

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

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams**

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

Present:

Russell Hardy	(RH)	Group Chairman
Chizo Agwu	(CA)	Chief Medical Officer WVT
Charles Ashton	(CAs)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Richard Colley	(RC)	NED SWFT
Neil Cook	(NC)	Chief Finance Officer WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Paramjit Gill	(PG)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WHAT (present from minute 24.013)
Julie Houlder	(JH)	NED and Vice Chair GEH
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Chief Digital Information Officer WAHT
Kim Li	(KL)	Chief Finance Officer SWFT
Anil Majithia	(AM)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Dame Julie Moore	(JM)	NED WHAT
Simon Murphy	(SM)	NED and Deputy Chair WAHT
Simon Page	(SP)	NED and Vice Chair SWFT (present from minute 24.009)
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Naj Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Nicola Twigg	(NT)	NED WVT
Sue Whelan Tracy	(SWT)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
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Julian Berlet	(JBe)	Deputy Chief Medical Officer WAHT (present from minute 24.012)
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Richard Haynes	(Rha)	Director of Communications WAHT
Mark Hetherington	(MH)	ANED GEH
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for the Chief Finance Officer)
Rosie Kneafsey	(RK)	ANED GEH
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KL)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Jo Newton	(JN)	Director of Strategy and Planning WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH/SWFT
Richard Oosterom	(RO)	ANED WAHT
Peter Orton	(PO)	Communications Officer WAHT
Jackie Richards	(JR)	ANED GEH
Tina Ricketts	(TR)	Director of People and Culture WAHT
Jo Rouse	(JRo)	ANED WVT
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
Leigh Tranter	(LT)	Communications Manager SWFT
Jules Walton	(JW)	Deputy Chief Medical Officer WAHT

There were six SWFT Governors, and two guest observers in attendance. There were no members of the pubic in attendance.

MINUTE

24.001

APOLOGIES FOR ABSENCE

Apologies for absence were received from: Sarah Collett, Trust Secretary GEH/SWFT; Simone Jordan, NED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Katie Osmond, Chief Finance Officer WVT; Bharti Patel, ANED SWFT; and, David Spraggett, NED SWFT.

Resolved – that the position be noted.

24.002

DECLARATIONS OF INTEREST

The Chief Finance Officer for GEH declared that he had been made the appointed NED for Innovate Healthcare Services Ltd.

ACTION

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	Dame Julie Moore (NED WAHT) declared that she had been appointed as Chair of Health Data Research UK.	
	<u>Resolved</u> – that the position be noted.	
24.003	<u>GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the GEH public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.004	<u>SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the SWFT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.005	<u>WAHT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the WAHT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.006	<u>WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
	Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes.	
	<u>Resolved</u> – that the WVT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.	
24.007	<u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
24.007.01	<u>Chairman's Remarks</u>	

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	The Group Chairman started the meeting by informing the Foundation Group Boards of the sad passing of Winston Crasto, Consultant and Clinical Director of Medicine for GEH. He explained how Winston was a loved colleague and would be greatly missed by all who worked with him. The Group Chairman passed on his sincere condolences to Winston's family. <u>Resolved</u> – that the position be noted.	
24.007.02	<u>Foundation Group Performance Report (minutes 23.058 and 23.080.01 refers)</u> The Managing Director for WVT confirmed that the cancer diagnosis following ED attendance data had been received. This would be included in the next Foundation Group Performance Report at the May 2024 meeting. <u>Resolved</u> – that the cancer diagnosis from ED attendance be included in the May 2024 performance report.	
24.007.03	<u>Deep Dive into Additional Performance Measures – Theatre Productivity (minute 23.060 refers)</u> The Chief Operating Officer for WVT confirmed that work was ongoing to record theatre utilisation data by cost per minute rather than by a percentage. He confirmed that this should be available in time for the May 2024 meeting. <u>Resolved</u> – that the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.	MDs
24.007.04	<u>Gender Pay Gap Annual Report (minute 23.084 refers)</u> The Chief Operating Officer for SWFT/GEH confirmed that a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristics had been shared with the individual organisations. <u>Resolved</u> – that the position be noted.	COOs
24.008	<u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u> The Group Chairman provided an overview of the Foundation Group Boards Workshop and Cyber Security Training that had taken place in the morning prior to Foundation Group Boards. He explained that there had been a session on productivity from Lord Patrick Carter of Coles, and an important progress update on South Midlands Pathology which would improve pathology services for patients. The Group Chairman took the time to urge the public and members of the Foundation Group Boards to protect themselves online by updating their	

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passwords, using a password manager where possible and not using the same or easily guessed passwords.

Resolved – that the position be noted.

24.009

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director for WVT presented the WVT update on performance to the Boards. She explained that the Emergency Department (ED) continued to be an area of concern, however performance was average compared nationally. With that said there had been an unannounced Care Quality Commission (CQC) visit in December that raised serious concerns about safety and reinforced that a congested ED was not a safe ED. The Managing Director for WVT explained that WVT's ED had been the subject of continuous redesign since Covid-19 but that the CQC had identified that the pathway didn't work effectively and consistently when faced with a congested department. She assured the Boards that WVT had responded to the initial safety concerns, partly by increasing the staffing level, but also by implementing operational digital dashboards. The Managing Director for WVT continued that the main cause of the congestion through ED was due to what was going on outside ED. She explained that a summit with the senior clinical teams and managers in the Trust had taken place to investigate why the department had become so busy since Covid-19, going from a 20 bed deficit to nearer a 60 bed deficit on a daily basis. The Managing Director informed the Boards that there were three main drivers: a growth in demand; a growth in length of stay; and, the medically fit for discharge (MFFD) cohort changing. She added that the prioritisation moving forward to address these issues would be industrialising Virtual Wards and implementing simplifying access into the community services, maximising Same Day Emergency Care (SDEC) and working with colleagues around Discharge to Assess (D2A) pathways. Added to this was the need to look at the broader demand and capacity analysis against the acute bed capacity.

The Managing Director for WVT also highlighted that WVT's faster diagnosis standard had improved further since the figure in the Boards report and was now at 73 per cent in December and WVT had maintained that for January 2024. She went on to explain that this was nearing national average and would also start to improve the 62 day referral to treatment target for cancers. The Managing Director concluded by expressing that she was proud that despite the congestion in the hospital and ED, the Trust had managed to maintain their mortality statistics and were best in the Foundation Group in this area. She did provide the Boards with a warning that WVT's mortality indicators would be affected over the next 6-12 months once the SDEC coding was changed in April 2024.

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

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Mr Oosterom (ANED WAHT) queried about what it would take to scale up Virtual Wards. The Managing Director for WVT explained that it was about implementing it across all of the Trust's specialties but also aligning it more effectively to the community urgent response team and the right clinical advice at the right point of a patient's pathway. The Group Chief Executive added that following conversations with one of the National Urgent and Emergency Care Leads, there was recent analysis in the Health Service Journal (HSJ) that virtual wards were not that cost effective, however this was due to the scaling issue. One of the suggestions was to use Virtual Wards as a way of getting all patients home first more rapidly, and all specialties or wards have a cohort of patients that they are caring for in the community. He explained that this would help facilitate the earlier discharge and in turn improve outcomes. The Group Chief Executive felt that Virtual Wards was a big opportunity and something that the Foundation Group should be using to avoid admission as much as possible.

The Managing Director for SWFT presented the SWFT update on performance to the Boards. He highlighted that ED had been a challenge for SWFT following a difficult winter, which had resulted in a drop in ED performance especially ambulance hand over time and 4hr performance. However, SWFT remained well within national average for ED performance and the drop had been due to a number of factors. The Managing Director for SWFT went on to explain that these factors included an increase in attendances to ED, around 20 per cent of ambulance activity being from out of area, occupancy had remained high in the hospital which had also impacted flow through ED. He highlighted that despite these challenges the Trust remained in a better place compared to previous winters which demonstrated the learning that had taken place. The Managing Director for SWFT took the time to thank community teams for their support in diverting patients away from ED and supporting with some of the urgent care needed within the community. He explained that this was reflected through the intention to award the Trust with the new Lead Provider for Community Integrator Services in Warwickshire.

The Managing Director for SWFT highlighted the work that had taken place to sustain the 28 Day Faster Diagnosis Standard in Cancer Services, which had been sustained despite a large increase in two week wait (2ww) referrals. He explained that work was ongoing in the system regarding the Referral to Treatment (RTT) standards and remained a focus area. The Managing Director for SWFT thanked the work of the Trust's Theatre's, Endoscopy and ENT teams for sustained and increased theatre utilisation.

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

Mrs Whelan Tracy (NED SWFT) informed the Managing Director for SWFT that she was continuing to be made aware of information suggesting that there were safety concerns from patients in a South Warwickshire area still waiting their first Oncology appointment. She queried whether there was any assurance around this matter that could be given and whether it had been raised with the CQC. The Managing Director for SWFT explained that this did remain an area

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of concern and focus for SWFT, however the concerns were not being seen through complaints but that didn't mean it was not being picked up or focused on. He assured the Boards that the Trust always have and continue to maintain dialog with the CQC over cancer and cancer issues. The Chief Nursing Officer for SWFT added that she met with the CQC on a monthly basis informally and shared the Trust's concerns about oncology during these meetings. She added that there was a monthly System Quality Review Meeting which was a formal meeting where she had also repeatedly raised her concerns over Oncology for the Trust and the system, and the CQC were supporting the Trust with those conversations.

The Managing Director for GEH presented the GEH update on performance to the Boards. She started by informing the Boards that GEH's ED performance remained challenged, and performance was expected to drop following a particularly challenging few weeks. The Managing Director for GEH expressed her apologies to GEH patients for the pressures faced and thanked the teams at GEH for ensuring safe care in such challenging circumstances. The Managing Director for GEH went on to discuss the mortality indicators for GEH and the Standard Hospital Mortality Indicators (SHMI) between August and July 2023 which were higher than expected, however this had returned back into normal range. She explained that previously staff sickness levels had been a challenge and whilst this was still an area of focus, absence was starting to reduce across the Trust. The Managing Director for GEH informed the Boards that Cancer performance was the Trust's biggest challenge despite the ED challenges, and the faster diagnosis standard had been affected significantly in December 2023. She explained that this was due to the fragility in the Urology workforce but also the high number of 2ww referrals into Breast Cancer. The Managing Director for GEH took the time to thank both SWFT and University Hospitals Coventry and Warwickshire (UHCW) who had supported GEH with this work. She assured the Boards that these had now improved and that the Trust was aiming to get to 75 per cent by March 2024 which was the national standard.

The Managing Director for GEH added that Elective work continued to improve and despite the challenges Elective work had maintained throughout January and into February 2024. She noted that RTT had slipped however work was underway to determine what could be done in house and what they needed to link in with partners on.

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

Mr Zamman (NED GEH) queried whether mortality rates were being monitored by deprivation considering that the Foundation Group were focusing on health inequalities and prevention. The Managing Director for GEH assured Mr Zamman that mortality was measured in two different ways, and they do take into account deprivation as part of that measure.

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The Managing Director for WAHT presented the WAHT performance update to the Boards. He started with ED and explained that the Trust were working with community partners to develop their single point of access which was part one of the Trust's strategy to grow SDEC areas. The Managing Director for WAHT explained that ambulance handover delays continued to be a problem, especially at weekends and a large focus continued to be on improving this. The Managing Director for WAHT highlighted that flow continued to be an issue for WAHT and was the main issue driving metrics down, however the underlying reason of the issues relating to flow stemmed from the Frailty Model and General Medicine. A significant amount of work was taking place to restructure these areas in the short and medium term. The Managing Director for WAHT added that Cancer performance remained a key area to improve for WAHT with concerns specifically around Urology and Dermatology. He continued that WAHT had commissioned an external review into Urology to look at a pathway design and the report following this review had just been received back. WVT had been supporting WAHT with Dermatology and the Managing Director for WAHT expressed his thanks to those teams and highlighted the benefit of the Foundation Group, especially around improving fragile services. He concluded by informing the Boards that Elective work continued to be challenged however the Trust was looking into mutual aid options and internal capacity.

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

The Group Chief Executive highlighted that one of the challenges at the moment is ensuring we are delivering on the 76 per cent performance during March and there is a lot of effort from all Trust in the group on that. But this report has a lot of informative information to highlight variation across the trust. Variation is quite stark in the theatres utilisation across the group so he encouraged the COOs to make connections with the teams that are leading on this to ensure each trust was getting value out of that capacity as it will not only help financially but improve performance.

The Group Chairman took the time to apologies to WAHT employees for the current staff car parking set up. He offered assurance that discussions and work were taking place behind the scenes to try and resolve staff parking issues as priority and that in the meantime WAHT staff would not be being charged for car parking. The Group Chairman also thanked all of the Foundation Group's front line teams for their continued efforts to provide safe, effective care.

Resolved – that

- A) The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice, and**
- B) the Foundation Group Performance report be received and noted.**

COOs

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24.010**

ACTION

GROUP ANALYTICS UPDATE

The Chief Finance Officer for GEH informed the Boards that progress continued to be made with Group Analytics Programme, however this had slowed down due to the pressures faced across the Foundation Group. He highlighted that the Group Analytics Board had been developing the capacity and capability of the informatics function, and the key element had been developing the Group Informatics Forum which enabled Informatics colleagues to share best practice between themselves. The Chief Finance Officer for GEH explained that Power BI had also been implemented as part of the Foundation Group's reporting tools to give access to the latest reporting technology. Each Trust were at different stages of developing reporting dashboards through Power BI, however developing them had been more challenging than envisioned and work was taking place to try and streamline the process. The Chief Finance Officer for GEH informed the Boards that work continued regarding making sharing data across the Foundation Group easier, which in turn would help the Informatics teams with their workload. The Chief Finance Officer for GEH highlighted was the adding of kite marks to the metrics, the deadline to complete this work had been pushed back slightly from March 2024 to June 2024. Finally he took the time to thank colleagues for attending the Informatics Workshops and thanked WAHT Informatics colleagues for joining the Group Analytics Board and Informatics team so seamlessly, and expressed what a welcomed member of the Group they were.

Moving forward the Group Analytics Board would start to focus on developing an information led culture across the Foundation Group, which would start with developing teams and using informatics to drive decision making.

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

Mr Oosterom (ANED WAHT) thanked the Chief Finance Officer for GEH for a comprehensive overview and expressed how important the Informatics work was to ensure operational excellence. He explained that there seemed to be an issue with lack of resources to support each Trust's change programmes across the Foundation Group and was there a way to draw on everyone's skills across the Group to solve this. The Chief Finance Officer for GEH expressed that there had been discussions regarding how to utilise collective expertise across the Foundation Group in terms of analytics. The Group Chief Executive offered additional assurance that the Chief Digital Transformation Officer for WAHT would be supporting that work moving forward following a discussion at Foundation Group Strategy Committee which was detailed in the Foundation Group Strategy Committee report in the meeting papers.

Mr Murphy (NED WAHT) queried whether AI and Robot automation not being a priority in regard to upcoming work would have an impact. The Chief Finance Officer for GEH explained that AI hadn't been a priority for the last couple of years, however moving forward it does need to be picked up again and is something we are looking into regarding how that links in with the digital

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agenda. The Chief Digital Transformation Officer for WAHT explained that AI was broader than analytics and would be being picked up through the innovation work that was on the upcoming digital agenda.

Resolved – that the position be noted.

24.011

MUTUAL AID FOR ELECTIVE PATIENTS DEEP DIVE

The Chief Operating Officer for SWFT explained that, post Covid-19, waiting lists had increased substantially and recovering this had been a challenge. As a way of resolving the recovery challenge there had been a national push to look into mutual aid across systems and regions to bring down backlogs. Working as a Foundation Group had been beneficial and had been easier to facilitate and progress patients. The Chief Operating Officer for SWFT explained that a monthly Foundation Group Operational Group had been set up to discuss any operational issues, but it also meant that each Trust could understand each other's priorities and upcoming work. She continued, that further to this there was a fortnightly mutual aid meeting where specialties that needed support would be discussed and appropriate processes put in place. However, in addition to this, the meetings had also enabled the operational teams across the Foundation Group get to know each other and build working relationships. This had resulted in solutions being put in place in a timelier manner, and therefore supported the reduction of waiting times for patients which had been key.

The Chief Operating Officer for WAHT shared a patient success story from ITV News with the Boards. The success story shared how a patient's surgery waiting time had reduced from 3 years to 2 weeks, and the Chief Operating Officer for WAHT explained that it highlighted why using resources across the Foundation Group better was the right way forward for patients. She went on to explain that putting the process in place to enable mutual aid across the Foundation Group wasn't easy and there were challenges that still needed to be resolved, these included being able to provide consistent pre-operative care for patients transferred mid-pathway, asking patients to travel or attend virtual appointments due to being unable to dispatch staff to patient areas following the increase in services demand, claiming income from the Welsh NHS system for patients who reside in Wales, and a lot of patients were not wanting to travel for treatment especially for major surgery due to the distance home, being away from friends and family and the post-op follow up visits. The Chief Operating Officer for WAHT informed the Boards that processes were also proving challenging, such as agreeing a standardised clinical criteria for listing for surgery, clearance of the 65ww and 78ww, contacting patients and administrative challenges, and managing patient expectations if the mutual aid offer was unsuccessful or the patient was unable to travel.

The Chief Operating Officer for WAHT highlighted that harmonisation of waiting lists at a Group level was the focus moving forward. She explained that waiting lists continued to rise and harmonising these across the Foundation Group would enable these to be managed more effectively and get patients seen

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quicker. The Chief Operating Officer for WAHT added that the Foundation Group Operational meetings would continue to take place for improving performance opportunities, and to explore whether post-operative care could be carried out closer to the patient's home if their treatment/operation took place out of area.

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

The Group Chairman thanked all the Chief Operating Officers, Chief Medical Officers and Chief Nursing Officer's from across the Foundation Group for the time and effort being put into make this work for patients.

The Group Chief Executive expressed that it was interesting to see the reciprocation between the organisation to address the back logs. However, he highlighted that eventually the goal should be that each organisation was optimising their capacity and meeting local catchment area volumes, so patients weren't being asked to travel.

Mrs Martin (NED WVT) emphasised the importance of working with community colleagues to support patient transport needs which could help with uptake when mutual aid was out of area for the patient.

Resolved – that the Mutual Aid for Elective patients deep dive be received and noted.

24.012

SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)

The Chief Nursing Officer for WAHT presented the safe staffing overview to the Boards. She explained that over recent months the Chief Nursing Officers from across the Foundation Group had been working together to standardise the Key Performance Indicators (KPIs) around safe staffing and standardise how these were reported.

The Chief Nursing Officer for SWFT explained that Nurse staffing at SWFT had been a challenge for the last three months, with on average 20 extra beds requiring staffing. On top of this she explained that SWFT were seeing higher acuity patients requiring additional staff. There had also been more mental health patients needed to be cared for in an acute setting would require additional staff due to the lack of tier 3 mental health provisions, SWFT were in contact with the Coventry and Warwickshire system colleagues to resolve these pathway issues. The Chief Nursing Officer for SWFT continued that the Trust had seen a higher than usual vacancy rate in paediatric nursing, and work was taking place to find a solution. Despite this SWFT agency spend had reduced and this was due to the focus around recruitment and retention that had taken place and challenging the use of agency Nurses which came at premium cost. The Chief Nursing Officer for SWFT assured the Boards that

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there had been no correlation in the harm related to unsafe staffing which was reassuring to the Trust but also the public.

The Chief Nursing Officer for WVT provided an overview for WVT, explaining that staffing levels were safe however this was not being achieved at the best value for money or quality of care due to having to rely heavily on agency and temporary workforce. She added that this was due to budgets not aligning with the establishments, despite vacancy's being low. Due to this there was a need for 20 whole time equivalents (wte) on top of current staffing levels to ensure patient safety was met. This was a continuous issue and had been for around two years due to the bed occupancy remaining high. Therefore a paper had been submitted to the Trust's Management Board to align budgets with the establishment needs and recruit substantive nurses, and in turn improve value for money and quality of care.

The Chief Nursing Officer for GEH explained that GEH along with the other Trust's in the Foundation Group, had extra patients being bedded above planned figures. This was averaging around 32 extra a day, and required 28wte Nurses and 14 Health Care Support Workers (HSWs) to ensure patient safety was met. Despite these challenges she was pleased to report that the Trust's agency spends had reduced and they hadn't had to use off framework agencies since July 2023. The Chief Nursing Officer for GEH explained that the Trust's specialist area's used the most agency staff, however this was still higher than ideal and moving forward there would be a focus on staff retention. She informed the Boards that staffing levels were considered daily and as part of all incidents reported, and she was pleased to report that despite staffing challenges and bed occupancy, harm levels had not been affected. Finally, the Chief Nursing Officer for GEH explained that the dashboard in the report showed GEH's care hours per patient as the lowest in the group and offered assurance that she was working with her teams to improve those levels.

The Chief Nursing Officer for WAHT echoed the other Chief Nursing Officer's challenges with bed occupancy and staffing challenges. However, she was pleased to report that there had been a reduction month on month in regard to agency spend and she had been linking in with WVT on how to improve WAHT's vacancy rates. The Chief Nursing Officer for WAHT highlighted that WAHT had not had any falls with harm and was proud of the Trust's harm indicators in general at the moment. Moving forward over the next four to eight weeks there would be a focus on nurse to bed ratios and how to improve that figure, as well as looking at the opportunities with Registered Nurse Associates (RNAs) and skill mix reviews.

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

The Group Chief Executive thanked the Chief Nursing Officers for an interesting report and explained how fascinating he had found the comparison across the Foundation Group on Nurse Staffing. He explained that going forward it would be good to see Bank Staff and Agency Staff separated in terms of temporary

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workforce. This was due to Bank Staff being essential to managing rotas in a good way, whereas Agency were wanting to be avoided. The Group Chief Executive expressed that the Safer Staffing toolkit was also something to be mindful of, as this didn't consider the experience of staff but just the number of staff. He also noted that it was interesting to see areas that had a low vacancy rate but were still requiring additional staff, which would indicate that the staffing budget for that area was too low.

The Managing Director for GEH queried with the Chief Nursing Officer for GEH whether the incident figure was correct in the dashboard. She queried this due to the Trust having the highest vacancy rate and lowest care hours per patient. The Chief Nursing Officer for GEH agreed that the figures seem incredibly low for November and December 2023. She felt this was due to several factors, one being improving the vacancy rate around that time, but also it was likely that there had been under reporting of incidents on Datix.

Resolved – that the safe staffing overview including nurse per bed ratio be received and noted.

24.013

EQAULITY UPDATE – NHS EQUALITY DELIVERY SCHEME (EDS 2022)

The Group Chairman took the time at the start of the EDS update to say thank you to the Director of People and Culture at WAHT as this would be her last Foundation Group Boards before leaving WAHT. He thanked the Director of People and Culture at WAHT for the phenomenal efforts that she had put in for several years at WAHT and wished her well in her future endeavours.

The Chief People Officer for GEH/SWFT presented the EDS update to the Boards. She explained the EDS is well known in the NHS since 2011. It was updated most recently in 2022 and was essentially an improvement framework to improve services for patients but also staff to create and open and inclusive culture, meeting obligations under The Equality Act 2010 and the Public Sector Equality Duty. She explained that there were 11 outcomes across three domains that were required to be reviewed and published from March 2024. The three domains were Commissioned or Provisioned Services, Workforce Health and Wellbeing and Inclusive Leadership. The Chief People Officer for GEH/SWFT informed the Foundation Group Boards that it was set out in the basis of the guidance that key stakeholder groups should be included, with a wide frame variety of people inputting including the public, patients, staff, trade unions, HR professionals and staff networks. She assured the Boards that the work had been undertaken in each Trust and was pleased to report that there were no areas across the Foundation Group with underdeveloped activity against the EDS. The Chief People Officer for GEH/SWFT added that there was plenty of opportunity from the review to share and learn across the Foundation Group to improve equality system.

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

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Mrs Whelan Tracy sought assurance that the three services reviewed in the EDS report captured citizens from identity groups which were harder to reach. The Chief People Officer for GEH/SWFT confirmed that she would look into this further, however assured the Boards that the review would continue to expand each year capturing both community and acute services as part of the review.

The Managing Director for WVT queried whether the thresholds and criteria were being applied in the same way across the Group, and it was agreed that this would be picked up outside of the meeting.

The Managing Director for WAHT recommended that a peer network be set up as part of the EDS review as it would be very easy to have a biased view against your own service and organisation.

Resolved – that

- A) the Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group, and**
- B) the Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased, and**
- C) the Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach, and**
- D) the Equality update be received and noted.**

CPOs

CPOs

CPOs

24.014

FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS 2024/25 FOR APPROVAL

The Foundation Group Boards approved the 2024/25 Foundation Group Boards Schedule of Business and noted that it would continue to mature as the meeting developed.

Resolved – that Foundation Group Boards Schedule of Business for 2024/25 be approved and ratified.

24.015

FOUNDATION GROUP STRATEGY COMMITTEE ANNUAL REPORT 2022/23

The Foundation Group Boards received and noted the Foundation Group Strategy Committee Annual Report for 2022/23.

Resolved – that the Foundation Group Strategy Committee Annual Report for 2022/23 be received and noted.

24.016

FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 16 JANUARY 2024

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The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting on the 16 January 2024. The Group Chairman highlighted in particular the Group Job Planning discussion and how to move forward with job plans focused on demand and capacity. The Group Chairman also drew attention to the Group Digital Scope Proposal that would see the Chief Digital Transformation Officer for WAHT take on a Group leadership position in digital transformation moving forward.

Resolved – that the Foundation Group Strategy Committee report from the meeting held on the 16 January 2024 be received and noted.

24.017

ANY OTHER BUSINESS

There was no further business discussed.

Resolved – that the position be noted.

24.018

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

24.018.01

Question from a SWFT Public Governor (West Stratford and Borders)

The following question was submitted by the Public Governor in advance of the meeting:

'Is it considered appropriate for there to be more Executives appointed jointly to different Trusts to develop more Group actions, or is the appointment of executives to single Trusts the best way to deliver improvements in each of the Group Trusts?'

The Group Chief Executive explained that the Foundation Group model worked across the four Trusts because accountability sat with the individual Chief Officer's of each Trust. He continued that whilst there were Group level roles, these were advisory, and accountability still sat with the individual Chief Officer's the same way it does when an individual Chief Officer leads on something on behalf of the Foundation Group.

Resolved – that the position be noted.

24.019

ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE

24.020

APOLOGIES FOR ABSENCE

24.021

DECLARATIONS OF INTEREST

24.022

GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023

24.023

SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023

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<u>MINUTE</u>		<u>ACTION</u>
24.024	<u>WAHT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023</u>	
24.025	<u>WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON THE 1 NOVEMBER 2023</u>	
24.026	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
24.027	<u>STAFF SURVEY</u>	
24.028	<u>FOUNDATION GROUP OBJECTIVES</u>	
24.029	<u>FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 18 OCTOBER 2023</u>	
24.030	<u>ANY OTHER BUSINESS</u>	
24.031	<u>DATE AND TIME OF NEXT MEETING</u> The next Foundation Group Boards meeting would be held on 2 May 2024 at 1.30pm via Microsoft Teams.	

Signed



Russell Hardy

(Group Chairman)

Date: 2 May 2024