

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

**WVT Minutes of the Public Foundation Group Boards Meeting
Held on Wednesday 1 November 2023 at 1.30pm via Microsoft Teams
In Parallel with GEH, SWFT and WAHT**

Present:

Russell Hardy	(RH)	Group Chairman
Glen Burley	(GB)	Group Chief Executive
Chizo Agwu	(CAg)	Chief Medical Director WVT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Frances Martin	(FM)	NED WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Jo Rouse	(JR)	NED WVT
Nicola Twigg	(NT)	NED WVT

In attendance:

WVT:

Jon Barnes	(JB)	Chief Transformation Officer WVT
Ellie Bulmer	(EB)	Associate Non-Executive Director WVT
John Burnett	(JBU)	Head of Communications WVT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Geoffrey Etule	(GE)	Chief People Officer WVT
Kieran Lappin	(KL)	ANED WVT
Frank Myers	(FMy)	ANED WVT

GEH:

Catherine Free	(CF)	Managing Director GEH
Natalie Green	(NG)	Chief Nursing Officer GEH
Gavin Hawes	(GH)	Communications and Engagement Manager GEH
Mark Hetherington	(MH)	ANED GEH
Julie Houlder	(JH)	NED GEH
Haq Khan	(HK)	Chief Finance Officer GEH
Rosie Kneafsey	(RK)	ANED GEH
Vanessa Nicholls	(VN)	GEH Board Secretary (deputising for the Foundation Group EA)
Jenni Northcote	(JN)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	ANED GEH
Robin Snead	(RS)	Chief Operating Officer GEH
Umar Zamman	(UZ)	NED GEH

SWFT

Charles Ashton	(CA)	Chief Medical Officer SWFT
Varadarajan Baskar	(VB)	Operational Chief Medical Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SC)	Trust Secretary SWFT/GEH
Richard Colley	(RC)	NED SWFT

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

Phil Gilbert	(PG)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PG)	NED SWFT
Harkamal Heran	(HH)	Chief Operating Officer SWT
Oli Hiscoe	(OH)	ANED SWFT
Kim Li	(KL)	Chief Finance Officer SWFT
Simon Page	(SP)	NED SWFT
David Spraggett	(DS)	NED SWFT
Ellie Ward	(EW)	Deputy Chief Nursing Officer SWFT (deputising for Chief Nursing Officer SWFT)
Sue Whelan Tracy	(SWT)	NED SWFT
Leigh Tranter	(LT)	Communications Manager SWFT

WAHT:

Christine Blanchard	(CB)	Chief Medical Officer WAHT
Tony Bramley	(TB)	NED WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Richard Haynes	(RH)	Director of Communications WAHT
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Michelle Lynch	(ML)	NED WAHT
Julie Moore	(JM)	NED WAHT
Richard Oosterom	(RO)	NED WAHT
Tina Ricketts	(TR)	Director of People and Culture WAHT
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Sue Sinclair	(SSi)	ANED WAHT

There were five SWFT Governors and two members of the public also in attendance.

MINUTE

23.074

APOLOGIES FOR ABSENCE

Apologies for absence were received from Yasmin Becker (NED SWFT); Fiona Burton (Chief Nursing Officer SWFT); Paul Capener (ANED GEH); Becky Hale (Chief Commissioning Officer SWFT); Erica Hermon (Associate Director of Corporate Governance / Company Secretary WVT); Sharon Hill (ANED WVT); Colin Horwath (NED WAHT); Simone Jordan (NED GEH); Vikki Lewis (Chief Digital Officer WAHT); Anil Majithia (NED GEH); Karen Martin (NED WAHT), Simon Murphy (NED/Deputy Chair WAHT); Jo Newton (Director of Strategy and Planning WAHT); Katie Osmond (Chief Finance Officer WVT), Bharti Patel (ANED SWFT) and Mary Powell (Head of Strategic Communications).

Resolved – that the position be noted.

23.075

DECLARATIONS OF INTEREST

Frank Myers (ANED WVT) declared his appointment as Chair of Community First Herefordshire and Worcestershire.

ACTION

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

Standing down as NHS's longest serving Non-Executive Director in December 2023, the Group Chairman took time to thank Frank Myers for his hard work and commitment during his tenure at WVT and wished him well in his new role.

Resolved – that the position be noted.

23.076

GEH PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the GEH public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.077

SWFT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the SWFT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.078

WVT PUBLIC MINUTES OF THE MEETING HELD ON 2 AUGUST 2023

Resolved – that the WVT public Minutes of the meeting held on 2 August 2023 be confirmed as an accurate record of the meeting and signed by the Group Chairman.

23.079

CHAIRMAN'S REMARKS

The Group Chairman welcomed to the Foundation Group:

- Chizo Agwu as the new Chief Medical Officer for WVT, and
- Oli Hiscoe, Oliver Cofler and Bharti Patel as new ANED's for SWFT.

A note of thanks was also extended to WVT's former Chief Medical Officer, David Mowbray, who had taken up appointment as Chief Medical Advisor for SWFT Clinical Services Ltd.

With the Foundation Group celebrating a number of special days throughout November 2023 like Remembrance Day, the Group Chairman spoke proudly of the close working relationship with veteran organisations across the Foundation Group, as part of the signed covenant with the Veterans Covenant Healthcare Alliance. On behalf of the Foundation Group, the Group Chairman took the time to thank veterans and their families for their enormous commitment to service over the years.

Other special events being celebrated as part of the Foundation Group's Equality, Diversity and Inclusion (EDI) agenda throughout November 2023 included Diwali; Transgender Awareness Week; UK Disability Month; Islamophobia Month and White Ribbon Day.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

<u>MINUTE</u>		<u>ACTION</u>
	<u>Resolved</u> – that the Chairman’s Remarks be received and noted.	
23.080	<u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
23.080.01	<u>Foundation Group Performance Report (Minute 23.058 refers)</u>	
	The Managing Director at WVT informed the Foundation Group Boards that work to understand how many diagnoses of cancer each trust had in their Emergency Departments (EDs) remained ongoing. Whilst Information Leads were confident that the data could be produced, it was noted that this may take some time as changes to Information Technology (IT) systems may be required in order to provide an accurate position.	J/CF/AC
	<u>Resolved</u> – that the Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.	
23.081	<u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u>	
	The Group Chairman provided an overview on some of the interesting topics covered at the Foundation Group Boards Workshop earlier that day.	
	Presentations included ‘Big Move’ updates on the work being done around Carbon Reduction, of which the Foundation Group was at the forefront of within the NHS, and the Home First agenda which updated on the important work happening as a whole with partners across health, social care and the voluntary sector to help provide the right care for patients in the right place and by the right team. A focused discussion also took place on agency and locum controls across the Foundation Group, which had indicated early signs of progress in agency and locum reduction.	
	A presentation then followed by Guest Speaker Sir Thomas Hughes-Hallet from Helpforce, who spoke positively about the work of volunteers and the important role they played within the NHS. With GEH recognised at the National Helpforce Champions Awards in October 2023, the Group Chairman thanked the GEH Head of Patient Experience and Volunteering and team for their phenomenal volunteering work which had won them the Volunteering Collaboration of the Year Award.	
	With volunteering known to be beneficial for one’s health, and vital in enabling the NHS to provide better care for the citizens we served, the Group Chairman encouraged anyone considering volunteering to contact any of the four organisations to express an interest in becoming a valued member of the team.	

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

Reflecting on those Board Workshop presentations heard earlier that day, the Group Chief Executive remarked that this had reinforced the opportunity across the Foundation Group for sharing some of the great practice that was happening. In particular on areas like the Carbon Reduction Big Move, which in all four trusts had shown action was underway, and a lot of engagement with different disciplines and staff that meant carbon reduction was being positively looked at from all angles. Opportunities for shared learning across the Foundation Group had also seen great progress being made around agency and locum controls.

Resolved – that the position be noted.

23.082

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director at WVT provided the Foundation Group Boards with an overview of the performance at WVT. She informed the Foundation Group Boards that for the period July to September 2023, WVT had been ranked top performing Trust across the region for delivering on average 117 per cent of its value weighted elective activity; compared with pre-Covid elective activity in 2019/20. Although an area for celebration, WVT recognised that there were still opportunities to explore and improve theatre productivity further.

The Managing Director at WVT explained that whilst WVT's performance against the national 28 Day Faster Diagnosis Standard (28 Day FDS) remained on track, delays in histopathology reporting had been sighted as one of the main issues impacting on performance. Despite outsourcing arrangements and mutual aid being in place, this had led to longer turnaround times and thus, extending waiting times for patient's diagnosis and treatment. She highlighted that there was a real opportunity for Chief Medical Officers across the Foundation Group to lead the way on a histopathology network solution to improve reporting times for all patients across the Foundation Group.

Raising WVT's ED performance as an area for concern, the Managing Director at WVT reported that one of the biggest drivers for underperformance had been the deterioration in medically fit for discharge patients, who had been delayed in hospital. Notwithstanding, she was confident that following the recent delegation of the Better Care Fund, this would provide opportunity for improved ownership as to how resources would be used across Herefordshire; particularly to help drive improvement around Discharge to Assess (D2A) pathways. Other opportunities to help improve ED performance via the Virtual Ward model included going live that day with Docobo, a system that enabled patient's vital signs to be monitored remotely and the Surgical Same Day Emergency Care (SDEC) facility that would go live later that month.

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

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

For context, the Group Chairman explained that keeping patients in an acute setting when fit for discharge cost the NHS approximately £300 per night, opposed to £50 per night for a domiciliary care package in the community. Acknowledging that more could be done to improve the HomeFirst model, he stressed that without the support of social care and domiciliary care providing capacity in the community, this not only posed a risk of hospital acquired decline for the patient but also meant a significant net loss to the taxpayer, of approximately £250 per day, per patient.

Ms Twigg (NED WVT) queried if there was any specific reason why breast cancer related 28 Day FDS statistics were particularly low for WVT. As previously mentioned, the Managing Director at WVT explained that the deterioration in performance had been due to delays in histopathology reporting and thus, reiterating a big opportunity to improve histopathology by networking the service across the Foundation Group to ensure turnaround times remained consistent for patients across all four trusts.

The Managing Director at SWFT provided the Foundation Group Boards with an overview of the performance at WVT. Reporting an incredibly busy month for SWFT's ED during September 2023, he highlighted that despite higher attendances, the A&E 4-hour performance was better when compared with the same period in 2022/23, maintaining SWFT's place within the top ten trusts nationally. Record number of attendances had also been seen through WVT's SDEC areas in September 2023; positively reflecting the level transformation work happening within Emergency Care Services.

The Managing Director at SWFT highlighted significant concern as to the high number of patients arriving via intelligence conveyancing (IC) from West Midlands Ambulance Service (WMAS). He reported that during September 2023, SWFT admitted 81 'out of area' patients of which a number had been deemed inappropriate. With 'out of area' patients often proving difficult to discharge; impacting on both length of stay (LoS) and bed occupancy, and with the number of IC cases increasing month on month, the Foundation Group Boards was informed that the Trust was working with WMAS and the Integrated Care Board (ICB) to address the issue, as this was a particular concern heading into winter.

Updating on Cancer Services, the Managing Director at SWFT explained that one of the biggest challenges for the Trust had been around the sustained increase in Cancer two week wait (2WW) referrals seen in recent months. Despite this, SWFT had made notable improvements in the 28 Day FDS and good progress in reducing the number of patients waiting over 62 days for treatment; placing SWFT ahead of the fair shares Integrated Care System (ICS) trajectory. With the majority of SWFT's oncologist cover provided by University Hospitals Coventry and Warwickshire NHS Trust (UHCW), the Managing Director at SWFT assured the Foundation Group Boards that the Trust

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

continued to work with UHCW to improve waiting times for first oncology appointments.

Focussing on Referral Time to Treatment (RTT) performance, the Managing Director at SWFT was pleased to report a continued reduction in 65 week waits, with SWFT on track to eliminate both admitted and non-admitted elective waits by 31 March 2024. Good progress had also been made on reducing 52 week waits, supported by the learning from the Getting it Right First Time (GIRFT) Further Faster programme and general improvements seen across specialties in elective care.

The Managing Director at SWFT celebrated the Trust's improvement work done with the Endoscopy Service. Achieving over 98 per cent utilisation in recent months had ranked SWFT favourably as one of the highest performing organisations within the country.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Managing Director at GEH provided the Foundation Group Boards with an overview of the performance at GEH. With high bed occupancy a consistent theme to that experienced across the Foundation Group, the Managing Director at GEH explained that this had been particularly challenging for GEH, inevitably impacting on flow and performance metrics. In order to maintain flow, she reported that extra capacity had been opened, with patients (where safe to do so) boarding on wards to help maintain safe care for patients.

The Managing Director at GEH reported that the Trust's A&E 4-hour performance continued to perform well when compared nationally, with a slight improvement seen in the performance metric for September 2023. It had also been positive to note that GEH continued to perform well in regard to low numbers of ambulance handovers waiting over 60 minutes. Notwithstanding, GEH had seen the number of ambulances waiting between 30 and 60 minutes increase, something the ED was keen to eliminate so that patients could be admitted and treated as soon as possible.

With sickness absence rates remaining high, the Managing Director at GEH assured the Foundation Group Boards that a lot of work had been done around staff wellbeing and supporting individuals to manage sickness levels. An area which would continue to be an ongoing focus for the Trust.

Although GEH's position regarding the Cancer 28 Day FDS had been as predicted, the Foundation Group Boards were informed that the Trust was forecasting some deterioration in that position over the coming months due to some fragility around staffing in the Urology Service. Although staffing issues had been mitigated, this and the impact of industrial action were likely to have some effect on urology pathways, given the need for specialist consultants to

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

deliver the whole of the cancer pathway, including things like Multi-Disciplinary Team (MDT) meetings, which were important for decision making in cancer.

Focusing on RTT performance, the Managing Director at GEH was pleased to report that GEH continued to have low numbers of patients waiting over 65 weeks for treatment. Whilst there had been an increase in the number of patients waiting over 52 weeks, the Trust remained focused on treating long waiters and providing mutual aid to patients in gynaecology from UHCW.

For context, the Group Chairman remarked that as a result of SWFT and GEH performing relatively well on ED and Maternity performance, this had seen an increase in demand for both trusts, which combined meant that they were providing circa 60 per cent of the ED and Maternity flow for Coventry and Warwickshire.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chief Executive on behalf of WAHT provided the Foundation Group Boards with an overview of the performance at WAHT.

The Group Chairman announced that as of 6 November 2023, Stephen Coleman would take up position of Managing Director at WAHT.

On behalf of the Foundation Group Boards, the Group Chief Executive thanked the Head of Information at WVT for coordinating the Performance Report across the Foundation Group. He also thanked WAHT's Information Team for producing the Trust's data in line with the rest of the Foundation Group as having a consistent overview enabled the Foundation Group to get to the heart of performance issues and opportunities.

With WAHT subject to a degree of regional scrutiny on performance as a tier two level Trust, the Group Chief Executive remarked that WAHT's A&E 4-hour standard and ambulance handover times remained the Trust's biggest cause for concern. The Trust was therefore focusing on flow and opportunities to do more activity through SDEC.

Positive to note that WAHT's mortality figures remained within expected range, the Group Chief Executive was particularly pleased to report the WAHT's theatre utilisation performance was ranked the strongest across the Foundation Group, achieving 87 per cent on the uncapped touch time indicator, presenting a real opportunity for shared learning.

With WAHT's cancer performance ranked as a significant outlier 12 months ago, it had been positive to report that performance had been on a steady improvement trajectory with performance around 2WWs and 28 Day FDS on track. Acknowledging that Cancer 62-day waits were longer than would like,

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

the Group Chief Executive was hopeful that the GIRFT Faster Further programme would lead to further improvement in the future.

The Group Chief Executive informed the Foundation Group Boards that WAHT had been removed from tier two monitoring in respect of its RTT 52 week wait performance. Whilst positive, he highlighted that with RTT performance at 49% and a worryingly increase in 52 week wait numbers, this was something the Trust would need to focus on. However, he was optimistic that the opening of additional theatres last month at the Alexandra Hospital would provide that additional capacity moving forward.

Asked by the Group Chairman to give an overview on NHS England's (NHSE's) Ten-Point Plan (10PP) initiated to improve WAHT's performance, the Group Chief Executive explained that the 10PP's main focus was an emphasis on flow and the need to improve processes within the hospital. In particular around medical specialities as that would enable patients to be pulled from ED and treated by the right speciality and discharged home as early as possible.

There was also an opportunity identified within the 10PP to have more HomeFirst and supported discharges through community services. Elements within the 10PP also included the need to focus on improving WAHT's approach to staff, like improving areas such as car parking, to help improve on sickness absence levels and organisational recruitment, and simplifying the Trust's approach to improvement by having as many people as possible trained in improvement methodologies so that they could be responsive to immediate issues like flow.

The Group Chairman invited questions and perspectives, but no further comments were raised.

The Group Chairman remarked that despite best endeavours by all four trusts within the Foundation Group to deliver the level of service they aspired to for the citizens they served, he wanted to apologise on behalf of the Foundation Group Boards to patients and their families for the long waits being experienced. An apology was also extended to ambulance crews hindered by capacity constraints delaying patient handovers.

Resolved – that the Foundation Group Performance Report be received and noted.

23.083

OUTPATIENT PRODUCTIVITY

The Chief Operating Officer at WAHT opened the presentation on outpatient productivity. This set out the progress being made across the Foundation Group in the delivery of improving outpatient productivity and how that aligned with the transformational work happening and the Further Faster programme.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

With the appointment of a Group Analyst in October 2023, the Chief Operating Officer at WAHT was pleased to report that the role would be supporting the outpatient productivity piece of work, using internal and external benchmark data to help further identify opportunities for improvement.

In more detail the presentation focused on the work around the Further Faster programme, Patient Initiated Follow Up (PIFU), NHSE Transformation Ask and any other national involvement initiatives like the NHS Elective Recovery Programme and GIRFT.

Having identified a number of similarities from each of the Trust's Outpatient Transformation Programmes, the Foundation Group Boards were notified of three key areas of focus which would be driven collectively by the Foundation Group to improve productivity; which included:

- a) improving communication to our patients;
- b) using IT to support improvements around productivity, and
- c) undertaking specialty deep dives and service reviews.

Focusing on RTT performance for each of the organisations, the Chief Operating Officer at WAHT talked through those factors driving the increase in waiting list numbers, together with the combined actions being taken by the Foundation Group to address that increase. It was noted that with the exception of WAHT who had seen a slight decrease in the number of patients on the waiting list, performance charts for SWFT, GEH and WVT had shown a gradual increase in their waiting list position.

Focusing on Cancer 2WW performance, the Chief Operating Officer at WAHT reported that all four organisations had seen a significant increase in Cancer 2WW referrals across a range of specialities. However, it had been particularly interesting to note that the pattern in 2WW surges had been very similar across the Foundation Group. The Chief Operating Officers would therefore undertake a deep dive into that 2WW referral pattern to help understand and predict where surge areas were likely to arise for particular specialities and help understand what that meant for the rest of the pathway, particularly around cancers.

The Chief Operating Officer at WVT explained that PIFU was a patient led activation of their follow up appointment, based on their symptoms and individual circumstances. Emphasising that PIFUs should not be used in place of discharging patients appropriately, it was noted that this would be a key measure that would need to be embedded correctly across the Foundation Group. With all four trusts currently at different stages in delivering PIFU, particularly within specialty plans, it had been positive to note that there was clear clinical leadership and pathways being developed. He remarked that looking at best practice across the 28 trusts involved in the Faster Further programme and looking at case studies and benchmarking, together with using the average and mean across PIFU, would be key for the Foundation Group;

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

including the need to look at local solutions where case studies could be amended as necessary.

Opportunities being considered by the Foundation Group included PIFU case studies to drive down Do Not Attends (DNAs) for new appointments and patient reactivation rates for PIFU specialties. Although nationally GIRFT evidence suggested that most patients returned less often when empowered to manage their own follow up pathway.

With DNAs a core area of focus of operational delivery in outpatients, the Foundation Group Boards were informed that Chief Operating Officers were focusing on a number of opportunities and solutions using GIRFT best practice to minimise the impact of unused appointments. In particular through using digital solutions and working with the Volunteer Service to make reminder calls in services with the highest DNA rates.

Focusing on outpatient utilisation, the Foundation Group Boards were briefed on the approach being taken to adopt the 6-4-2 scheduling process commonly used in theatre processes to reduce clinic cancellations. As part of the Faster Further programme it was noted that there had been job plans, best practice and specialty based best practice clinic templates released to help trusts improve outpatient utilisation. There would also be a focus on clinic comparison data including the percentage of follow ups and percentage of new patients at specialty and subspecialty level.

With varying degrees of success across the Foundation Group in regard to virtual appointments, the Foundation Group Boards heard that there were areas which clinical teams could take learning from in terms of best practice. There were also various examples across the Foundation Group around getting virtual clinics right and striking the right balance, so that appointments were adding value to the patients' treatment and pathway. Discharge rates for virtual appointments versus face-to-face appointments would also be an area of focus.

With SWFT, GEH and WVT fortunate to be part of NHSE's GIRFT Further Faster programme lead by Professor Tim Briggs, the presentation outlined some of the opportunities implemented by other member trusts to improve a number of outpatient and inpatients metrics. Whilst WAHT would join the second phase of the Further Faster programme, the Chief Operating Officer at SWFT explained that by virtue of working together as a Foundation Group had provided an opportunity to build a solid foundation for shared learning, and with a Group Analyst in place to make sure that Model Hospital data was accurate across the Foundation Group, that would enable the trusts to accurately measure and compare performance.

Drawing out areas of best practice across the Foundation Group which included GEH's focus on health inequalities and volunteering, SWFT's focus on endoscopy utilisation, WVT's focus on validation and WAHT's approach to

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

reducing DNAs, the Foundation Group Boards were informed that with such positive work happening within each trust, the Chief Operating Officers were really keen to share approaches and learning in order to adopt and replicate areas of best practice to drive those benefits across the Foundation Group.

Recognising that the work being done across the Foundation Group had been extremely beneficial, the Chief Operating Officer at GEH highlighted that whilst there were commonalities in the task ahead, there were also commonalities in the challenges impeding not only current performance but also the Foundation Group's ability to deliver collective improvements around outpatient productivity like, industrial action, impact of emergency pressures, increased referrals and workforce availability.

Concluding the presentation, the Chief Operating Officer at GEH outlined some of the initiatives being collectively worked on as a Foundation Group in order to share best practice, take learning from other trusts and develop Group-based solutions to help drive forward improvements.

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

Taking time to thank the Chief Operating Officers, the Group Chairman remarked on how pleasing and encouraging it had been to see the level of cross Foundation Group discussion happening to drive forward improvements.

Remarking on MsRichard's (GEH NED) comment in the Microsoft Teams chat box, which suggested the use of digital solutions to help patients manage appointments and improve DNA performance, the Group Chairman remarked that whilst he welcomed the approach to find digital solutions at pace as part of the Faster Further work to improve productivity, he counselled for digital solutions to be identical to enable conformity and economies of scale across the Foundation Group.

With the Patient Initiated Digital Mutual Aid System (PIDMAS) a new phenomenon across the NHS, the Group Chief Executive sought views from Chief Operating Officers as to the implementation.

Overall, the Chief Operating Officers reported a similar position in regard to the number of patients expressing an interest to travel for treatment since recently going live with PIDMAS. Whilst early feedback had indicated some reluctance from patients wanting to travel further than 50 miles with visiting, travel and accommodation cited as areas of concern, overall patients had been keen to opt for the PIDMAS solution. Initial thoughts on the process itself had also highlighted learning around the need to refine the administration process as currently this was proving time consuming.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

Resolved – that the Outpatient Productivity Update be received and noted.

23.084

FOUNDATION GROUP BOARDS CALENDAR OF MEETINGS 2024/25

The Group Chairman presented the Foundation Group Boards 2024/25 Calendar of Meeting for consideration and approval.

The Group Chairman invited questions and perspectives, but no further comments were raised.

Resolved – that the Foundation Group Boards Calendar of Meetings for 2024/25 be approved.

23.085

GENDER PAY GAP ANNUAL REPORT

The Chief People Officer at WAHT introduced this report.

Taken as read, the paper set out the rationale for the report, the overarching position when exploring the Gender Pay Gap across each trust within the Foundation Group when comparing data between 2022/23 and 2021/22 and actions being taken by each organisation to address any inequalities in pay, in order to improve staff experience, retention and maintain each trust's reputation, as a fair and equitable employer.

For clarity, it was explained to the Foundation Group Boards that although there was no scope to offer bonus payments to colleagues on Agenda for Change (AfC) Term and Conditions (T&Cs), there was a national requirement to contractually offer Clinical Excellence Awards (CEAs) for medical and dental staff.

The Chief People Officer for GEH presented the key headlines which included the following:

- a) on average there was an 80 per cent / 20 per cent female to male split across most of the trusts.
- b) upper quartile for pay broadly showed GEH, WAHT and WVT consistent at circa 60 per cent female to 30 per cent male, with the exception of SWFT who had a much higher 84 per cent female to 16per cent male split, reflecting the outsourcing of Estates and Facilities and auxiliary staff.
- c) lower middle and lower quartile for pay, again was broadly in line across GEH, WAHT and WVT with a circa 85 per cent / 15 per cent female to male split, with SWFT's lower quartiles circa 75 per cent / 25 per cent female to male, as a result of outsourcing Estates and Facilities, and
- d) across all four organisations there had been an increase to the mean and median salary; with a corresponding increase in the pay gap across

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

GEH, WAHT and GEH. WVT reported an improved position with a decrease in their 2022/23 Pay Gap.

With the Chief People Officers committed to ensuring an equitable workforce across the Foundation Group, a number of consistent actions to respond to and improve the gender pay gap were outlined as follows:

- a) leadership programmes offered as an opportunity to support and develop colleagues to move into more senior roles.
- b) a focus on being a flexible employer, enabling manager skills to support an increased compassionate and flexible workplace.
- c) offering inclusive or reverse mentoring to not only support female colleagues but also focus on all nine protected characteristics which should see an improvement in terms of the Foundation Group's Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES).
- d) talent for all sessions to identify aspirant talent and put support and development opportunities in place.
- e) using staff networks to help identify problems and understand what interventions were needed to address them.
- f) promoting and embedding inclusive recruitment toolkits across the Foundation Group to help reduce bias across recruitment processes, and
- g) work with colleagues as part of the EDI agenda to develop a levelling up programme that supports international nurse recruits into senior roles within the Foundation Group.

With the CEA bonus historically given out on an application basis, it was noted that since Covid, CEAs had been shared out on a fair shares basis giving everyone eligible an equal share.

In addition, the Foundation Group Boards were informed that the Foundation Group had also signed up to the Sexual Safety at Work Charter and that the Chief People Officers would be working together over the coming year to look more closely as to whether each trust had ample female representation at all senior levels and likewise, looking at whether the workforce was representative of the local community.

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

Responding to Ms Quantock's (WVT NED) question in the Microsoft Teams chat box, the Chief People Officer at WAHT confirmed that all trusts in the Foundation Group did measure the pay gap between other protected characteristics under the WDES, WRES and NHS Rainbow Badge Scheme. This was also addressed through a positive recruitment process, with interviews guaranteed for colleagues with protected characteristics if they met

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

the person specification for Bands 8a and above with a view to expanding that offer to lower bands going forward.

In order to get a more meaningful measure regarding the gender pay gap, the Managing Director of WVT suggested a further breakdown which showed the female/male pay gap by professional group and across each of the nine protected characteristic areas. The Chief People Officer at GEH confirmed that there was a more detailed breakdown available, however the Gender Pay Gap was a nationally prescribed report, which provided the granular data across the different protected characteristics within the WRES and WDES reports, different genders and different staff groups.

The Group Chairman asked that the Chief People Officers presented the Gender Pay Gap report back to their respective Trust Boards, which included a more granular breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic groups, to give added assurance that women or colleagues from those protected characteristic groups were not being disadvantaged in terms of pay.

CPOs

With Birmingham City Council recently declaring itself in a state of 'effective bankruptcy' as a result of being sued by employees for unequal pay under the Equality Act 2010, the Group Chairman asked if there was a potential risk of such a claim being brought against the NHS. The Chief People Officer at GEH explained that there had been an unequal pay risk with the introduction of AfC back in 2005 but was assured that was far less of a risk now in terms of how the NHS undertook job evaluation and reviewed posts.

With the introduction of AfC T&Cs initially aimed at addressing equal pay issues, the Group Chief Executive remarked that in his opinion the data now exposed opportunities for improvement around equality issues relating to things like progression, training and providing flexible working opportunities.

CPOs

Resolved – that,

(A) the Chief People Officers include a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristic, and

(B) the Gender Pay Gap Annual Report be received and noted.

23.086

ANY OTHER BUSINESS

23.086.01

Glen Burley – 40 Years Service in NHS

Celebrating the Group Chief Executive's 40 years of service in the NHS, the Group Chairman recapped on his career history that commenced back on 1 September 1983 as a Finance Trainee in the then South Warwickshire Health Authority.

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

MINUTE

ACTION

From then, the Group Chief Executive took on a variety of roles throughout his career and was seconded to SWFT from 1 October 2006 as Chief Executive and formally appointed substantive on 1 April 2008.

With such a significant, broad-based career spanning the past 40 years, the Group Chairman remarked on how fortunate the citizens of Warwickshire were to have him join as SWFT's Chief Executive back in 2008.

In keeping with the Group Chief Executive's approach to sharing interesting and general facts that happened during the years for colleagues receiving long service awards, the Group Chairman shared the a number of facts from 1983 when the Group Chief Executive joined the NHS and 2006 when he was seconded to SWFT as the Chief Executive.

Recognising the Group Chief Executive for his extraordinary commitment as a public servant and speaking highly of his conviction, clarity of thought and desire to improve and drive performance, the Group Chairman on behalf of the Foundation Group Boards thanked the Group Chief Executive for his valued and continued commitment to the NHS.

Resolved – that the position be noted.

23.087 **QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**

No questions were raised.

Resolved – that the position be noted.

23.088 **ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**

23.089 **APOLOGIES FOR ABSENCE**

23.090 **DECLARATIONS OF INTEREST**

23.091 **GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.092 **SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.093 **WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 AUGUST 2023**

23.094 **CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**

23.095 **ANY OTHER CONFIDENTIAL BUSINESS**

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

WVT Minutes of the Foundation Group Boards Meeting Held on 1 November 2023

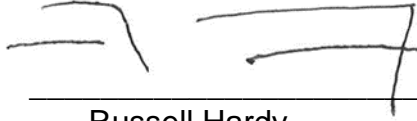
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23.096

DATE AND TIME OF NEXT MEETING

The next Foundation Group Boards meeting would be held on 7 February 2024 at 1.30pm via Microsoft Teams.

ACTION

Signed



Russell Hardy

(Group Chairman)

Date: 7 February 2024