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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

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

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Chief Clinical Strategy Officer WAHT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PGi)	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 WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Najam Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Acting Chief Medical Officer WAHT
Ellie Ward	(EW)	Acting Chief Nursing Officer SWFT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

<u>In attendance</u>:

Adrian Stokes	(AS)	Group Management Consultant
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBu)	Head of Communications WVT

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Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Richard Haynes	(RH)	Director of Communications WAHT
Oli Hiscoe	(OH)	ANED SWFT
Jo Kirwan	(JK)	Deputy Director of Finance WAHT (deputising for Chief Finance Officer WAHT)
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Elva Jordan-Boyd	(EJB)	Interim Chief People Officer SWFT
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH
Alex Moran	(AMo)	ANED WAHT
Laura Nelson	(LN)	Chief Integration Officer – Coventry and Warwickshire Integrated Care Board (observing)
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH
Sue Whelan Tracy	(SWT)	NED SWFT (non-voting)

Apologies:

Neil Cook	(NC)	Chief Finance Officer WAHT
Julie Houlder	(JH)	NED and Vice Chair GEH
Simone Jordan	(SJ)	NED GEH
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Jo Newton	(JN)	Chief Strategy Officer WAHT
Simon Page	(SP)	NED and Vice Chair SWFT
Sarah Raistrick	(SR)	NED GEH
Sue Sinclair	(SSi)	ANED WAHT

There were four SWFT Governors and seven members of the public also in attendance.

MINUTE		**ACTION**
25.001	**DECLARATIONS OF INTEREST** Paul Capener, ANED GEH declared that he no longer had a consulting	

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	company and now operated self-employed under Paul Capener Governance Services. Grace Quantock, NED WVT declared that she had joined the Judicial Appointments Commission as a panel member. **Resolved – that the position be noted.**	
25.002	**PUBLIC MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2024** **Resolved – that the public Minutes of the Foundation Group Boards meeting held on 6 November 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
25.003	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.003.01	Completed Actions All actions on the Actions Update Report had been completed and would be removed. **Resolved – that the position be noted.**	
25.004	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair provided an overview of the Foundation Group Boards Workshop, which focused around three key items. Firstly John Drew, Director of Workforce, Training and Education for NHS England (NHSE) gave a talk about the Staff Survey, the Foundation Groups results, and the improvement being seen. The Foundation Group worked heavily on the Staff Survey results to ensure all Trusts are a happy and enjoyable place to work, which in turn would deliver better care to patients. The Group Chair continued that a presentation was then provided on Clinical Safety by Rebecca Brown, Chief Digital Information Officer for WAHT. This was particularly relevant with the development of Artificial Intelligence being seen and the roll out of Electronic Patient Records (EPR) at SWFT and GEH. Finally, the Foundation Group were provided with an update from the Chief People Officers on one of the Foundation Groups 'Big Moves, Be a Very Flexible Employer'. This highlighted how essential it was to retain the most experienced and talented staff, and to do this was to ensure we were enabling a work-life balance. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	

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25.005	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT provided an update on WVTs performance. She explained that over the winter period Urgent and Emergency Care (UEC) had been challenged nationally. Despite the challenges WVT were reporting above the national average for the Emergency Department (ED), where half of attendances were being managed on the Same Day Emergency Care (SDEC) pathway. The Managing Director for WVT continued that as at the time of the meeting, WVT had thirty patients in temporary escalation spaces, and twenty patients in ED waiting for beds. This highlighted that despite the work taking place, there was still a way to go, and reducing demand for emergency beds would be a focus for 2025/26. Despite the UEC challenges, WVTs Elective Care Metrics continued to improve, with the Trust ranking near the top regionally for productivity compared to pre-Covid-19. The Managing Director for WVT concluded with an update on Cancer performance highlighting that the 62-day performance had improved within the previous twelve months, and WVT were already on track to beat the 2025/26 targets set. The Managing Director for SWFT started by celebrating that SWFT had been awarded the prestigious Trust of the Year award, at the annual Health Service Journal (HSJ) awards in November 2024. The award highlighted the positive work taking place across the Trust including performance, culture, and improvement but most notably the staff and the hard work they continued to put in every day. The Managing Director for SWFT explained that UEC continued to be a challenge through December 2024, followed by a worse January 2025. This resulted in SWFT calling its first ever Critical Incident at the start of the month. Work had commenced to understand the lack of flow a bit further, however one of the drivers continued to be out of area activity, with SWFT being one of the biggest importers in the West Midlands. The Managing Director explained that between January 2023 and January 2025, the Trust had seen a 99% increase of attendances from Coventry postcodes, a 154% increase in Coventry admissions, a 169% increase in attendances from Rugby and 233% increase in admissions from Rugby. That sets against growth in South Warwickshire to an overall growth of 18%. This wasn't a sustainable position and would be monitored closely moving forward. The Managing Director for SWFT highlighted an improvement in the Faster Diagnosis Standard (FDS) at 84% and thanked the teams involved. There was fragility to be aware of however, especially over the next few months due to the high number of referrals being seen. He concluded by informing the Foundation Group Boards that sickness rates at SWFT had increased slightly over the winter months, but the Trust was being watchful of these and ensuring managers were offering support available. The Managing Director for GEH raised similar concerns regarding winter pressures around UEC to SWFT and WVT. She added that an increase in flu that had also arrived earlier than expected had impacted the increase in demand. The Managing Director for GEH explained that the rise in demand and resulted in the Trust's worst 4hr performance all year. This has been made	

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worse by bed occupancy and Medically Fit For Discharge (MFFD) sitting at 58 patients, equating to two wards' worth of patients that could be being cared for elsewhere but instead were in acute beds. MFFD patients being in acute beds meant that temporary escalation spaces were being used in the ED. The Managing Director for GEH highlighted that SDEC was at 47% which had continued to increase throughout the year and was the result of GEH heavily investing in SDEC though virtual wards and avoiding admissions where possible. She continued that GEH had managed to protect Elective work activity and the Elective Recovery Fund (ERF) delivery. Waiting lists continued to be an issue with some patients waiting over 64 weeks, however this continued to be a focus area, the Trust was working hard ensure no patients were waiting over 52 weeks. The Managing Director for GEH explained that Cancer performance continued to be a key focus area, as this had dropped mainly driven by an increase of Breast Cancer referrals. She concluded by highlighting that the FDS for GEH had improved, however did fluctuate so Cancer and Diagnostic pathways were being streamlined to remove blockages and bring wait times in line with national standards.

The Managing Director for WAHT provided an overview of 'hat's performance. In line with the other Trusts in the Foundation Group UEC continued to be a challenge, however WAHT had seen a deterioration around the Urgent and Emergency Access Standard and continued to struggle with long ambulance handover delays. He added that discussions with NHSE had taken place to address these issues however it was important to note that these had been impacted by the EPR role out, site work and the significant increase in lfu. The Managing Director for WAHT explained that WAHT had also seen a significant increase in walk-ins.,. Despite the challenges WAHT had seen rapid improvements particularly around ambulance handovers, which had been helped by an Advanced Clinical Practicitioner (ACP) doing a five/ten-minute review of patients on the Worcestershire Royal Hospital site. Patients received an ACP assessment and were pulled through one of the SDEC pathways where appropriate. Whilst improvements were being seen already through SDEC this had grown and acuity had shifted, resulting in a better patient experience. The knock-on of this had been fewer diversions being needed to the Alexandra Hospital. The Managing Director for WAHT highlighted that the Trust's discharge profile was improving with daily discharge targets being hit more regularly and most recently 70-80 discharges on a weekend whereas previously this was around 30-40. He concluded that there was still a way to go with focus shifting to the front door demand management, integration with community services, and the work on frailty and trauma.

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

The Group Chair asked each Managing Director their current MFFD figures which were as follows, WVT 34, SWFT 51, GEH 58 and WAHT 133. He explained that based on those numbers there was over 250 people MFFD in an acute bed. It cost on average £450 to stay in an acute bed, in another care

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	setting this was around £150, resulting in a NET saving of around £300. This meant in the Foundation Group alone there was over £27mil of NET saving if with system partners' MFFD and flow efficiency were resolved. The Group Chief Executive noted the challenges faced by UEC services and added that the challenges faced by Trusts in terms of demand added to the difficulty in discharging patients. On top of this the challenges added to safety, quality and financial challenges faced by the NHS. The Group Chief Executive therefore took the time to express how impressed he was with how all four Trusts had responded to the challenges faced over the past twelve months. He added that all four Trusts' ambulance delays had been reduced significantly. The Group Chief Executive explained that moving forward The Planning Guidance had been released at the end of January 2025, which would allow the Foundation Group to calculate activity versus price which should show clear productivity focus areas and where the highest demand was. Paul Capener, NED GEH highlighted that not much detail was discussed in relation to outpatients, however this was showing as a problem across the Foundation Group. He sought assurance that there was sufficient focus being given to Outpatients given the national agenda and the push on Referral to Treatment (RTT). The Group Chief Executive responded that it would be a good idea to do a deep dive into this for next time, especially with some of the work taking place to reduce Did Not Attend (DNA) rates and follow ups. Sarah Raistrick, NED GEH queried whether the increase in some of the pressures as a result of Flu had been triangulated with the lower uptake in Flu vaccinations. In particular, had those who had been admitted due to Flu had the vaccine. The Managing Director GEH responded that no, this had not been done, and it was likely to be something discussed at the Quality Committees. However, she encouraged members of the public and colleagues to get vaccinated as it was the best way to protect each other and patients. The Group Medical Advisor requested that perinatal deaths in comparison to national mean also be included in the Foundation Group Performance report moving forward. **Resolved – that** **A) the Foundation Group Performance Report be received and noted;** **B) the Chief Operating Officers to present a deep dive into Outpatients at the next Foundation Group Boards meeting;** **C) the Managing Directors ensure that perinatal deaths in comparison to national mean are included in the Foundation Gorup Performance Report moving forward.**	**COOs** **MDs**
25.006	**DIAGNOSTICS DEEP DIVE** The Chief Operating Officer for SWFT started by explaining that Diagnostics underpinned everything, however demand on Diagnostics services was rising.	

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Unfortunately, a lack of infrastructure combined with staffing shortages meant waiting lists were growing. She explained that both NICE guidance and the Elective Recovery Plan (ERP) positioned diagnostics at the cornerstone of modern healthcare delivery, and critical tools and accurate clinical decision-making. The ERP underlines diagnostics as pivotal in addressing backlogs and meeting increasing demand.

The Chief Operating Officer for SWFT explained that nationally the number of patients on a waiting list for diagnostic tests and the overall number of tests continued to grow. As a Foundation Group the number of tests carried out had grown, however the waiting lists were more stable. All Trusts had reduced the number of patients waiting over thirteen weeks for a diagnostic test, however this remained a challenge for WAHT. Diagnostics was complicated and was more than just imaging, for example Endoscopy and Physiological Measurement were both important parts of diagnostics that came with their own demands. The challenges faced by each organisation were therefore quite different. For GEH whilst they have an overall stable waiting list, DEXA Scans for over six and thirteen weeks was challenged. SWFT had struggled with Audiology and non-obstetric ultrasound. WAHT Audiology and MRI were challenges. Whilst WVT had fragilities across all diagnostics, they had an overall improvement in waiting times.

The Chief Operating Officer for WAHT continued that whilst all Trusts had managed to reduce backlogs across the Foundation Group, with more tests being carried out and sustaining the waiting list position, reporting turnaround times was a challenge. There was consistent good performance of turnaround times within 4hrs for tests in ED. However urgent inpatient reporting looked low, and cancer pathways within three days for GEH. The Chief Operating Officer for WAHT explained that reporting is a particular challenge but was linked to the increase in demand for diagnostics and there was variation across the Foundation Group in percentages but also how this was being addressed locally within the different organisations. All Trusts were looking at increasing workforce and changing practice around access to diagnostics and report turnaround times. The Chief Operating Officer for WAHT explain that looking at the broader challenges there were clear examples of where best practice could be adopted across the Foundation Group. He continued by celebrating the successes across the Foundation Group particularly around reducing the backlogs overall, and the progress of Community Diagnostic Hubs. The Chief Operating Officer for WAHT concluded by explaining that moving forward we want to look at how each Trust was using resource, and how each Trust was comparing productivity wise and looking at the elective pathways.

The Chief Medical Officer for WVT explained that the Chief Medical Officers across the Foundation Group had picked out three key areas for improving diagnostics, similarly to what had already been presented. The first area was the need to increase workforce, due to many areas having limited specialty skills. She continued that demand was another area. Demand for diagnostics across the different modalities was increasing which would be multifactorial,

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however it provided the opportunity to share best practice in terms of demand management and ensuring clear pathway criteria for referral. The Chief Medical Officer for WVT explained that the third area was AI and the number of opportunities this provided both in increasing diagnostic accuracy and improving productivity and efficiency. However, it was noted that this did not come without its risks. The Chief Medical Officer at SWFT added that demand was growing and whilst testing had improved and waiting lists were being reasonably managed, that was also under significant cost pressure, and it was the reporting challenges that remained the real issue. The sporadic scarcity of expertise in some locations needed to be addressed.

The Chief Medical Officer for GEH explained that GEH had been trailing AI since December 2024, which showed an improvement in productivity and some quality. The GEH Urgent Treatment Centres were on the edge of the department and clinicians were having to get right the way across the other side of the hospital to find a consultant to report on a diagnostics test. Through the use of AI GEH had managed to cut that out and had already seen that they were able to report much quicker. The reports were then reviewed by a Consultant the following day and so far, they had not found any sort of risk or anything significant missed.

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

The Group Medical Advisor advised that there was a lot of work taking place with the West Midlands Imaging Network who could support this work and resolve some of the issues.

The Group Chair thanked the Chief Operating Officers and Chief Medical Officers for their presentation. He agreed with the Chief Medical Officers that AI seemed an incredibly exciting development, especially for fragile services and driving productivity.

The Group Chief Executive informed the Foundation Group Boards that he had asked the Group Medical Advisor to convene a forum, particularly in Radiology, with the Clinical and Operational Leads to initiate conversations around resolving these issues. That forum wouldn't necessarily be able to solve all the issues however it would provide good opportunities for leadership to emerge and move things forward. He added that one of things that needs to be looked into was a common reporting platform and that would be something that the West Midlands Imaging Network could help with. The other area to think about was Histopathology, and through digitalisation would improve productivity and provide a way to manage capacity across the Foundation Group. It would also allow individuals to sub-specialise which is a good way to recruit and retain Consultants.

Resolved – that the Diagnostics Deep Dive be received and noted.

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25.007	**EMERGENCY DEPARTMENT BENCHMARKING** The Chief Operating Officer for WVT presented the ED Benchmarking report to the Foundation Group Boards. He provided the initial background for the piece of work which had been requested by the Group Chief Executive around increased funding and whether that could be used for admission avoidance and increased discharging. It was important to note that this was ongoing and would continue to progress. The Chief Operating Officer for WVT explained that all EDs within the Foundation Group had faced particularly challenged winters from Flu, RSV, Covid-19, attendances and admissions. However, this was no longer something being faced just during winter months but instead had become a year-round pressure which was increasing year on year. Pressures in the ED were often an indicator of a wider issue across Trusts, systems and Health and Social Care. To address the issues various methods and work streams had been put in place to address ED congestion whether that was virtual wards, Urgent Community Response teams, empowering neighbourhood teams or working with local authorities around discharge management. On top of this internal schemes had been put in place to address flow, length of stay as well as improving ED practices. The Chief Operating Officer for WVT continued that often the additional measures put in place to support ED because of congestion and to maintain patient safety, results in additional staffing and opening surge areas inside or outside of ED. He explained that this piece of work was about understanding the current states of our EDs, productivity and where we could share learning to improve pathways. The Chief Operating Officer for WVT explained that in order to measure and compare EDs in a uniform way the Chief Operating Officers and Chief Finance Officer had looked at Model Hospital which collected data in the same way for all Trusts. This provided detail on how all EDs and UEC pathways performed and how each ED across the group was unique. The Chief Operating Officer for WVT noted that it also provided detail on productivity, but this need further reviewing but would help locate areas of inquisitive behaviour and where improvements in contrast to other EDs could be made. He concluded that all EDs were increasingly congested and struggling to get to pre-Covid-19 levels of 4hr Emergency Access Standard (EAS). Each of the EDs across the Foundation Group were different in their specific challenges, however all had differing solutions and resources to address their respective challenges. The Chief Finance Officer for WVT presented the financial analysis specifically looking at EDs and built on some of the work already standardised in review of the cost per weighted activity. She took the time to thank the Finance Teams across the Foundation Group for working closely together to align methodology to allow cross comparison. The Chief Finance Officer for WVT explained that the analysis had helped identify the resources that were utilised in ED relative to workforce levels, volumes of patients and the time that patients were spending in each department. Broadly the data did triangulate with the	

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performance metrics, meaning increases in demand were driving an increased use of resources, often at premium rates. The Chief Finance Officer for WVT continued that that additional costs were needed to safely manage congestion through the UEC pathways. However this was often done in a reactive way to demand pressures, which was what drives the premium in cost base. She explained that the increase in spend wasn't just seen in EDs but was seen through the pathway including how to utilise and staff temporary escalation spaces. The Chief Finance Officer for WVT concluded that moving forward it was important to use the early intelligence and benchmarking to better understand the drivers of variation throughout the UEC pathway. In particular in the EDs, and how that could be converted into opportunities to better utilise resources.

The Chief Operating Officer for WVT explained the next steps and actions. There was still a lot of work that needed doing in relation to ED productivity and efficiency including to understand the cost differences. To enable decongestion of EDs and improve cost per unit it was important to look at the workforce models across the Foundation Group and what learning could be shared. Another key factor would be managing temporary escalation spaces, developing the Urgent Community Response teams and Virtual Wards.

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

The Group Chief Executive reassured members of the public that ambulances waiting outside ED departments did not mean patients had not been seen. They would have been reviewed on arrival and usually waiting to be admitted into hospital. One of the best ways to address the issue would be to have the NHS come to them if they were in a care home, or through call before convey which would allow consultants to advise on the best possible service. Often this allowed patients to go straight to SDEC or Frailty, avoiding a long wait in ED.

Karen Martin, NED WAHT, queried why the Alexandra Hospital was an outlier in regard to age profile. The Chief Operating Officer for WAHT explained that this was partly driven by the pathway for paediatric patients, with paediatric centralised mostly through the Worcestershire Royal Hospital. The Managing Director for WAHT added that it was also in part due to pathway changes. A lot of acute pathways are managed through Worcestershire Royal Hospital, and the lower acuity patients will be diverted up to the Alexandra Hospital.

The Group Chair queried what the ambulance pit-stop model with the ACP review was indicating in terms of patients who didn't need to be in an ambulance. The Chief Nursing Officer for WAHT responded that this was looking at around 35-45%.

The Vice Chair for WVT recommended at a future Foundation Group Boards meeting the work on ED wait times be triangulated in relation to mortality and morbidity.

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	Resolved – that **A) the Emergency Department Benchmarking be received and noted;** **B) the Chief Operating Officers and Chief Medical Officers look into ED wait times and their relation to mortality and morbidity.**	**COOs/ CMOs**
25.008	**EQUALITY, DIVERSITY AND INCLUSION (EDI) UPDATE** The Chief People Officer for WVT started by informing the Foundation Group Boards that it was important to note when EDI was referred to it all came down to the staff experience. This was evident when you look at the performance measures for EDI, which were all geared towards enhancing the employee experience, therefore by attaining EDI goals the Foundation Group was creating a psychologically safe and compassionate working environment. The Chief People Officer for WVT continued that there were ten key areas in the NHS Constitution that addressed reducing health inequalities, these aligned with the Foundation Groups strategic priorities. He added that when compared to the NHS Constitution it was clear the Foundation Group was acting as an anchor organisation for health inequalities. The Chief People Officer for WVT informed the Foundation Group Boards that in 2024 the NHS brought into effect six High Impact Actions to show progress made to address prejudice and discrimination within the health service. These actions were as follows: 1) Chief Executive's Chairs and Board members should put EDI objectives in place that they are personally responsible for. 2) Employ and develop staff in a fair and inclusive way and target groups that are under-represented in the organisation. 3) Write and put and improvement plan in place to end pay gaps. 4) Write and put an improvement plan in place that deals with health inequality in the workforce. 5) Set up a detailed programme for NHS staff recruited countries outside the UK. 6) Create a workplace that ends bullying, discrimination, harassment, and physical violence at work. The Chief People Officer for WVT provided an overview of the Annual Staff Survey results, which showed all four organisations taking the right steps to address EDI requirements from the people promise. He continued that each Trust also had programmes in place to address the High Impact Actions and had created a dashboard to establish the position against each action, with some areas that still needed focus, particularly around action six now that the Sexual Safety Charter was in place. The Group Chair invited questions and perspectives and of particular note were the following points. Sue Whelan Tracy, NED SWFT thanked the Chief People Officers for their presentation. She highlighted that it was key with EDI to build managers' confidence to be able listen to the complex and difficult situations and to act on	

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	them appropriately. She queried whether training to support this had been rolled out, specifically at SWFT. The Interim Chief People Officer for SWFT offered assurance that this was being looked at, and recently a new learning management system had been developed to try and ensure the relevant packages could be accessible. **Resolved – that the Equality, Diversity and Inclusion Update be received and noted.**	
25.009	**FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR APPROVAL** The Foundation Group Boards Schedule of Business for 2025/26 was approved and ratified. **Resolved – that the Foundation Group Boards Schedule of Business be approved and ratified.**	
25.010	**ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE** The Trust Secretary for GEH/SWFT presented the Board Committee Terms of Reference to the Foundation Group Boards. This included Audit Committees, Appointments and Remuneration Committees, and the Foundation Group Strategy Committee. The report included an update on the Charity Trustees Terms of Reference which would go through individual Charity Trustees for approval. There was also an update on the Quality Committees Terms of Reference which would go through individual Quality Committees and then onto individual Trust Board meetings for approval. The Associate Director of Corporate Governance/Company Secretary for WHAT/WVT added that the Audit Committee Terms of Reference changes had been made to align more closely with the Code of Governance. **Resolved – that the Annual review of Board Committee Terms of Reference be approved and ratified.**	
25.011	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 17 DECEMBER 2024** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting that took place on the 17 December 2024. **Resolved – that the Foundation Group Strategy Committee Report from the meeting held on 17 December 2024 be received and noted.**	

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25.012	**ANY OTHER BUSINESS**	
25.012.01	Chair's Remarks The Group Chair advised the Foundation Group Boards that Sue Whelan Tracy, NED SWFT and Simon Page, Vice Chair SWFT would be standing down as NEDs on the 8 February 2025 as their term came to an end. He took the time to thank them for their commitment over the years and wished them well in their future endeavours. **Resolved – that the position be noted.**	
25.013	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
25.013.01	Question from a Member of the Public The following question was submitted by a member of the public in advance of the meeting: *'Do any of the hospitals in the Foundation Group allow members of staff who are trans-identifying men (i.e. biological males), to use the women's (biological females), changing rooms and toilets? If so, which hospitals in the Foundation Group allow this?'* The Group Chair advised that the Foundation Group greatly valued people of different races, different sexual orientations and different beliefs. All are treated with respect and kindness and staff were encouraged to use whichever facility best reflected their gender. He concluded that this would continue to be the Foundation Groups position, and with new builds taking place gender neutral bathrooms would start to be introduced. **Resolved – that the position be noted.**	
25.013.02	Question from a Member of the Public The following question was submitted by a member of the public in advance of the meeting: *'Will the Board engage in talks with Worcestershire Country Council to consider the possibility of the NHS purchasing the land at the County Hall estate currently used as a car park, to be used by visitors to Worcestershire Royal Hospital, thus easing parking problems at the hospital?''* The Managing Director for WAHT informed the Foundation Group Boards that there were several discussions taking place with partners to try and resolve the car parking issues faced at Worcestershire Royal Hospital. The conversations were confidential so detail could not currently be shared but the Managing Director offered assurance that he would keep the Foundation Group Boards	

MINUTE		ACTION
	and public up to date as things moved forward. The Group Chairman added that he symphonised with the public regarding car parking and assured them that it was a subject that continued to be a focus for the entire WAHT Board. **Resolved – that the position be noted.**	
25.014	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
25.015	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
25.016	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
25.017	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2024**	
25.018	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.019	**APPOINTMENT OF EXTERNAL AUDITORS**	
25.020	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 JULY 2024**	
25.021	**ANY OTHER CONFIDENTIAL BUSINESS**	
25.022	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on Wednesday 7 May 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair) Date: 7 May 2025

Russell Hardy