There were challenges in different areas across the Group however it was highlighted that WAHT had a robust Informatics and Analytics model which the rest of the Group could utilise to help develop current plans. A discussion took place around the current work plan for the GAB and it was encouraged to progress at pace the Power BI dashboards, as this would release capacity for the Analytics teams.

The Committee discussed the proposed Guiding Principles outlined below, and it was recommended that the Managing Director for SWFT make changes to the last two based on the Committee's feedback which included more quality and safety metrics and disease level information reporting.

Guiding Principles

- A shared leadership model for analytics.
- Emerging GAB plan to be translated into organisational business plans.
- We will share data across the Group unless there is good reason not to, e.g. GDPR.
- Explore which functions could benefit from a shared delivery model approach.
- Recognise that business partnering functions need to stay local to each organisation.

3. Group Procurement Update

The Committee was provided with an update on the current work and achievements of Group Procurement. The Head of Procurement confirmed that the Procurement Shared Service Proposal identified savings targets, and these had been achieved over the past 3 years. Year 3 however had slipped slightly due to the delay in commencing EPR implementation and mitigating inflation. The on contract and on catalogue target set in 2021 was achieved, with an average 97% of all requisitions being processed within five working days. The Head of Procurement highlighted how the teams continued to improve, implementing a Procurement Shared Service Policy, Atamis (E-Commerce, E-Tendering and Contract Management Platform), and were about to launch MIA Accreditation to allow reps to come back onto hospital sites. Moving forward, the Procurement team will continue to support the strategic framework and want to look at inventory management and capacity and capability opportunities.

4. Group Financial Challenges and Opportunities and Approach to Productivity

The Group Strategic Financial Advisor provided an overview of Financial Challenges across the Foundation Group and explained that the financial landscape was most likely the hardest it had been. The Group Strategic Financial Advisor explained that both nationally and locally there would be considerable focus on productivity this year, with all Group Trusts having areas of improvement. The report highlighted proposed focus

areas, and a 'back to basics' approach for supporting work in those areas. This included elements of support around job planning for Consultants aligned to an accurate capacity plan to be in place going into the new financial year. This will also support continued focus to drive down spend on Temporary workforce.

5. Update on Trust Objectives for 2024/25

The Managing Directors from across the Foundation Group provided the Committee with an overview of their Trust's Objectives for 2024/25 which were all aligned to the Foundation Group's Big Moves. A key theme in all of the four Trust's objectives was Productivity and Sustainability.

Recommendation

The Foundation Group Boards is asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 16 April 2024.

Chelsea Ireland
Foundation Group EA

Report to	Foundation Group Boards	Agenda Item	8.2
Date of Meeting	2 May 2024		
Title of Report	Fit and Proper Persons Test Annual Declarations		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	<p>Erica Hermon, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)</p>		
Lead Executive Director:	<p>Gertie Nic Philib, Chief People Officer (GEH and SWFT)</p> <p>Geoffrey Etule, Chief People Officer (WVT)</p> <p>Ali Keoltgen, Chief People Officer (WAHT)</p>		
1. Purpose of the Report	To provide the Foundation Group Boards with assurance that the annual Fit and Proper Persons Declarations for all voting and non-voting Board members across the Foundation Group have been undertaken. Also, to confirm assurance against the annual compliance with the Fit and Proper Person Test Framework for each Trust within the Foundation Group.		
2. Recommendations	The Foundation Group Boards are asked to receive and note this report and that the self-declarations made will be retained by the Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH for their respective Trusts and placed on individual HR files.		
3. Executive Assurance	The Foundation Group Boards can be assured by the work taken place to ensure each Trusts compliance with the new Fit and Proper Person Test Framework.		

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

Report to Foundation Group Boards – 2 May 2024

Fit and Proper Persons Test Annual Declarations

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

The Chief Executive advised Board members of each Trust within the Foundation Group, through his Board reports in September 2023, that NHSE had published the new FPPT Framework for Board members in August 2023. Further information, together with the Framework and accompanying documents, can be found on NHSE's website ([NHS England » NHS managers and leaders](#)).

The FPPT Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a Board member. It has been designed to be fair and proportionate and has been developed with the intention to avoid unnecessary bureaucratic burden on NHS organisations. However, ensuring high standards of leadership in the NHS is crucial and the Framework will help Board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit Board members will be prevented from moving between NHS organisations. The FPPT applies to Executive and Non-Executive Directors of Integrated Care Boards, NHS Trusts and Foundation Trusts, NHSE and the CQC, for interim as well as permanent appointments.

2. Implementing the FPPT Framework

Below is a list of the key steps for implementation of the Framework together with the position across the Foundation Group:

Key Steps for Implementing the Framework	Compliance across the Foundation Group
a) New data points added to the Electronic Staff Record (ESR) to record the testing of relevant information about Board Members' qualifications and career history.	Complete – FPPT module available on ESR. Results of the FPPT checks uploaded to ESR together with other required information to show compliance for each Board member. Also a letter was sent to all Board members to let them know they could object if they had concerns regarding the proposed use of their data.
b) From 30 September 2023, use the new Board Member Reference template for references for all new board appointments.	Complete – introduced by the Workforce Departments with coordination by the Company Secretary/Trust Secretary.
c) From 30 September 2023, complete and retain locally the new Board Member Reference for any Board member who leaves their position for	Complete – introduced by the Workforce Departments with

Key Steps for Implementing the Framework	Compliance across the Foundation Group
whatever reason, and record whether or not a reference has been requested.	coordination by the Company Secretary/Trust Secretary.
d) From 30 September 2023, use the Leadership Competency Framework (LCF) as part of the assessment process when recruiting to all Board roles	Complete – LCF published in February 2024 and introduced into the recruitment process for all Board members.
e) By 31 March 2024, fully implement the FPPT Framework incorporating the LCF, including updating the ESR database.	Complete – all elements implemented which also includes the Board members annual FPPT self-declaration.
f) By the end of Quarter 1 2024/25, incorporate the LCF into annual appraisals of all Board Directors for 2023/2024, using the Board Appraisal Framework. In future years, the approval/LCF and FPPT assessment should all align.	Complete – LCF published in February 2024 and introduced into the appraisal process for all Board members.

Based on the above, the Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH can give assurance against the annual compliance with the FPPT Framework for each Trust within the Foundation Group.

Work is taking place on revising the FPPT Procedure and ensuring consistent processes and approach across the Foundation Group. If not already, the proposed Procedure will be considered by the individual Appointments and Remuneration Committees in due course.

3. Annual Declarations

The Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH have circulated the template declaration form for all Board members (voting and non-voting) to complete. We can confirm that all forms have been completed and returned. As the forms are confidential, they will be filed on individual personal files.

4. Recommendations

The Foundation Group Boards are asked to receive and note this report and that the self-declarations made will be retained by the Company Secretary/Associate Director of Corporate Governance for WVT and WAHT and Trust Secretary for SWFT and GEH for their respective Trusts and placed on individual HR files.

Erica Hermon
Company Secretary/
Associate Director of Corporate Governance – WVT
and Company Secretary – WAHT

Sarah Collett
Trust Secretary – SWFT and GEH