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 7 May 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.

Present

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
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Acting Chief Executive GEH/SWFT
Oliver Cofler	(OC)	NED SWFT
Stephen Collman	(SC)	Acting Chief Executive WAHT/WVT
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
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
Jo Newton	(JN)	Chief Strategy Officer WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Sarah Raistrick	(SR)	NED and Vice Chair GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	NED GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED and Vice Chair SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Chief Medical Officer WAHT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

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In attendance:

Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
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
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Fiona Gurney	(FG)	Communications 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)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Alex Moran	(AMo)	ANED WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Mary Powell	(MP)	Head of Strategic Communications SWFT
Nicholas Rees	(NRe)	Interim Deputy Chief People Officer SWFT (deputising for Interim Chief People Officer SWFT and Interim Chief People Officer GEH)
Louise Robinson	(LR)	Deputy Company Secretary WVT (observing)
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Robin Snead	(RS)	Chief Operating Officer GEH
Adrian Stokes	(AS)	Group Strategic Financial Advisor
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH

Apologies:

Paul Capener	(PC)	ANED GEH
Neil Cook	(NC)	Chief Finance Officer WAHT
Paramjit Gill	(PGi)	Nominated NED SWFT
Simone Jordan	(SJ)	NED GEH
Elva Jordan-Boyd	(EJB)	Interim Chief People Officer SWFT
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH
Dame Julie Moore	(JM)	NED WAHT
Bharti Patel	(BP)	ANED SWFT
Grace Quantock	(GQ)	NED WVT
Sue Sinclair	(SSi)	ANED WAHT

There were four SWFT Governors and one member of the public also in attendance.

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25.023	**DECLARATIONS OF INTEREST** No new declarations of interest were declared. **Resolved – that the position be noted.**	
25.024	**PUBLIC MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2025** **Resolved – that the public Minutes of the Foundation Group Boards meeting held on 5 February 2025 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
25.025	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.025.01	Completed Actions All actions on the Actions Update Report had been completed and would be removed. **Resolved – that the position be noted.**	
25.026	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair provided an overview of the key discussions that had taken place in the Foundation Group Boards Workshop earlier that day. This included an interesting presentation on large scale change by Helen Bevan, Professor at Warwick Business School. The Group Boards then heard from Distie Profit, Vice-President and General Manager of Oracle Health UK, which provided opportunity for a conversation on Electronic Patient Records and Artificial Intelligence (AI). The Group Chair took the time to celebrate the team in WVT, on seizing the opportunities arising through AI. The Group Chair continued that in the second half of the Foundation Group Boards Workshop, the Group Chief Executive updated on all things taking place in the wider NHS which highlighted areas where the Group could drive transformational change. The Foundation Group Boards Workshop concluded with the Chief People Officers updating on the position of Talent and Succession Management across the Foundation Group. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	
25.027	**FOUNDATION GROUP PERFORMANCE REPORT** The Acting Chief Executive's for each Trust highlighted key points from the Foundation Group Performance report as follows:	

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WVT

The Managing Director for WVT informed the Foundation Group Boards that the Cancer standards for 62-Days and Faster Diagnosis Standard (FDS) had been met for the patients of Hereford and Mid Powys over the last year. She commended the teams involved for their efforts and noted the increasing challenge these standards would pose in the coming year as they increase and become harder to achieve. The Managing Director for WVT explained that Theatre productivity had previously been a challenge throughout the year, however improvements were starting to be seen. In the last quarter there had been a 5% increase in utilisation, and this would continue to be focused on moving forward. Patient Initiated Follow Up (PIFU) had started to increase, which had been mainly due to a technical change in the Electronic Patient Records (EPR) that had allowed patients to initiate their own follow up in a safe and effective way. The Managing Director for WVT was concerned about Urgent and Emergency Care (UEC) as performance had deteriorated with ambulance handover delays increasing and a significant number of temporary escalation spaces being used. This had both a quality, and a financial impact and was therefore being treated as WVTs highest priority for improvement. The Managing Director for WVT explained that one of the ways to improve UEC would be to use National Capital that had been awarded to the Trust to expand the assessment and Same Day Emergency Care (SDEC) areas in the Emergency Department (ED). WVT would also be working in collaboration with General Practitioners (GPs) on a neighbourhood health model to support care at home. Finally, an internal hospital process redesign would take place, with clinical engagement, on how UEC pathways work through the hospital.

SWFT

The Acting Chief Executive for GEH/SWFT started by celebrating SWFTs ability to maintain Elective Care performance during a challenged winter period operationally. This had been down to the teams and the work involved in managing to maintain and ring-fence Elective beds. This had improved outpatient services and strong PIFU processes had contributed significantly to capacity. The Acting Chief Executive for GEH/SWFT shared that the area he had a significant concern over was Cancer performance. SWFT had seen a significant increase in Oncology wait time, and although leadership roles had been recruited too and systemic changes initiated, performance had not improved. This has been exacerbated by staff shortages and service dependencies from University Hospital Coventry and Warwickshire NHS Trust (UHCW). The Acting Chief Executive for GEH/SWFT explained that there was significant planning work to still be done, however the team was in place and conversations were happening to continue to drive improvement forward. He concluded that UEC was an area SWFT were watching with a continued deterioration in 4-hour ED performance, largely due to an increase in self-presenting patients and high bed occupancy. The Acting Chief Executive for GEH/SWFT continued that intelligent conveyancing had also declined slightly but did not offset internal demand pressures. Estates limitations in the ED were now a critical issue for SWFT and a bid for national funding to expand front-door services had been submitted.

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GEH

The Managing Director for GEH presented the GEH metrics to the Foundation Group Boards. Firstly 4-hour performance in ED had been the worst on record, with overcrowding in the department, particularly overnight, being identified as a root cause. Recent weeks had shown improvement, however the challenges with medically fit for discharge (MFFD) patients remained a challenge. Positive steps had been made towards improving MFFD, which was credit to two members of staff, one from the GEH Complex Discharge Team and the other from SWFT Community Services. This has led to promising conversations with Integrated Care Board (ICB) colleagues and external stakeholders on how to do things differently. The Managing Director for GEH went on to highlight GEHs sickness levels, which were still well above the 4% target at 5.3%. These had improved on the previous 6% but would remain a focus area. She explained that the elevated sickness levels were driving temporary staffing costs and impacting financial performance. Cancer performance continued to be challenged. However, there was variable performance, particularly against the FDS which was almost at the target. She acknowledged that there was more work to be done to pick up cancer performance. The Manager Director for GEH continued that Referral to Treatment (RTT) would be particularly challenged in 2025/26 with more challenging national targets. She explained that whilst GEH 65-week wait list had been eliminated in September 2024, these had re-emerged due to conflicting priorities towards the end of the year with the need to hit financial targets and the need to deliver performance. This could also be seen in the ERF figures. Whilst Outpatients was doing well this had dipped towards the end of the financial year. She concluded by celebrating the improvements in Theatre utilisation and PIFU rates. She thanked colleagues from across the Foundation Group for the operational learning which had been a key enabler in the improvements.

WAHT

The Acting Chief Executive for WAHT/WVT explained that UEC continued to be an issue for WAHT and although ambulance delays had improved slightly, overall performance remained a key area of concern. WAHT had recently had its first Tier 1 Improvement Review, and three priorities were identified to focus on: internal discharge process improvement, frailty pathway integration across community and acute care, and community hospital length of stay. A 30/60/90-Day Plan had been created to rapidly improve. Work was taking place with partners to improve flow, particularly for patients who needed onward support once they left hospital. The Acting Chief Executive for WAHT/WVT explained that Sarah Shingler, Chief Nursing Officer for WAHT had been leading on important work to help support flow. This included Virtual Hospital implementation with support from the ICB, and the ‘Out by 5’ programme which focused on discharging patients safely by day five and getting proper rehab back into community hospitals. The results were looking positive with length of stay (LoS) going from 29 days to 14. He concluded by providing an update on Cancer Services for the Trust. He explained that WAHT had done a lot of work with partners to reduce the 62-Day backlog, and this has started to improve.

MINUTE **ACTION**

Despite this work was required with tertiary partners to address the ongoing challenges and fragility.

The Group Chair requested an update from each Trust on their financial position at year end for 2024/25 compared to the planned position. Each Acting Chief Executive and Managing Director provided this information as follows: -

Trust	Planned Position	Actual Position	Variance/Comment
WVT	£3.1m Deficit	£5.6m Deficit	Under delivery of Cost Improvement Programme (CIP) by £6m; higher target carried into 2025/26.
SWFT	£1.3m Surplus	£1k Surplus	Hit break-even; surplus effected by Community Recovery Service (CRF) costs.
GEH	£0.7m Surplus	£3.0m Deficit	CRS contributions effected actual position but not entirely.
WAHT	£5.7m Deficit	£5.5m Deficit	Delivered £200k ahead of plan.

The Chair highlighted that SWFT remained the only Midlands trust with a break-even performance and had reported a break-even position for over a decade. He also emphasised that a national financial reset was anticipated. The Group Chief Executive noted that some Trusts would show a break-even position but would have received deficit support. The intention was to take that out to get the true picture.

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

The Group Chief Executive raised concerns around SDEC data and queried the validity of zero LoS metrics, particularly at GEH. It showed that WVT had converted a lot to SDEC but WAHT and GEH didn't show that. The Chief Operating Officer for GEH explained that the data showed GEH to have 49.3% of ED patients requiring admission, being turned around without an overnight hospital stay. This was a combination of patients going through SDEC, Surgical Assessment Area (SAU), Gynaecology Assessment Unit (GAU), Fraility Assessment Unit (FAU), and all ambulatory pathways.

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

25.028 **OUTPATIENTS DEEP DIVE**

The Chief Operating Officer for WAHT presented the Outpatients Deep Dive. He explained that there had been a lot of positive work taking place across the

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Foundation Group on Outpatients, and all Trusts had benefited from the Getting it Right First Time (GiRFT) Further Faster programme. Clinic utilisation showed that overall, there was good clinic utilisation, however GEH had the most opportunity for increased productivity and improving the percentage of patients waiting under 18-weeks for a first outpatient appointment. The Chief Operating Officer for WAHT highlighted the shared learning was taking place and this included pathway analysis and use of PIFU, maximising clinic templates, approach and findings to follow up waiting list review, outpatient improvement programmes and approach to monitoring blocked appointments. Data showed there was a variance in the average appointments per clinic in some specialities and therefore identified potential improvements for further consistency. The Chief Operating Officer for WAHT explained that work was needed on making clinic templates consistent, but also how benchmarking could be done across the Foundation Group and nationally. It was important to match those clinic expectations into job plans, and identify how things could be done differently to enable patient being seen in a timelier manner. The Chief Operating Officer for WAHT presented the Did Not Attend (DNA) data for March 2025 and the rates were as follows, GEH 3.7%, SWFT 5.6%, WAHT 4% and WVT 4%. All Trusts had areas of opportunity to improve DNA rates across varying specialties. There had been several pieces of work done so far to address DNA rates and these included implementing a two-way text reminder service, calling patients who had a history of missed appointments and transferring DNA patients to Patient Owns Contact (POC).

The Chief Operating Officer for GEH presented the data on PIFU, which highlighted some variance across the Foundation Group in services that were actively using PIFU. This identified that there was more work to be done to identify what was driving the variance in the specialties and how to standardise the approach. All Trusts within the Foundation Group had submitted plans that would achieve, or better, the national target for PIFU. Shared learning was already taking place to ensure these plans were met. This included ensuring that clinicians were discharging patients where medically appropriate rather than moving them to a PIFU pathway and clinical discussions between Trusts to discuss pathways where PIFU was applied were taking place. The Chief Operating Officer for GEH explained that engagement with services that had a successful approach for PIFU was also taking place to help with engaging and educating specialties achieving less than 5%. On top of this GiRFT recommendations and learnings continued to be reviewed and exploring the option of an opt out rather than an opt in approach. The Chief Operating Officer for GEH concluded by highlighting plans to run an internal Further Faster programme to deep dive into a different speciality each month, driven by the productivity dashboard.

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

The Acting Chief Executive for WAHT/WVT celebrated the success of the Foundation Group Operational Conference that had taken place in May 2025.

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	He queried whether PIFU had the right clinical engagement to drive improved delivery. The Foundation Group Boards agreed with this, and it was agreed to make an action for PIFU clinical engagement to be sourced. The Group Chief Executive agreed with the Acting Chief Executive for WAHT/WVTs comment and added that it was clear clinical adoption was holding PIFU back. He added that the New to Follow Up ratios should also be looked at as part of PIFU, as there were probably opportunities there to also improve and free up capacity. **Resolved – that** **A) The Outpatients Deep Dive be received and noted, and** **B) Clinical leadership and engagement with PIFU be agreed to help drive delivery, and**	**CMOs**
	C) New to Follow Up Ratios be looked at for any potential capacity opportunities.	**COOs**
25.029	**URGENT AND EMERGENCY CARE IMPACT ON MORTALITY AND MORBIDITY** The Foundation Group Boards received the presentation on the correlation between prolonged ED waits and patient outcomes, with the data gathered from 1 January 2025 to 31 March 2025. The Chief Medical Officer for WVT presented the key findings for WVT, which aligned with the Office for National Statistics (ONS) confirming that increased waiting times in ED were associated with higher mortality rates. She explained that a cohort analysis was undertaken, excluding patients who were under sixteen and patients attending with minor injuries. This left WVT with 11,000 patients. The Chief Medical Officer for WVT continued those patients who waited over 12hours in ED had an average age of 71, compared to 57 for those who waited under five hours. The data showed that patients who waited longer in ED also had a longer admitted LoS, averaging 7.6-days for over 12hour waits vs 2.8-days for those under 5hours. Patients discharged to care homes consistently experienced the longest LoS averaging between 15-20-days and this was regardless of ED wait time. The Chief Medical Officer for WVT confirmed that mortality was significantly higher among those waiting over 12hours at 6.3% vs 2.1% for under 5hours. She explained that it was the elderly population that were most affected by this, with the average age of patients having died after waiting more than 5hours being 82, compared to 84 for those who had waited less than 5hours. Men were also noted to be seven years younger on average at time of death compared to women. The Chief Medical Officer for WVT presented the mitigations that WVT were taking to reduce overcrowding in ED and therefore long waits. This included focusing on reducing demand, improving flow, expediting discharges and addressing delays for MFFD patients.	

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	The Chief Medical Officer for SWFT presented the SWFT data and key findings. This was very similar findings, and the numbers were quite similar with around 11,000 patients being seen between 1 January 2025 and 31 March 2025. SWFT were a positive outlier with less than 10% of patients experiencing ED waits exceeding 12hrs, however the mortality trends mirrored those identified at WVT. However, he emphasised that this was not causality, it just underscored the importance of identifying the cohort of patients waiting the longest and why. The Chief Medical Officer for SWFT explained that a deep dive would follow that would evaluate operational contributors, including MFFD and frailty team interception. The Chief Medical Officer for GEH confirmed that GEH identified similar trends, however they had included minor injury patients. He noted that despite the figure being small, it was important to recognise that patients were dying within the Foundation Groups EDs, including those arriving post-cardiac arrest and palliative care patients due to lack of hospice access within the North of the county. GEH had introduced a Bluebell Room which was a quieter area in ED for those patients at end of life to die in dignity and respect with their families. The Chief Medical Officer for GEH continued that there was established evidence linking prolonged ED stays to increased mortality and LoS. He concluded by explaining there was a real need to expedite the care of frail, elderly patients with general medical conditions. Patients with pre-diagnosed conditions, did tend to move through the system more efficiently already. The Chief Medical Officer for WAHT assured the Foundation Group Boards that WAHTs figures were very similar to that of the Trusts in the Group. WAHT had done a further deep dive into these findings on a cohort of 200 patients. She explained that post the Covid-19 pandemic pressures on ED services in the UK had resulted in increased waiting times and spikes in excess deaths which is what had triggered the review. Long-wait patients (those waiting over 12hours) were more likely to arrive by ambulance and had a longer ambulance handover. These patients were typically older, had multiple comorbidities and were often admitted under general medicine rather than specialist pathways. These patients experienced delays in medical review, decision making, discharge with higher crude mortality rates, had more tests and care whilst waiting, and more complex inpatient journeys. The Chief Medical Officer for WAHT cautioned against attributing causation but stressed the significant implications for quality of care and patient experience. She continued that it was important to address the findings and use them to better patient care. The Chief Medical Officer for WAHT informed the Foundation Group Boards that WAHT had already begun a service redesign, including improvement to frailty models, early discharge pathways and pre-identifying high-risk patients early to support more proactive interventions. The Group Chair invited questions and perspectives and of particular note were the following points.	

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	The Group Chief Executive noted there were two key areas to this work. One was improving flow through ED to enhance outcomes but also ensuring patients were being cared for in the right setting. Whether that be outreach services, advice and guidance or end of life care. The Managing Director for WVT advised the Foundation Group Boards that she chaired the End-of-Life Programme Board for Herefordshire and Worcestershire. As part of that work she had been trying to get a digital Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form implemented. Digital ReSPECT forms would travel with the patient wherever they were, drive higher-quality clinical conversations and improve continuity of care. Sarah Raistrick, NED and Vice Chair GEH, supported the proposal of a digital ReSPECT form. She also suggested a research opportunity to track the impact particularly when patients documented wishes were not honoured. **Resolved – that** **A) The UEC impact on mortality and morbidity be received and noted, and** **B) The Acting Chief Executives identify Foundation Group representation to continue driving the digital ReSPECT form proposal forward.**	**ACEs**
25.030	**ANNUAL SAFE STAFFING OVERVIEW (INCLUDING NURSE PER BED RATIO)** The Chief Nursing Officer for WVT presented the Annual Safe Staffing Overview and dashboard. The dashboard included the number of funded beds for each organisation and new data on the number of additional patients being cared for beyond the funded capacity. The Chief Nursing Officer for WVT explained that the figures included escalation beds, the number of patients cared for in temporary escalation spaces and the number of patients waiting in ED with a decision to admit at 8am. This information was presented to provide context, particularly regarding the workforce pressures and staffing implications resulting from overcapacity. All trusts were operating above their funded bed base. The Chief Nursing Officer for WVT explained that Trusts were required to submit “Safer Staffing Return” to NHS England (NHSE). This submission, broken down at ward level, compared planned staffing levels to actual staffing levels on the day. The data consistently showed that the four Trusts in the Foundation Group had filled over 100% of planned staffing levels, primarily due to the increased demand from the additional beds open beyond funded levels. The Chief Nursing Officer for WVT presented the wider workforce metrics to the Foundation Group Boards, and it was reiterated that a substantive workforce delivered better quality care, improved continuity, and greater productivity. This was due to substantive staff being more familiar with local systems and processes. She continued that nationally, a vacancy factor of less	

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	than 5% was considered a good benchmark and it was reported that all Four trusts within the Foundation Group had achieved this for Registered Nurses (RNs) which was positive. However, there was greater variability in the Healthcare Support Worker (HSW) Group, with continued challenges in both recruitment and retention. This group remained a key focus for 2025/26. The Chief Nursing Officer for WVT presented the sickness absence data. All four Trusts in the Foundation Group demonstrated levels of sickness absence above the national benchmark with a particular challenge in the HSW group of staff. There was no national benchmark for maternity leave; however, the Foundation Group budgeted 1% headroom in its establishments to account for staff on maternity leave. The data indicated high maternity leave levels across the Group. The Chief Nursing Officer for WVT highlighted that the Quality and Safety metrics included in the Friends and Family Test (FFT) showed all Trusts consistently achieving positive response rates above 90% which was considered excellent. However, response rates to the survey itself remained below desired levels. The Chief Nursing Officers across the Foundation Group had recognised this as an area requiring further improvement. All four Trusts made good progress in reducing agency spend over the last twelve months. Collaborative efforts through the Regional Nurse Agency Reduction Programme had contributed to these improvements, particularly by enforcing NHSE capped rates and eliminating the use of high-cost, off-framework agencies. While all trusts had made progress, some were advancing faster than others, offering opportunities for shared learning and best practice. The next phase of the Programme would be to focus on bank rates, with all trusts committing to participate. Additionally, each trust had set agency and bank reduction targets for 2025/26 in alignment with national expectations. **Resolved – that the annual safe staffing overview be received and noted.**	
25.031	**FIT AND PROPER PERSONS TEST ANNUAL COMPLIANCE** The Trust Secretary for GEH/SWFT presented the Fit and Proper Persons Test annual compliance to the Foundation Group Boards. The report provided assurance against the Fit and Proper Person Test Framework and the processes that were in place across all four boards to assess Board members and their fit and proper persons status prior to the annual submission to NHS England. **Resolved – that the Foundation Group Boards receive and note the Fit and Proper Persons Test Annual Compliance.**	
25.032	**FOUNDATION GROUP OBJECTIVES IN COMMON 2025/26** The Group Chief Executive presented the Foundation Group objectives in common for 2025/26. He explained that whilst the Foundation Group didn't have specific Group objectives, each Trust's personal objectives were	

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	compared and key themes identified to encourage collaboration. WAHT were still finalising their objectives after completing their strategy refresh, however it was possible to see the Trust's direction. The Group Chief Executive identified the objectives in common for the Group as UEC Pathway Improvement, Care Closer to Home, the implementation of Neighbourhood Health, sustainability, reducing paper records, and EPR. He did highlight that he was surprised to not see more explicit focus on productivity and appreciated that whilst some of the objectives would deliver against productivity, he felt it needed more of a focus. This could be achieved though the Community Diagnostic Centres set up and updated through the Foundation Group Strategy Committee. He also noted that the NHS financial reset would see individual organisation numbers change, and financial recovery plans become an area of high focus. **Resolved – that the Foundation Group Objectives in Common for 2025/26 be received and noted.**	
25.033	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING HELD ON THE 18 MARCH 2025** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting that took place on the 18 March 2025. **Resolved – that the Foundation Group Strategy Committee Report from the meeting held on 18 March 2025 be received and noted.**	
25.034	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
25.035	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS** No questions were received. **Resolved – that the position be noted.**	
25.036	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
25.037	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
25.038	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 5 FEBRUARY 2025**	
25.039	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	

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25.040	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 17 DECEMBER 2024**	
25.041	**ANY OTHER CONFIDENTIAL BUSINESS**	
25.042	**PROPOSAL TO MITIGATE RISKS IN THE JOINT ELECTRONIC PATIENT RECORDS PROGRAMME – GEH/SWFT ONLY**	
25.043	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair) Date: 6 August 2025
Russell Hardy