

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

**WVT Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 3 May 2023 at 1.30pm via Microsoft Teams
In Parallel with GEH and SWFT**

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Andrew Cottom	(AC)	Non-Executive Director (NED) WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
Katie Osmond	(KO)	Chief Finance Officer WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

In attendance:

WVT:

Jon Barnes	(JB)	Chief Transformation Officer WVT
Claire Carlson	(CC)	Deputy Chief Operating Officer WVT (Deputising for the Chief Operating Officer WVT)
Alan Dawson	(AD)	Chief Strategy and Planning Officer WVT
Robbie Dedi	(RD)	Deputy Chief Medical Officer WVT (Deputising for the Chief Medical Officer WVT)
Geoffrey Etule	(GE)	Chief People Officer WVT
Fiona Gurney	(FG)	Communications Officer WVT
Erica Hermon	(EH)	Associate Director of Corporate Governance and Company Secretary WVT
Frank Myers	(FMy)	Associate Non-Executive Director (ANED) WVT

SWFT:

Charles Ashton	(CA)	Chief Medical Officer SWFT
Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT
Ravi Basi	(RB)	Deputy Chief Finance Officer SWFT (Deputising for the Chief Finance Officer SWFT)
Yasmin Becker	(YB)	NED SWFT
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(ACa)	Managing Director SWFT
Sarah Collett	(SC)	Trust Secretary SWFT/GEH
Richard Colley	(RC)	NED SWFT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Paramjit Gill	(PG)	Nominated NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sarah Moppett	(SM)	Director of Recovery and Care Excellence SWFT
Gertie Nic Philib	(GP)	Chief People Officer SWFT/GEH
Simon Page	(SP)	NED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
David Spraggett	(DS)	NED SWFT
Sue Whelan Tracey	(SWT)	NED SWFT

GEH:

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Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	NED GEH
Anil Majithia	(AM)	NED GEH
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Robin Snead	(RS)	Chief Operating Officer GEH
James Turner	(JT)	Head of Communications and Engagement GEH
Umar Zamman	(UZ)	NED GEH

Foundation Group:

Chelsea Ireland	(CI)	Foundation Group EA (Board Administrator)
David Moon	(DMo)	Group Strategic Financial Advisor

There were four SWFT Governors also in attendance.

MINUTE

ACTION

23.027

APOLOGIES FOR ABSENCE

Apologies for absence were received from Simone Jordan (NED GEH), Kim Li, Chief Finance Officer (SWFT), David Mowbray, Chief Medical Officer (WVT), Andy Parker (Chief Operating Officer (WVT) and Grace Quantock (NED WVT).

Resolved – that the position be noted.

23.028

DECLARATIONS OF INTEREST

The Chief Nursing Officer at SWFT declared that her brother had been appointed as Group Finance Director of Acacium Group Limited.

Resolved – that the position be noted.

23.029

GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023

Resolved – that the GEH public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.030

SWFT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023

Resolved – that the SWFT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.031

WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 FEBRUARY 2023

Resolved – that the WVT public minutes of the meeting held on 1 February 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

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MATTERS ARISING AND ACTIONS UPDATE REPORT

23.032.01

Completed Actions

All completed actions were listed as complete on the action log as part of the meeting papers. There were no outstanding actions.

Resolved – that the position be noted.

23.033

OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP WORKSHOP

The Group Chairman provided the Boards with an overview of the Foundation Group Boards Workshop presentations, which included a presentation from NHS Providers Chief Executive, Julian Hartley. The Group Chief Executive also highlighted the 'Big Moves' progress report presentations on 'Supporting Domiciliary Care' and 'Be a Very Flexible Employer'. Both presentations linked to the Foundation Group's Strategy. He emphasised the importance of the Foundation Group being flexible employers to help tackle the workforce crisis. The Group Chief Executive discussed the Integration Front Runner work taking place in Warwickshire to support Domiciliary Care which was also learning from the One Herefordshire Partnership work which was also taking place. The national Frontrunner pilot would be reporting back to the National Discharge Taskforce. As part of this programme, we are measuring the amount of time patients were waiting for discharge, not just how many were waiting.

The Group Chief Executive explained that Julian Hartley's presentation explained the national move to widen improvement training across the NHS which was launched at a recent national Chief Executives session. He celebrated the Foundation Group's positive culture around improvement, and that in response to the new national strategy we would look to move to more staff being trained in improvement skills and widening it to Place partners.

The Group Chief Executive informed the Boards that the Foundation Group had been selected for a national sprint programme to improve waiting times in outpatients, which was currently being explored alongside the Chief Operating Officers

Resolved – that the overview of key discussions from the Foundation Group Workshop be received and noted.

23.034

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Boards with an overview of WVT's performance and she highlighted three focus areas for the Trust. The first focus area was 4hr performance in the Emergency Department (ED). The Managing Director at WVT explained that WVT performance was below that of GEH and SWFT, however there was intensive staff engagement work taking place as well as an improvement and redesign plan. The Managing Director at WVT clarified that this would include a reduction in the size of ED, which the Trust had expanded significantly during the Covid-19 Pandemic however, this was proving to be causing a hindrance to flow through the department. She added

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that part of the improvement plan would include looking at WVT's Care at Home Strategy, including the use of Virtual Wards and the Discharge to Assess (D2A) model.

The Managing Director at WVT highlighted the Cancer 28 Day Faster Diagnosis Standard, which had improved over the last quarter. She informed the Board that WVT's 62 day performance was the best out of all three Trusts in the Foundation Group, however improvement of the regional rating was still required. The Managing Director at WVT assured the Board that Mortality and Summary Hospital-Level Mortality Indicator (SHMI) was continuing to improve with a continuous focus led by the Chief Medical Officer at WVT. She explained that there was however an issue with Hospital Standardised Mortality Ratio (HSMR), which was a common theme across the three Trusts in the Foundation Group. The Managing Director at WVT informed the Boards that resolving the issues around Palliative Care coding would make WVT better than the national average, therefore there was a piece of Foundation Group-wide work to improve this.

The Managing Director of WVT highlighted that the ED performance was one of her biggest concerns, along with reaching year-end financial balance and the potential consequences if the wrong decisions were made.

The Managing Director at GEH informed the Boards that GEH had been performing above the national average, however since October 2022 they had seen a gradual decrease in the ED 4hr performance standard, similarly to that of WVT. She elaborated that the decrease directly linked to bed occupancy which, although showing as 100%, didn't reflect the patients in bed occupancy which was over 100%. The Managing Director at GEH explained that work was taking place to improve capacity and reduce length of stay. She added that despite the challenge with capacity, GEH's ambulance handover times had improved to be one of the best in the country.

The Managing Director at GEH drew attention to the cancer performance and challenges, especially with the increased demand and the 28 Day Faster Diagnosis Standard. She highlighted that patients waiting 62 days had been a concern however an MDT meeting had been held to address the waiting list and expedite the patients' treatment. This was running on a monthly basis moving forward. The Managing Director at GEH highlighted that Referral to Treatment (RTT) performance was good nationally, and the three patients that had been waiting 78 weeks for treatment had now received treatment resulting in GEH meeting the national standard by year end. She added that 52 week wait figures had increased but this has been planned due to maintenance work taking place on three of the theatres attached to the day procedures unit, however this had now improved flow in that area in prep for summer. The Managing Director at GEH informed the Boards that Medically Fit For Discharge (MFFD) did have a downward trend, however work with the community response teams were underway to ensure patients were being discharge home as soon as possible.

The Managing Director at SWFT noted that ED performance over the last quarter remained challenged following a difficult winter, however improvements were starting to be seen. He explained that SWFT teams had learnt from the

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winter period to improve flow in particular, worked on initiatives to improve Same Day Emergency Care (SDEC), and also converted the Medical Assessment Unit (MAU) to be a short stay area. The Managing Director at SWFT informed the Boards that the improvement work had paid off and performance in April 2023 was over 80%. He added that Ambulance Handover times continued to improve and alongside ED in general.

The Managing Director at SWFT informed the Boards that Cancer continued to be a concern and was his biggest area of concern, particularly cancer performance in Colorectal, which had had its highest referral month at the end of 2022. He assured the Boards that the operational teams were working on pathway redesign and understanding the new norm of increased demand. SWFT met the 78 weeks wait standard and were working towards being at no 52 week waits by the end of 2023/24.

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

The Group Chairman highlighted the increase in demand for cancer services and thanked the operational teams for focusing their attention on improving the efficiency of cancer services across the Trust. However, he explained that there had been a lot of discussions across Coventry and Warwickshire by the Chief Operating Officers relating to the supply of cancer consultants and services. The Group Chairman sought assurance whether that was improving. The Chief Medical Officer at SWFT explained that there had been intensive work on improving cancer services for the system and improvement was being seen due to Oncologists doing extra sessions, and a Locum had been employed to start in June 2023. However, the underlying problem was a capacity vs demand gap and therefore a more complicated review process was underway. The Chief Medical Officer at SWFT assured the Boards that he was pushing for an immediate arrangement to be implemented to bridge the capacity vs demand gap in the interim and this was being discussed at the next meeting in May 2023.

Mr James (NED, WVT) highlighted that the performance data for MFFD was segmented into pathways dependant on how much support patients need to go home, however noted that it would be helpful to see how many patients were on each of the pathways. He added that this was the same for staff sickness, where the data was segmented into staff groups rather than the reason for absence which would be helpful to know enable improvement work.

The Group Chairman thanked all three Trusts for achieving the 78 week performance standard of no patients waiting longer than 78 weeks for treatment, especially to have achieved this alongside the increased pressures with the numerous strikes that had taken place and the increase in demand.

Resolved – that the Foundation Group performance report be received and noted.

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VIRTUAL WARDS CAPACITY

The Chief Operating Officer at GEH introduced the Virtual Wards deep dive and provided an overview of the Operational Steering Group for the Foundation Group which focused on deep dives into services. He informed the Boards that involvement in the Operational Steering Group included all three Chief Operating Officers from the Foundation Group, associated deputies and senior operational leaders. The Chief Operating Officer celebrated the success of the Operational Steering Group and how positive the feedback had been from members regarding sharing best practice and creating new connections.

The Chief Operating Officer at GEH presented a presentation on Virtual Wards Capacity which detailed some positive patient feedback, and the crucial role that Virtual Wards played in Capacity Plans during winter across all three Trusts in the Group. He explained that Virtual Wards are there to try and avoid admission, by managing patients remotely in their own home environment. As part of Virtual Wards work was also underway to try and get patients out of hospital quicker.

The Chief Operating Officer at GEH informed the Boards of the challenges faced by Virtual Wards which included: clinical confidence needing to be improved to enable more success; and, projections of increased activity being capped at the current levels due to funding restrictions. He added that recruitment into the required roles for staffing the Virtual Wards remained difficult, as well as data systems and connectivity issues especially for community colleagues in rural areas. The Chief Operating Officer at GEH explained that all Trusts were committed to delivering their capacity plans, and virtual wards was a standard approach to providing acute care for people without taking up acute beds.

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

The Group Chief Executive highlighted that Virtual Wards was part of one of the Foundation Group's strategy 'Big Moves' seeing 'home first supported by technology and partnerships'. He noted that the presentation showed variation in each Trusts' approach to Virtual Wards and the specialties it covered. The Group Chief Executive queried whether, as a Foundation Group, the ambition was big enough for what could be achieved. He acknowledged that clinical confidence needed to be built, however each Trust had significant resource and capacity to gain from improving Virtual Wards capacity. The Group Chief Executive also commented whether the staff for Virtual Wards could be more generic and have a team that worked between community and the acute.

The Group Chairman echoed the Group Chief Executive's points and highlighted that as Foundation Group the current plan was working at 250-260 Virtual Ward beds. If performance was working at the standard of the Trust with the best practice, the Foundation Group would be looking at closer to 400 beds which would make a huge difference to flow and capacity.

The Chief Nursing Officer at SWFT thanked the Chief Operating Officer at GEH for an informative presentation, however agreed with the Group Chief

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Executive that clinical confidence needed to be built by sharing best practice scenarios that were already happening within the Foundation Group. She queried why recruitment was challenged as it hadn't been a problem in the community as such. The Chief Operating Officer at GEH explained that recruitment was difficult due to how specific the roles were, whereas historically models had more flexibility. The roles for Virtual Wards needed more acute experience but from people who wanted to work in the community.

The Managing Director at WVT informed the Chief Operating Officer at GEH that she would be interested to see the operational plan and understand how Virtual Wards were working successfully. She explained that the figures in the presentation should be more of a baseline minimum rather than the top of what could be achieved.

Mr James (NED, WVT) sought assurance that creating Virtual Wards, to free up physical beds in the hospital, would not become an additional service and cause more work. The Group Chairman informed Mr James that by freeing up physical acute beds, more elective work could take place and help clear the large backlog. He explained that if physical beds were being taken up by new patients, then that should be taken as a success. The Group Chief Executive added that Virtual Wards was the key to facilitating and contacting capacity in the right wards with the right staff.

Dr Raistrick (NED, GEH) queried whether patients in the community would be able to access Virtual Wards through a different pathway compared to going via A&E assessment. The Chief Medical Officer at SWFT informed Ms Raistrick that the patients on Virtual Wards were patients having active medical intervention so would not need to go via A&E, teams can link in directly with the Virtual Wards team.

Resolved – that Virtual Wards capacity deep dive be received and noted.

23.036

SAME DAY EMERGENCY CARE (SDEC)

The Chief Operating Officer at SWFT provided a presentation on SDEC. SDEC was where patients could be treated by a specialist on the same day and were therefore less likely to be admitted and if they were it reduced their length of stay. The Chief Operating Officer at SWFT highlighted that the benefits of SDEC meant that it was the way patients on an emergency pathway should be treated and the way of achieving that was not bedding patients into those areas. However, winter pressures and when demands high it was incredibly difficult to not use free beds when patients were waiting in areas not suitable.

The Chief Operating Officer at SWFT informed the Boards that across the Foundation Group there were 12 SDEC areas, Frailty, Medicine, and Surgical at each Trust, as well as Paediatrics and Early Pregnancy at SWFT. Each Trust had tried to improve each area. GEH put a hard stop of bedding into SDEC areas in June 2022 and since then there had been a significant improvement of attendance in SDEC at the Trust. The Chief Operating Officer at SWFT continued that GEH also looked into their criteria for admission to SDEC, and if patients didn't meet the criteria, why. This work changed the focus of the type of patients that met criteria and increased admissions. GEH increased their

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senior decision maker hours and NHS England (NHSE) asked the Trust to be included in their NHS Elective Accelerator Programme.

The Chief Operating Officer at SWFT informed the Boards that SWFT had similar issues to GEH with being unable to avoid bedding into SDEC areas during periods of significant operational pressures. She explained that following this SWFT trialled a 7-Day PDSA (Plan, Do, Study, Act) in January 2023 to address the issues with bedding into SDEC areas. As part of the PDSA the Trust provided an additional 230 hours across 7 days, which demonstrated the importance of not bedding patients into SDEC areas. It also strengthened the Trust's relationship with General Practitioners as well as West Midlands Ambulance Service (WMAS), direct referrals through 111 algorithms and reduced time to triage to 16 minutes.

The Chief Operating Officer at SWFT confirmed that WVT faced the same bedding into SDEC challenges but had managed to resolve the issues by building a purpose build SDEC unit which were not available to bed patients in. WVT's Frailty SDEC Unit was still on a ward and therefore work was taking place to try and resolve this, including the possibility of co-locating Frailty SDEC and Virtual Ward.

The Chief Operating Officer at SWFT explained that moving forward the operational teams wanted to work towards a join dashboard for benchmarking, along with moving towards a 'Never Event' style governance. This would ensure that if there was ever a need to bed into SDEC areas an investigation into why would take place and what learnings could be taken from the event.

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

The Group Chief Executive was pleased to see how SDEC areas had evolved over the years, which had been a necessary evolution to build confidence that the pathways were effective. He added that it was important to ensure future work would help right size SDEC based on the demographics to ensure their potential was not being restricted by capacity.

The Chief Medical Officer at GEH queried whether making SDEC fully integrated had been explored. The Chief Operating Officer at SWFT confirmed that the potential of integrating SDEC had been discussed, predominantly around nursing staff, however this had not created as many benefits as expected however this was definitely needing to be explored further.

Resolved – that the SDEC deep dive be received and noted.

23.037

FASTER 28 DAY DIAGNOSIS

The Associate Chief Operating Officer at WVT presented to the Boards an update on the Faster 28 Day Diagnosis Standard. She started by explaining that the Faster 28 Day Diagnosis Standard was put in place in October 2021 to ensure patients would be diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer.

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The Associate Chief Operating Officer at WVT informed the Boards that for patients who get diagnosed with cancer within the 28 Days would start their treatment as soon as possible. This was introduced in October 2021, as part of the NHS long term plan with the aim that by 2028 55,000 more people each year would survive their cancer for five years or more, and 75% of people with cancer would be diagnosed at an early stage (stage one or two). The Associate Chief Operating Officer at WVT emphasised just how important the Faster 28 Day Diagnosis Standard was to deliver.

The Associate Chief Operating Officer at WVT explained that there was variation each month between the three Trusts, however significant improvements towards meeting the Faster 28 Day Diagnosis standard had been evident since February 2023. Nationally the Foundation Group was sitting in the lower performance quartile and therefore continued improvement needed to be made. She explained that challenges shared across the Foundation Group included not having a 'One Stop' Oncology clinic, which was trying to be pulled together. There was also delays across all tumour sites in Histopathology turn around times, and therefore a 7-day turnaround time standard was trying to be established as well as maximising the work flow. The Associate Chief Operating Officer at WVT highlighted that one of the delays faced in Cancer was due to the admin delays regarding the turnaround of results letters.

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

The Group Chief Executive expressed the importance of working on improving and establishing innovative ways of working to ensure staff are not just working longer and harder to combat issues.

Mr Myers (NED, WVT) raised his concerns regarding the administrative delays and backlog, as this should be an area that the Foundation Group can resolve quite easily. The Associate Chief Operating Officer at WVT explained that work had started to create a cross cover system for admin teams to ensure work wasn't dropped, particularly in cancer services, during periods of sickness and leave.

Resolved – that Faster 28 Day Diagnosis deep dive be received and noted.

23.038

FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR 2023/24 FOR APPROVAL

The Boards approved the schedule of business for 2023/24.

Resolved – that Foundation Group Boards schedule of business for 2023/24 be approved and ratified.

23.039

STAFF SURVEY RESULTS OVERVIEW AND ACTION PLAN

The Chief People Officers took the Staff Survey results overview and action plan as read, with the view that the results had been discussed at length in each Trust's Board meetings.

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

The Group Chief Executive echoed the Chief People Officers comments regarding the results having been discussed at each individual Trust Board, he also explained that the data provided in the report supported the 'Big Move' presentation received in the Foundation Group Boards Workshop.

Mrs Kneafsey (NED, GEH) queried what the plans were to increase response rate moving forward. The Chief People Officer at GEH/SWFT explained that there were numerous plans in place to try and increase response rate, including regular conversations from leaders throughout the year, and reassuring staff that their feedback contributes to positive change.

Resolved – that the Staff Survey results overview and action plan be received and noted.

23.040

ANY OTHER BUSINESS

No further business was discussed.

Resolved – that the position be noted.

23.041

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

23.041.01

Question from a Member of the Public - Mr Chris Lewandowski

The following question was submitted by member of the public, Mr Chris Lewandowski, in advance of the meeting:

'Nationally there seems to be a shortage of beds for both adult and children needing mental health care. In some areas of the country this has led to mental health patients, including children, being, perhaps inappropriately, placed in mainstream hospitals. What is the situation in Herefordshire?'

The Managing Director at WVT explained that there was very rarely an issue with Adult patients needing mental health care being stuck in an acute bed, however there was an issue with Children and Young People. However, she emphasised that the number varies but has not been higher than around four. The Managing Director at WVT offered assurance that there was national work taking place to improve mental health beds capacity.

Resolved – that position be noted.

23.041.02

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

The Public Governor queried what complex infections could be managed remotely through virtual wards due to the size of the ward being quite large. The Chief Medical Officer at SWFT informed the Public Governor that it was for infections that needed intravenous antibiotics where a line can be put in for the patient to inject themselves. These infections are things such as Endocarditis (an infection of the heart) and other deep boned or abdomen infections.

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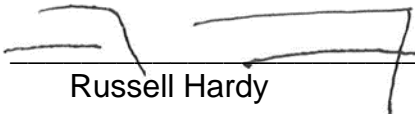
MINUTE

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| 23.042 | <u>ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE</u> | |
| 23.043 | <u>APOLOGIES FOR ABSENCE</u> | |
| 23.044 | <u>DECLARATIONS OF INTEREST</u> | |
| 23.045 | <u>GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022</u> | |
| 23.046 | <u>SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022</u> | |
| 23.047 | <u>WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2022</u> | |
| 23.048 | <u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u> | |
| 23.049 | <u>ANY OTHER CONFIDENTIAL BUSINESS</u> | |
| 23.050 | <u>DATE AND TIME OF NEXT MEETING</u> | |

The next meeting would be held on 2 August 2023 at 1.30pm via Microsoft Teams.

Signed



Russell Hardy

(Group Chairman)

Date: 2 August 2023