Public Trust Board

Tue 09 September 2025, 13:00 - 14:30

Teams

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence

Information *Russell Hardy*

Apologies received from: Alex Moran, Karen Martin

13:05 - 13:05
0 min

2. Declarations of Interest

Information *Russell Hardy*

13:05 - 13:10
5 min

3. Minutes of WAHT Board Meeting held on 8 July 2025

Decision *Russell Hardy*

3. Public Trust Board Minutes 8 July 25.pdf (5 pages)

3.1. Actions and Matters Arising from the meeting held on 8 July 2025

Information *Russell Hardy*

3.1 Public actions.pdf (1 pages)

3.2. Foundation Group Public Board Minutes from the meeting held on 6 August 2025

Decision *Russell Hardy*

3.2 Draft Public FGB Minutes - 6 August 2025.pdf (16 pages)

3.3. Actions and Matters Arising from the Foundation Group Public Board meeting held on 6 August 2025

Information *Russell Hardy*

3.3 Public Matters Arising and Actions Update Report.pdf (1 pages)

13:10 - 13:15
5 min

4. Chief Executive’s Report

Information *Stephen Collman*

4. CEO Board Report 09.09.2025 Final.pdf (4 pages)

13:15 - 13:35
20 min

5. Integrated Performance Report

Information *Stephen Collman*

5. 1 Trust Board IPR Aug-25 (Jul-25_Data)_0-1.pdf (21 pages)
5. 2 20250829 - WAHT FG IPR Dashboard (up to Jul-25) v-1.pdf (3 pages)

5.1. Introduction

Stephen Collman

5.2. Operational Performance

Chris Douglas

5.3. Quality & Safety

Hayley Flavell/Jules Walton

5.4. Workforce

Alison Koeltgen

5.5. Finance

Neil Cook

13:35 - 13:40
5 min

6. Safe Staffing Report

6.1. Midwifery

Information *Justine Jeffery*

- 6.1 Midwifery Safe Staffing Report June 2025.pdf (6 pages)

6.2. Nursing

Information *Hayley Flavell*

- 6.2 1 Board and committe covering report July 25 final (1).pdf (2 pages)
- 6.2 2 Staffing paper July 25 final (v2) SS.pdf (7 pages)
- 6.2 3 New committee report template draft for safer staffing paper July 2025 final (1).pdf (2 pages)

13:40 - 13:45
5 min

7. Perinatal Safety Report

Information *Justine Jeffery*

- 7. 1 Q1 2025-2026 Perinatal Safety Report.pdf (20 pages)
- 7. 2 03.06 Claims and incidents Q4 2024-2025.pdf (2 pages)
- 7. 3 PMRT summary.pdf (2 pages)

13:45 - 13:50
5 min

8. CNST MIS Year 7 Report

Decision *Justine Jeffery*

- 8. CNST MIS Year 7 Quarter 1 Report 25-26.pdf (3 pages)
- Appendix 1a Q4 2024_2025 PMRT case report.pdf (2 pages)
- Appendix 1b Q1 2025_2026 case report.pdf (2 pages)
- Appendix 2 WMNODN Unit Implementation Action Plan.pdf (6 pages)
- Appendix 4 MNVP and CQC Action Plan.pdf (4 pages)
- Appendix 5 MNVP LMNS workplan analysis.pdf (1 pages)
- Appendix 6 Maternity Safety Champion notes 15 May 2025.pdf (13 pages)

13:50 - 14:00
10 min

9. Winter Plan

Information *Chris Douglas*

- 9. 1 Board - winter plan cover paper.pdf (2 pages)
- 9.2 Appendix 1 Board Assurance Statement - NHS Trust (002).pdf (6 pages)
- 9.3 Board - Appendix 2- Winter Plan Slides.pptx.pdf (25 pages)

14:00 - 14:05
5 min

10. Board Committee Reports

10.1. Quality Governance Committee

Information *Dame Julie Moore*

10.1 Minutes for Quality Governance Committee July 2025.pdf (8 pages)

10.2. Audit & Assurance Committee

Information *Colin Horwath*

10.2 AAC Escalation & Assurance Report July 2025.pdf (3 pages)

10.3. People & Culture Committee

Information *Karen Martin*

10.3 03.06.25 PC Minutes.pdf (5 pages)

10.4. PFI Exit Committee

Information *Tony Bramley*

10.4 PFI Exit Committee Escalation and Assurance Report 1 Sept 2025.pdf (1 pages)

14:05 - 14:10
5 min

11. Date of Next Meeting

Information *Russell Hardy*

WAHT Trust Board - 14 October 2025

14:10 - 14:15
5 min

12. Any Other Business & Questions from the Public

Information *Russell Hardy*

1 question submitted regarding car parking

14:15 - 14:15
0 min

13. Acronyms

Information

13. Acronyms.pdf (3 pages)

Trust Board
8 July 2025 at 1:00pm
Via Microsoft Teams and live streamed on YouTube
Part 1 in Public

Board Members Present (voting)			
Russell Hardy MBE, Chair	RH	Simon Murphy, Non-Executive Director/Deputy Chair	SM
Stephen Collman, Acting Chief Executive Officer	SC	Sarah Shingler, Chief Nursing Officer	SSh
Karen Martin, Non-Executive Director	KM	Colin Horwath, Non-executive Director	CH
Neil Cook, Chief Finance Officer	NC	Julie Moore, Non-Executive Director	JM
Tony Bramley, Non-Executive Director	TB	Jules Walton, Chief Medical Officer	JW
Board Members Present (non-voting			
Ali Koeltgen, Chief People Officer	AK	Chris Douglas, Interim Chief Operating Officer	CD
Julian Berlet, Chief Clinical Strategy Officer	JB	Sue Sinclair, Associate Non-Executive Director	SSi
Rebecca Brown, Chief Digital Information Officer	RB	Alex Moran, Associate Non-Executive Director	AM
Attending			
Gwenny Scott, Company Secretary	GS	Jo Wells, Deputy Company Secretary	JWe
Richard Haynes, Director of Communications & Engagement	RH		
Apologies			
Catherine Driscoll, Associate Non-Executive Director	CD	Michelle Lynch, Associate Non-Executive Director	ML
Justine Jeffery, Director of Midwifery	JJ		

Ref	Item	Lead	Purpose	Format
1	Apologies for Absence	RH	Information	Verbal
2	Declarations of interest	RH	Information	Verbal

SM declared a new pro bono position with Worcester City Women's Football Club to promote health and wellbeing for women and girls.

3	Minutes & Actions Arising	RH	Approval	Report 1

RH opened the meeting and informed that a workshop was held earlier in the day where a patient story had been shared, a presentation held in relation to Population Health Management and discussion took place around fire safety.

SSh was thanked for her leadership on Urgent and Emergency care.

The Minutes of the meeting held on 10 June 2025 were approved with the following amendment:
SM asked that the minutes were updated to state that 'appropriate Wudu staff facilities were now in place at the Trust', under Any Other Business.

The actions were reviewed and complete.

4	Chief Executive's Report	SC	Information	Report 2

SC presented the report and advised that:

- The new NHS 10-year plan was published; much aligns with the Trust's strategic direction. Emphasis is on pace and performance to leverage opportunities in the plan.
- The National Urgent and Emergency Care Plan was being reviewed with performance trajectories to achieve standards.
- Winter plan development is underway with a system-wide approach and will be presented at September Board.
- Maternity services are under national scrutiny, with a particular focus on 10 Trusts. Inequalities work will commence shortly. Temporary staffing, especially agency spend, remains high within maternity (8% vs. 2-3% target).
- Volunteers Week had taken place and are a key provision to the Trust.
- Congratulations were extended to the research team and their leukemia treatment trials.
- Public health initiatives, including tobacco dependency and population health management, are progressing.

The Board discussed the following key points:

- The importance of collaborating and the Federated Data Platform; There had been internal improvements but there is more work to do with partners and accelerating the use of the platform, particularly around elective data.
- Urgent Treatment Centre in the Winter Plan; A bid had been submitted for funding for a specific treatment centre at Worcester. This would entail reducing ED activity and co-locating with the Same Day Emergency Service to create a multi-speciality treatment centre.
- Tobacco cessation for staff; A Working Group were reviewing tobacco cessation for staff, with financial considerations.
- Industrial Action; Should Junor Doctors take industrial action, there would be a substantial and harmful impact for the Trust.

The Board noted the report.

5	Integrated Performance Report	SC	Information	Report 3

SC introduced the report, highlighting challenges in urgent and emergency care, cancer pathways and frailty services.

Operational Performance (CD)

Cancer
Cancer services face capacity issues, particularly within gynecology and oncology.
3 Trust locum dermatologists and been appointed and work was underway with Wye Valley NHS Trust.

Elective
The Trust was on track with annual planning commitments, but concern remains around 52 weeks. 3 specialties were an area of focus:

- General surgery have plans in place to reduce waits to 0 in August.
- ENT are seeing significant challenges with getting below 65 weeks.
- Paediatrics and support of high-volume lists.

Pathway redesign work is underway with theatres.
Artificial Intelligence solutions to reduce attendances are under review.
ENT have the highest number of patients awaiting outpatient appointments.

Urgent and Emergency Care
High attendance was reported in May, with 550 attendances across both sites in one day.
Overall, the emergency access standard has improved and a reduction in patients waiting over 12 hours was reported.
Intervention work and support with frailty was underway with partners.
The surgical division have successfully reconfigured beds on the Worcester site to improve access to trauma beds. A plan was being drafted for stroke beds from August.

Quality (SSh and JW)
SSh informed that operator challenges across the patient pathway are continuing to impact our ability to progress some of the quality priorities, including reducing the rate of infections and the number of falls.
The number of hospital acquired pressure ulcers is also continuing to reduce.
Progress is being made on the trajectory around compliance with the 25 day complaint target.
Support continues to be provided to the ED team due to triangulated concerns relating to the cleanliness of the department.

JW reported that despite the challenges, overall mortality rates remain as expected.
One of the biggest challenge areas remains with the compliance of fractured neck of femur targets and work was ongoing to include bed reconfigurations, theatre utilisation and a workforce review.
Work was progressing well with the integration of clinical and digital teams around the implementation of programmes such as Martha's rule, Electronic Patient Records and the deteriorating patient pathway.
Electronic prescribing was due to go live by the end of the summer and lots of work was underway to ensure that quality and safety for our patients is improved by those systems and that they are utilised to the best of our abilities to improve care for our patients.
An update regarding the recent stroke rehabilitation changes would be presented at the next meeting.

Workforce (AK)

There were 2 big areas of focus:

- Sickness absence: A reduction had been seen but it should be noted that there is often a seasonal trend and it was expected that a rise would be seen towards the autumn moving into the winter cold and flu season. Levels of absence related to stress and anxiety remain higher than pre-pandemic and is a trend across the NHS. Multiple interventions are in place for colleagues and continue to be reviewed and refreshed. Pastoral support had been put in place within the Women and Children's division due to an increase in sickness seen within that area.
- Temporary staffing management: It had been reported at previous Board meetings, the significant concerns around the increased use of medical agency in particular and the high cost agency usage that the Trust is now reliant upon, which relates to increased demand and escalation areas. Spend is being scrutinised within medicine and surgery agency usage and steps being taken to convert usage into NHS recruitment. Plans were being reviewed on a weekly basis and progress was being made closer to the target which needed to be sustained.

RH encouraged agency colleagues to join the Trust as substantive staff and reiterated the benefits of the NHS pension scheme.

Work continued with job planning, which was progressing well. There was a clear plan and strategy to achieve compliant job plans. The next stage is to link job planning to annual planning and productivity.

Finance (NC)

The Trust was £0.3m adverse to plan at this stage in the year, driven by additional operational pressures and slippage with CPIP.
There was reassurance on the traction of agency spend.
Income was broadly on plan and work was underway on finalising the contract with Commissioners for 2025/2026.
Employee expenses pressures were being seen due to additional capacity.
CPIP slippage is driving overspend in respect of pay along with small overspend on non pay. The position is benefitting from some non-recurrent underspend and balance sheet releases of over £1m.
Capital was slightly off plan but there was an agreement to overcommit the capital plan.
The Memorandum of Understanding had been received providing notification that the Trust would receive public dividend capital.
The Annual Cost Collection had recently been submitted to NHSE and will be reported upon in due course. Information will be sent out to divisions and specialties to help support understanding of the drivers of our cost base and support efficiency and productivity improvement.

The Board noted the report.

6	Safer Staffing Reports	SSh	Information	Report 4	Accepted

Midwifery (SSh)

Staffing was safe across all shifts.
Sickness is above target but a downward trajectory was now being seen.
A reduction in turnover was reported.
Vacancies with support worker vacancies were expected to be filled following an event planned in early July.
Deployment had reduced throughout May.
The triage unit is under extreme pressure due to the success of a reducing foetal movement campaign. A third midwife had been deployed into triage.
Bank and agency usage will be included in future reports.

Nursing (SSh)

Safe nurse staffing levels were maintained throughout the Trust, despite having all escalation areas open.
There was good assurance with staffing metrics with reduced turnover rates and fill rates.
A decrease in the numbers of staffing incidents was reported.
There is a £200k cost pressure associated with bank and agency staffing unfunded escalation areas.

The Board noted the report.

7	Green Plan	JB	Approval	Report 5	Approved

JB presented the Green Plan which was presented at the Board Workshop last month by Ms Newton, prior to her retirement in June.

It is a statutory requirement for the Trust to have a Green Plan. The Plan requires a refresh for 2025-2028 for the submission due at the end of this month.
There has been a significant amount of work undertaken on greener sustainability since 2022, with active engagement with system partners focusing on PLACE and sharing best practice. Green and sustainability should be a provider led model going forward.
The Trust had delivered half of the objectives in the Plan to date, with the remainder making good progress. The Trust had over achieved the target of 25% reduction in our carbon footprint. The Trust had achieved 34% reduction, and it was highlighted that this was in part to the removal of anaesthetic gas nitrous oxide from a piped manner from Trust sites.
The theme to focus on is engagement and collaboration externally at PLACE level and with system based working. Internally, green champions will be created.
The importance of the green sustainability agenda was highlighted because it not only produces benefits for staff retention and recruitment, but also for the health of the population.
Approval was sought for approval of the Green Plan and the need to agree a leadership model for the green sustainability agenda.

The Board approved the Green Plan.

8	ICB Joint Forward Plan	JB	Information	Report 6	Accepted

JB presented the updated Hereford and Worcestershire Joint Forward Plan which was in year 3 of a 5 year plan.

All NHS partner organisations are required to produce the 5 year Joint Forward Plan, outlining how we all contribute to the delivery, the ICS strategy and the Joint Local Health and Wellbeing Strategies. Future plans are likely to be impacted by the publication of the new 10 year NHS plan, but there is a national statutory requirement for the plan to be refreshed.

RH praised the Hereford and Worcestershire ICB team and welcomed continued work with them and the cluster with Coventry.

The Board approved the ICB Joint Forward Plan.

9	Committee Summary Reports & Minutes	RH	Information	Report 7	Accepted

Quality Governance Committee
The report was taken as read. JM reported progress in a number of areas. The Quality Account was presented and approved at the last meeting.

Audit and Assurance Committee
CH updated that the completion and submission of financial statements has taken place. External Audit have reduced the number of significant recommendations within the VFM report from 4 to 2. The Committee will continue to monitor progress.

People & Culture Committee
KM advised that the Committee receive regular reports on Freedom to Speak Up. The National Guardians office will be impacted and closed by the changes taking place in the NHS. No concerns were reported as the Trust have robust processes in place. An event took place last week celebrating the internship programme and a number of young people who had completed the 1 year programme.

The Committee minutes were accepted.

10	IPC Annual Report	SSh	Information	Report 8	Approved

SSh presented the Infection Prevention & Control report for approval to submit and publication on the Trust website. The Trust were satisfying the requirements.
The Quality Governance Committee had reviewed and recommended approval of the report.

The Board Approved the IPC Annual Report.

11	Safeguarding Annual Report	SSh	Information	Report 9	Approved

SSh presented the Safeguarding Annual Report for approval. Assurance was provided that the Trust were meeting legal and obligatory requirements.
The Quality Governance Committee had reviewed the report and recommended approval.

The Board approved the Safeguarding Annual Report.					
12	Date of Next Meeting	RH	Information	n/a	Noted
The next Trust Board meeting in public would be held on 9th September 2025.					
13	Any Other Business and Questions from the Public	RH	Information	n/a	Noted
There was no other business or questions from the public.					
The Board resolved to exclude members of the public from Part II of the meeting as matters under discussion were exempt from disclosure to the public under the Freedom of Information Act.					

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC ACTIONS UPDATE REPORT

Month	Meeting Type	Ref	Item	Action	Due Date	Owner	Status	Update
July-25	Public	005/25	IPR	An update regarding the recent stroke rehabilitation changes will be presented at the next meeting.	Sept-25	JW	Closed	New model for Stroke Rehab started on 1st July. Providing 6PAs consultant leadership into Evesham Stroke Rehab Ward per week. Ward rounds, leading MDT, providing clinical supervision to ACPs and registrar. Positive initial feedback, good engagement from therapy team/ACPs Showing initial positive benefit with LoS reduction in Rehab ward from 50 to 26 days over July. Ongoing monitoring and benefits realisation to follow.

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 6 August 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
Neil Cook	(NC)	Chief Finance Officer WAHT
Stephen Collman	(SC)	Acting Chief Executive WAHT/WVT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Paramjit Gill	(PGi)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Simone Jordan	(SJ)	NED GEH
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
Dame Julie Moore	(JM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Grace Quantock	(GQ)	NED WVT
Najam Rashid	(NR)	Chief Medical Officer GEH
Jackie Richards	(JR)	NED GEH
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:		
Leigh Brooks	(LB)	Interim Head of Communications SWFT
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JB)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT

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

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In Attendance Continued:

Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Sophie Gilkes	(SG)	Acting Managing Director/Chief Strategy Officer SWFT
Richard Haynes	(RH)	Director of Communications WAHT
Oli Hiscoe	(OH)	ANED SWFT
Elva Jordan-Boyd	(EJB)	Human Resources (HR) Director SWFT
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
Ed Mitchell	(EM)	Deputy Chief Medical Officer WAHT (deputising for Chief Medical Officer WAHT)
David Mowbray	(DM)	Group Medical Advisor
Alex Moran	(AMo)	ANED WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Andrew Parker	(AP)	Chief Operating Officer WVT
Bharti Patel	(BP)	ANED SWFT
Alison Robinson	(AR)	Deputy Chief Nursing Officer WAHT (deputising for Chief Nursing Officer WAHT)
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Sue Sinclair	(SSi)	ANED WAHT
Emma Smith	(ES)	Deputy Chief Nursing Officer WVT (deputising for Chief Nursing Officer WVT)
Robin Snead	(RS)	Chief Operating Officer GEH
James Turner	(JT)	Head of Communications GEH
Ashi Williams	(AW)	Chief People Officer GEH/SWFT

Apologies:

Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WAHT
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Sarah Raistrick	(SR)	NED and Vice Chair GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED and Vice Chair SWFT
Adrian Stokes	(AS)	Group Strategic Financial Advisor
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Chief Medical Officer WAHT

There were four SWFT Governors also in attendance.

MINUTE		ACTION
25.044	**DECLARATIONS OF INTEREST**	

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

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MINUTE		ACTION
	Bharti Patel, ANED SWFT, declared that she had been involved in a commercial consultancy capacity in relation to the development of the Aseptics Services proposal which was referenced to in the Foundation Group Strategy Committee Minutes within the 7 May 2025 meeting papers (Minute 25.033 refers). **Resolved – that the position be noted.**	
25.045	**PUBLIC MINUTES OF THE MEETING HELD ON 7 MAY 2025** It was noted that under the Foundation Group Performance Report (Minute 25.027 refers) WVT's planned position was incorrect and should be amended to read £3.1m deficit and not break even. **Resolved – that, subject to the above amendment, the public Minutes of the Foundation Group Boards meeting held on 7 May 2025 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
25.046	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.046.01	Completed Actions All actions on the Actions Update Report had been completed and would be removed. **Resolved – that the position be noted.**	
25.047	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair gave an overview of the Foundation Group Boards Workshop, highlighting its focus on artificial intelligence (AI). He described AI as a major technological shift and stressed the need for the Foundation Group to lead in leveraging its potential. He praised the WVT team for their innovative work in frontline AI implementation. The Group Chair continued that the Foundation Group Boards Workshop also explored the integration of prevention strategies across Foundation Group activities, led by the Chief Strategy Officers. Progress had been made in population health management. The Group Chair identified obesity and teenage mental health as major challenges and acknowledged public health efforts in supporting this, along with smoking cessation and alcohol reduction programmes. He encouraged the public to seek healthier lifestyles if needed and emphasised that the National Health Service (NHS) was there to support them. Finally, the Foundation Group Boards Workshop received an update on the ongoing Joint Electronic Patient Records (JEPR) programme at SWFT and	

MINUTE		ACTION
	GEH. This including potential risks to the programme and plans moving forward to mitigate these. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	
25.048	**FOUNDATION GROUP PERFORMANCE REPORT** The Acting Chief Executive's and Managing Directors for each Trust highlighted key points from the Foundation Group Performance Report. It was important to note for August 2025, that the Performance Report had not effectively captured the intended narrative across all four Boards. The Group Analytics Board (GAB) had been tasked with revisiting the report format. WVT The Managing Director for WVT proceeded with her standard update structure, highlighting one area of concern, one area of strength, and one area under close observation. The primary concern was Urgent and Emergency Care (UEC) performance, which had significantly declined in quarter one (Q1). WVT was the furthest from its trajectory within the Foundation Group, with the downturn beginning in mid-March 2025 and continuing through April 2025. In response, a three-day deep dive was conducted in May 2025, led by the Chief Medical Officer and Chief Nursing Officer, involving frontline staff to identify improvement strategies. This initiative resulted in a ten-percentage-point improvement, sustained over six weeks. By July 2025, performance had exceeded trajectory, although WVT had entered tier one for UEC in Q1. Based on current trends, it was expected to exit tier one in Q2. The Managing Director for WVT identified Cancer performance as an area of strength, with WVT continuing to benchmark well against national standards. WVT continued to focus efforts on pathway optimisation and the implementation of a pathway dashboard via the business intelligence system. The Managing Director for WVT explained that Mortality was under observation, specifically the Summary Hospital-level Mortality Indicator (SHMI). This was because twelve months prior had seen WVT achieve a SHMI score below 100 for the first time (98), but the score had since risen to 110, with a recent update indicating 111. The Managing Director clarified however, that this was a statistical anomaly rather than a performance issue. In April 2024, WVT began recording Same Day Emergency Care (SDEC) activity as type five Emergency Department (ED) performance, this was in line with a national requirement effective from July 2024. However, this early adoption temporarily impacted mortality statistics, as nearly half of emergency admissions were excluded from the SHMI denominator. While WAHT had also adopted this reporting method, GEH and SWFT (along with most other Trusts nationally) had not. The Managing Director for WVT added that a deep dive conducted by the Quality Committee confirmed that crude mortality had decreased in both percentage and absolute terms. Therefore, the team did not consider this a	

MINUTE **ACTION**

performance concern, although WVT was expected to appear as an outlier for at least the next twelve months. It remained unclear whether the national mandate for type five ED reporting had been universally implemented. The Managing Director for WVT concluded by emphasising that while the data suggested deterioration, underlying performance had not worsened.

The Group Chair invited questions and perspectives and of particular note was the following point.

The Group Chief Executive highlighted that generally the performance of WVT had improved significantly and that it was good to see UEC performance pick up which had been a worry previously. Having gone through the period of industrial action, he was pleased to see activity levels had maintained in all four Trusts in the Foundation Group.

GEH

The Managing Director for GEH reported that key performance indicators during the period reported reflected a negative picture particularly in relation to timely patient access. June 2025 performance data and May 2025 Cancer Services metrics showed delays, and indicators were categorised into areas of improvement and concern. For UEC, national benchmarks were used, with GEH's four-hour standard at 69.5%, placing GEH in the lowest national quartile, and 10.4% of patients waiting over twelve hours. The Managing Director for GEH explained that these figures were attributed to ongoing bed occupancy and patient flow challenges. In July 2025, targeted efforts led to an improvement in four-hour performance to 76%, moving GEH to mid-table nationally. The Managing Director for GEH explained that this was driven by a reduction in non-admitted breaches, however concerns remained about the sustainability of this progress. This was due to the data reflecting a period affected by school holidays and industrial action, during which senior staff supported frontline services. The Managing Director for GEH continued that bed pressures persisted, and while external bed purchases were being considered, discharge arrangements remained unresolved. She raised that Elective Care performance placed GEH in tier one support, and Referral to Treatment (RTT) performance was 60.7%, with 52-week breaches at 3.4%. By late July 2025, RTT had improved to 61.2% and breaches reduced to 2.3%, which was supported by increased capacity in Ear, Nose and Throat (ENT) and Gynaecology. This trend was expected to continue.

The Managing Director for GEH informed the Foundation Group Boards that Cancer Services performance remained a concern. The 62-day standard was 64.4%, and the Faster Diagnostic Standard (FDS) was 66.8%, placing GEH in the lower national rankings. Early signs of improvement were noted in July 2025, with targeted actions in Lower Gastrointestinal (GI) and Gynaecology underway. The Managing Director for GEH concluded that recent interventions were yielding positive results, and the focus moving forward would be to continue improving FDS and sustaining ED performance.

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams

MINUTE	ACTION

WAHT

The Acting Chief Executive for WAHT/WVT focused on key headlines for WAHT, with UEC having seen slower improvements in the Emergency Access Standard (EAS) than anticipated. However, progress was evident, particularly in the improvement of surrounding metrics. Notably, there was a clear reduction in twelve-hour waits within ED, and this reduction was expected to contribute positively to EAS performance. The Acting Chief Executive for WAHT/WVT explained that WAHT had been placed in tier one and received targeted support in collaboration with community partners. Encouragingly, clinical integration between community hospitals and acute services had begun to generate benefits. One area of success was the Stroke pathway, where clinicians had started outreach into community hospitals. This initiative led to notable reductions in length of stay (LoS). He explained that to support improvements, the Trust had undertaken internal reconfigurations, with Trauma services relocated to a larger bed base, and a similar adjustment was being made for Stroke services. Early feedback from divisions indicated that these changes were having a positive impact and were positioning WAHT well, not only for continued improvement but also in preparation for the upcoming winter period.

The Acting Chief Executive for WAHT/WVT continued that in terms of Cancer performance, Skin Cancer and Breast Cancer were driving WAHT's metrics. Positively, the Trust had recently launched a new Teledermatology service, and the Breast Cancer service had successfully recruited additional staff, increasing capacity. The Trust had a trajectory in place with expected recovery in these areas by September 2025. Elective care also continued to present challenges, particularly with patients waiting over 65-weeks, and while options were being explored, focus remained strong. However, encouraging signs of productivity were emerging across divisions, particularly in Orthopaedics.

The Acting Chief Executive for WAHT/WVT concluded that UEC, Cancer Services and Elective Care were central to many of the other metrics under discussion. For instance, improvements in UEC and patient flow were closely linked to enhancements in the quality metrics. As occupancy declined, the Trust had observed corresponding reductions in falls and other indicators, which also positively influenced the financial position. He explained that as WAHT prepared for the final six months of 2025/26 they remained vigilant. For completeness, WAHT was currently tier two for Cancer Services and anticipated a downgrade from tier one to tier two in UEC.

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

The Group Chief Executive reflected on the tiering at WAHT noting that the Acting Chief Operating Officer for WAHT had planned to meet with two colleagues elsewhere in the Foundation Group to facilitate shared learning. He continued that based on his experience, the tiering process can be time-consuming and best avoided where possible. However, it was acknowledged that the focus on UEC performance, especially ambulance handover delays,

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had led to marked improvements. He noted that performance at the Alexandra Hospital site had been consistently strong. In contrast challenges remained at the Worcestershire Royal Hospital site, which continued to experience higher levels of UEC demand and required further resolution.

The Group Chair sought assurance on how the Community Beds project at WAHT was progressing. The Acting Chief Executive for WAHT/WVT explained that the tiering process experience had been helpful in progressing efforts and accelerating progress. He credited the newly appointed Chief Executive of the Community Mental Health Trust, for placing significant emphasis on the initiative, which had begun to produce tangible benefits. One such area of improvement was the Pathway Discharge Unit. Although previously perceived as a potential source of delay, occupancy levels had started to reduce more frequently and consistently.

SWFT

The Acting Chief Executive for GEH/SWFT provided SWFT's performance update, focusing on his greatest concern first which was Cancer services. He explained that SWFT had fallen behind its planned trajectory and, as a result, had been placed under tier 2 regional scrutiny. Three primary issues contributed to the challenges in Cancer performance. The first was access to Oncology Services from the Trust's tertiary provider, University Hospitals Coventry and Warwickshire NHS Trust (UHCW). This presented a significant obstacle to meeting the 62-day target. Without timely access to Oncologists, achieving this standard was not feasible. The Acting Chief Executive for GEH/SWFT explained that SWFT had been working closely with UHCW to address this issue and collaborative efforts led by the Chief Operating Officer, Chief Medical Officer and Chief Nursing Officer had been underway to streamline pathways and secure the necessary resources. Additionally, mutual aid options were explored with other partners, including WAHT, to help mitigate these challenges. The Acting Chief Executive for GEH/SWFT explained that the second issue was a substantial increase in referrals in certain specialties, for example Head and Neck referrals rose from approximately 160 in June 2024 to 196 in June 2025, a 25% increase. This surge had a notable impact, particularly on the FDS, and work had been done with clinical teams to ensure adequate capacity. The third challenge was specific to the Dermatology service, which remained one of SWFT's highest referral specialties. Staff sickness had reduced available capacity and to address this, insourcing arrangements had been implemented to help stabilise the service.

The Acting Chief Executive for SWFT/GEH then updated on RTT, the positive news was that SWFT had no patients waiting over 65-weeks. A longstanding issue in Orthodontics, which was part of a national challenge due to limited consultant availability, had been resolved thanks to support from regional partners. This represented a significant achievement, and the Acting Chief Executive for GEH/SWFT commended the teams involved for their efforts. Across the board, SWFT continued to manage long waits effectively. However, RTT performance was slightly off plan, primarily due to the challenges in

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Dermatology. He assured the Foundation Group Boards that he was confident that the insourcing measures introduced would help bring performance back on track, but it was being monitored closely.

Finally, the Acting Chief Executive for GEH/SWFT highlighted ED performance, which had been particularly strong. Despite experiencing some of the Trust's busiest months in terms of attendances, SWFT remained ahead of their planned trajectory for the four-hour standard. This success was attributable to the dedicated work of emergency teams in refining ED processes and ensuring that the wider hospital supported patient flow effectively. Performance had not only been sustained but had improved further in July 2025, despite continued high referral volumes.

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

The Group Chief Executive noted that while the four-hour standard remained the primary UEC metric, it only represented around 60% of current urgent care activity. Patients were increasingly receiving rapid care through alternative pathways such as ambulance treat-and-leave, call-before-convey services, and SDEC. He reassured members of the public that these models were delivering timely care, even if not reflected in traditional metrics.

The Acting Chief Executive for WAHT/WVT picked up on previous discussions around Cancer Services and reported that he and the Group Medical Advisor were planning to reconvene Cancer Leads across Trusts in September 2025 to develop a coordinated improvement plan for Cancer Services. The aim was to accelerate progress through shared learning, particularly given the common tertiary provider.

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

25.049 **URGENT AND EMERGENCY CARE (UEC) AND WINTER PLAN PLANNING, PREPAREDNESS AND ASSURANCE STOCKTAKE 2025/26**

The Chief Operating Officer for WVT presented the Winter Planning update. The presentation outlined shared learning and strategic alignment across the Foundation Group, referencing the UEC 2025/26 plan circulated in June 2025. Key priorities included improving ambulance handovers, achieving 78% EAS compliance, reducing twelve-hour ED waits, addressing prolonged LoS, enhancing Children and Young People (CYP) performance, and strengthening discharge planning through the Better Care Fund. Each Trust had aligned its winter plans with UEC recovery strategies, supported by data modelling on attendances, bed capacity, escalation protocols, and workforce. Assurance meetings were held at Trust level, with real-time dashboards and OPEL systems informing operational decisions. Teams focused on ED front-door navigation, virtual ward optimisation, and SDEC capacity reviews. Shared

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learning was drawn from models across GEH, SWFT, WVT, and WAHT, with capital investment supporting ambulatory and SDEC expansion.

The Chief Operating Officer for WVT continued that workforce planning had also taken place, addressing staffing models, sickness management, and wellbeing initiatives. Lessons from WAHT's tier one support were being adopted across sites, and surge and super-surge plans aimed to reduce reliance on escalation beds and corridor care. These would be supported by initiatives such as "Home First", discharge events, and ward-based dashboards. The Chief Operating Officer for WVT explained that Trusts had enhanced seven-day working, protected elective capacity, and deployed digital tools including Electronic Prescribing and Medicines Administration (EPMA) and ward whiteboards. System-wide collaboration focused on virtual ward criteria, admission avoidance schemes, therapy support, and improved visibility of community and social care capacity. Efforts continued to expand urgent community response and refine paramedic decision-making through the "call before convey" model.

The Chief Nursing Officer for GEH provided an update on the preparatory work undertaken across the Foundation Group in anticipation of winter pressures. A key focus had been the winter vaccination programme, following low uptake in the previous year. In response, all organisations committed to achieving at least a 5% improvement in vaccination rates. The programme was scheduled to run from October 2025 to March 2026, with efforts made to maximise staff accessibility through varied delivery methods and targeted myth-busting initiatives. The Chief Nursing Officer for GEH continued that collaboration with Public Health and the UK Health Security Agency (UKHSA) had continued, aiming to strengthen local messaging by leveraging national communications. She added that preparations also addressed the anticipated rise in respiratory infections. Protocols were revised in line with global trends and communication across teams was reinforced, with reminders on hand hygiene, personal protective equipment (PPE) usage, and stock readiness. The Chief Nursing Officer for GEH noted that concerns remained regarding side room capacity for isolation, with rapid testing and turnaround times identified as critical. Particular attention was given to the potential impact of Respiratory Syncytial Virus (RSV) in children, especially if coinciding with adult respiratory illness which could increase pressure on EDs.

The Chief People Officer for WAHT provided an overview of the workforce resilience planning undertaken across the Foundation Group in preparation for winter. It was noted that managing both the pressures placed on staff and the need for additional staffing would be critical components of the overall winter preparedness strategy. This had been addressed through several key approaches. Firstly, effective roster management had been prioritised, secondly, the management of sickness absence and staff wellbeing had remained a central focus and lastly, governance around operational decision-making had been strengthened. It was acknowledged that maintaining staff wellbeing and morale would be particularly important during the winter months,

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	especially in the context of potential industrial action. This remained a key area of focus and risk for all Trusts within the Foundation Group. The Chief Operating Officer for SWFT acknowledged the extensive planning underway across the Foundation Group and emphasised the importance of managing demand within agreed budgets. She noted that this remained one of the most challenging aspects for all four Trusts, particularly counting existing workforce pressures. While workforce modelling had already been discussed, she highlighted the need for stress testing and confirmed that the Foundation Group was considering conducting its own internal stress testing exercises, in addition to those planned by NHS England (NHSE). She concluded that the Foundation Group's collaborative environment could allow for more detailed and tailored testing. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chair sought assurance on the Partnership Trust's role in supporting patient flow ahead of winter. The Acting Chief Operating Officer for WAHT reported improved collaboration with the Health and Care Trust, evidenced by a reduction in patients with no criteria to reside and increased bed availability in the Pathway Discharge Unit at WAHT. He noted that internal preparations for a system-wide discharge programme, set to launch in early September 2025, were already delivering benefits. While current data on community hospital LoS was unavailable, he expressed confidence in ongoing progress. The Group Chief Executive acknowledged the Group Chair's concerns and noted that the issue appeared to be one of patient choice rather than access, which was particularly concerning. He expressed confidence in the collaboration across Clinical Operational Units and the strength of the plans presented. He emphasised the importance of electronic bed management systems, noting that the transparency of real-time bed availability was a critical factor in improving patient flow. The Group Chief Executive referred to the final slide of the presentation, which indicated a shortfall of 188 beds. Whilst this was a significant figure, he pointed out that the average LoS data across the Foundation Group revealed a 45% variation between the highest and lowest performing sites, suggesting substantial opportunity for improvement in flow. He continued that he was surprised internal professional standards had not been explicitly included in the flow section of the presentation and sought confirmation on whether the agreed clinical process timelines were being refreshed ahead of the winter period. The Chief Operating Officer for WVT confirmed that work had started to refresh these ahead of winter. The Group Chair requested further work be done on flow ahead of winter. Emphasising the importance of having a consistent and reliable measure of flow across the Foundation Group to operational planning and oversight.	**COOs**

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	Simon Murphy, NED and Vice Chair for WAHT queried about the consistency of consultant-led ward rounds across the Foundation Group. Specifically, whether patients requiring urgent attention were being prioritised and discharge planning addressed early. The Chief Nursing Officer for SWFT confirmed that their Board Round Standard Operating Procedure (SOP) was being refreshed to reflect this prioritisation and offered to share it with others. The Chief Medical Officer for SWFT added that internal professional standards would reinforce this approach, including expectations for weekend rounds and criteria-led discharge. The Chief Medical Officer for WAHT confirmed that similar work was underway at WAHT with plans to share their model once implemented. The Acting Chief Executive for WAHT/WVT raised concerns about the recurring narrative around winter pressures and staff wellbeing. He noted that while the overall bed gap across the Foundation Group was significant, individual site shortfalls could appear less severe, potentially leading to complacency. He advocated for a shift in mindset from reactive to proactive, framing winter demand as predictable and controllable. Robert White, NED for SWFT, questioned the effectiveness of alternative healthcare provisions such as NHS 111 and primary care pathways. The Chief Operating Officer for SWFT confirmed that active engagement with system partners and ongoing stress testing with NHSE was taking place. She did however highlight the need for improved Mental Health planning, as well as the impact of ambulance services, and the effectiveness of extended GP hours. She emphasised that weaknesses in community services would directly affect acute care, making this a continued area of focus. **Resolved – that** **(A) the Chief Operating Officers develop a consistent measure of flow across the Foundation Group ahead of winter to aid with operational planning and oversight, and** **(B) the UEC and Winter Plan Planning, Preparedness and Assurance Stocktake for 2025/26 be received and noted.**	**COOs**
25.050	**EQUALITY UPDATE REPORT** The Chief People Officer for WAHT presented this report which provided a summary of key developments in equality, diversity, and inclusion (EDI). She noted that each Trust had published individual equality reports on their respective websites for further detail. The Chief People Officer for WAHT emphasised that the summary reflected areas of collective progress over the past year, as well as initiatives the Foundation Group was particularly proud of. She acknowledged the strength and growth of staff networks across the Foundation Group. While the structure and naming of these networks varied between Trusts, they consistently served as safe and inclusive spaces for staff to engage in dialogue and action around protected characteristics. She explained that allies were actively encouraged and engagement within these networks had continued to grow, which was evident by annual staff survey data.	

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The Chief People Officer for WAHT added that survey data informed statutory race and disability reporting and enabled targeted, localised action planning. Each Trust had reported on its use of staff survey insights to drive improvements with a focus on year-on-year progress. Inclusive recruitment remained a shared priority across the Foundation Group and whilst approaches differed, all Trusts were working to widen access to ensure fair recruitment processes and promote employment opportunities within the communities they served.

The Chief People Officer for WAHT concluded that training and development were identified as key tools in addressing inequality and promoting anti-hate messaging. The presentation included examples such as active bystander training and neurodiversity awareness programmes, noting that all Trusts were now working proactively in the neurodiversity space. This involved implementing toolkits, resources, and training to support colleagues. With approximately one in seven people in the UK identifying as neurodiverse, awareness and support were steadily increasing across the Foundation Group.

The HR Director for SWFT provided a summary of national staff survey outcomes, noting that results across all thematic areas had remained broadly static. However, she highlighted that in contrast to the national trend, where engagement scores had declined for acute trusts, all four Trusts within the Foundation Group had demonstrated improvement in their engagement scores. This was recognised as a significant achievement with each Trust positioned within the "strong and improving" category on comparative charts circulated at the time of the survey's release. The HR Director for SWFT emphasised the importance of the engagement score as a key indicator within the wider EDI agenda, reflecting the extent to which staff felt engaged and listened to across the Foundation Group.

The Chief People Officer for WVT concluded by highlighting that promoting EDI, as well as addressing health and workforce inequalities, had been formally embedded into the performance appraisal framework for all Board members. This had become a key requirement within the appraisal process, reinforcing the strategic importance of EDI at the highest levels of leadership. He confirmed that across the Foundation Group, there was a strong and collective commitment to fostering an inclusive and compassionate culture. Senior managers were actively encouraged to sign up to the NHS Inclusive Leadership Pledge, enabling them to lead with kindness and compassion in their day-to-day operations. He noted that the overarching aim of this work was to create the right culture, the right working environment and the right experience for every individual across the Foundation Group.

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

The Group Chair reinforced the importance of developing a culture rooted in kindness and compassion. He acknowledged comments shared in the meeting

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	chat regarding unacceptable societal discourse and emphasised that such behaviour had no place within the Foundation Group. The Group Chair explained that kindness and compassion were essential leadership qualities, applicable to all staff regardless of role, and that every individual within the four Trusts served as an ambassador for the organisation. He reiterated the principle that "civility saves lives," underscoring the responsibility of healthcare professionals to model commendable behaviour, irrespective of external societal challenges. The Group Chair took the opportunity to commend Simon Murphy, NED and Vice Chair for WAHT, and Oli Hiscoe, ANED for SWFT, for their outstanding contributions to staff networks and volunteer support. The Managing Director for GEH acknowledged the breadth of initiatives underway and suggested that future EDI reports be further enhanced by including impact and comparative data, such as likelihood of being shortlisted, staff experience, and progression metrics. She noted that given the range of approaches being implemented across the Trusts, there were likely to be areas of high effectiveness as well as those requiring further development which would provide valuable insight and help identify best practice.	**CPOs**
	Resolved – that **(A) the Chief People Officers include impact and comparative data in future EDI Annual Reports, and** **(B) the Equality Update Report be received and noted.**	**CPOs**
25.051	**NHS OVERSIGHT FRAMEWORK (NOF)** The Group Chief Executive presented this report which provided an overview of the revised NOF. He explained that the updated framework, shaped by a national consultation, introduced a streamlined, rules-based approach that replaced previous judgement-based segmentation. Performance improvements now triggered automatic upward movement through segments, with implications for freedoms, incentives, and intervention regimes. Q1 results were provisionally available with full data expected later in August 2025. The Group Chief Executive clarified that the framework ranked organisations comparatively, meaning a Trust's position could decline even if its performance remained stable if other trusts improved. Organisations in the lowest quartile were subject to capability assessments and potential placement in segment five under the Provider Improvement Programme. The framework focused on three core elements: operational performance (including Cancer, RTT, and Accident and Emergency (A&E)), finance and productivity, and quality. Acute providers with A&E departments faced more indicators than specialist trusts. Strong performance could unlock access to the Foundation Trust pipeline and integrated care opportunities, while a financial override prevented Trusts in deficit from scoring above segment three. The Group Chief Executive continued that efforts were underway to reset block contracts, particularly in urgent care, to ensure activity was appropriately funded. He also noted the importance of aligning board-approved plans moving forward with delivery	

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profiles across the year, as performance against these plans would be assessed under the new framework. The Group Chief Executive acknowledged the need for future indicators to reflect strategic goals such as prevention and tackling inequalities, though data maturity remained limited.

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

The Managing Director for GEH sought clarification on the timing of the proposed activity reset and potential changes to the payment-by-results model, and whether they were expected to take effect within the current or next financial year. The Group Chief Executive confirmed that data capture had begun and that changes were expected within the current financial year, influencing future financial planning.

Frances Martin, NED and Vice Chair for WVT, welcomed the simplification of the framework but cautioned that measurable indicators did not always reflect areas of greatest impact. She advocated for continued focus on upstream solutions. The Group Chief Executive agreed and noted the challenge of balancing individual accountability with system-wide collaboration.

The Acting Chief Executive for WAHT/WVT supported the revised NOF and sought clarification around the need for more responsive and timely transitions between performance segments, noting that entry into a segment could be swift while exit had historically been slow. Also he commented on the framework's planning approach, which assessed delivery against agreed plans, and acknowledged this as a sound principle but noted that the current year was transitional, with past planning often misaligned with operational realities. He anticipated some short-term challenges but believed the framework would ultimately improve clarity and outcomes. The Group Chief Executive agreed and emphasised the importance of integrating segmentation into the broader outcomes framework. He reiterated the need for clear, rules-based criteria for national interventions and stressed that performance oversight should be aligned with meaningful improvement and support.

The Managing Director for WVT raised concerns about the financial override in the revised NOF. She noted that, unlike other domains where performance was assessed based on delivery against plan, the financial domain imposed a fixed cap, preventing organisations in deficit from progressing beyond segment three, even if they were meeting agreed recovery plans. She felt that this approach could be discouraging for Trusts with multi-year plans to return to financial balance and advocated for a model that recognised progress over time. The Group Chief Executive confirmed that while being on plan contributed positively to scoring, the financial override remained in place. He acknowledged that this affected three organisations within the Foundation Group and referenced national leadership's stance that Trusts reliant on deficit support could not be rated as high performing. He emphasised the need for a fair

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	funding allocation methodology, which was still in development, and noted that WVT would have qualified for segment two if not for the override. **Resolved – that the NOF report received and noted.**	
25.052	**FOUNDATION GROUP STRATEGY COMMITTEE (FGSC) REPORT FROM THE MEETING HELD ON 17 JUNE 2025 (INCLUDING FGSC ANNUAL REPORT AND SELF-ASSESSMENT OF EFFECTIVENESS)** This report was taken as read with no comments received. **Resolved – that the FGSC Report from the meeting held on 17 June 2025, including the FGSC Annual Report and Self-Assessment of Effectiveness, be received and noted.**	
25.053	**ANY OTHER BUSINESS** No further business was discussed. **Resolved – that the position be noted.**	
25.054	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
25.054.01	Jeremy Shearman – SWFT Staff Governor (Medical and Dental) The following question was asked by Jeremy Shearman, SWFT Staff Governor (Medical and Dental): *"We have heard a lot about organisations continuing to do what they have always been doing and trying to do it better. But what I have not heard much about is clinical research and innovation. Is there a separate forum in which the Foundation Group talk about an aligned strategy for adopting clinical research and innovate practice?"* The Group Chair noted that he and the Acting Chief Executive for GEH/SWFT had recently met with Warwick Medical School (WMS) to discuss research collaboration. The Managing Director for GEH confirmed that efforts were underway to strengthen group-wide research activity. A Group Research Lead had been appointed, and plans were in place to convene research leads and Chief Medical Officers from across the organisations after the summer to explore opportunities for joint research and income generation. The Group Chair expressed his aspiration for all parts of the Foundation Group to achieve University Trust status, highlighting the strong educational partnership between GEH and Coventry University as an example of potential. The Acting Chief Executive for GEH/SWFT added that discussions with Warwick Business School (WBS) had also identified promising opportunities for collaboration in research and leadership development.	

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 August 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
	Resolved – that the position be noted.	
25.055	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
25.056	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
25.057	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 MAY 2025**	
25.058	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.059	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 18 MARCH 2025**	
25.060	**ANY OTHER CONFIDENTIAL BUSINESS**	
25.061	**JOINT ELECTRONIC PATIENT RECORDS PROGRAMME UPDATE – SWFT / GEH ONLY**	
25.062	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on Wednesday 5 November 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair) Date: 5 November 2025
Russell Hardy

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST
GEORGE ELIOT HOSPITAL NHS TRUST
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
WYE VALLEY NHS TRUST

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 6 AUGUST 2025

AGENDA ITEM	ACTION	DUE DATE	LEAD	COMMENT
ACTIONS COMPLETE				
ACTIONS IN PROGRESS				
25.049 (06.08.2025) Urgent and Emergency Care and Winter Plan Planning Preparedness and Assurance Stocktake 2025/26	The Chief Operating Officers look into a consistent measure of flow across the Foundation Group ahead of winter to aid with operational planning and oversight.		A Parker / H Heran / C Douglas / R Snead	
25.050 (06.08.2025) Equality Update Report	The Chief People Officers include impact data in the annual EDI report moving forward.		A Williams / A Keoltan / G Etule	
REPORTS SCHEDULED FOR FUTURE MEETINGS				
25.028 (07.05.2025) Outpatients Deep Dive	Clinical leadership and engagement for Patient Initiated Follow Up (PIFU) be agreed to help drive delivery.	5 November 2025	C Agwu / N Rashid / V Baskar / J Walton	Update as of 30 July 2025 – Chief Medical Officers requested that an update against this action be deferred to November 2025 meeting to allow further discussions to take place.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**09/09/2025**
Title of Report:	Chief Executive Officer's Report
Lead Executive Director:	**Chief Executive Officer**
Author:	Stephen Collman
Reporting Route:	
Appendices included with this report:	None
Purpose of report:	☐ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

This report is to brief the Board on various local and national issues.

Recommended Actions required by Board or Committee

The Trust Board is requested to note this report.

Executive Director Opinion[1]

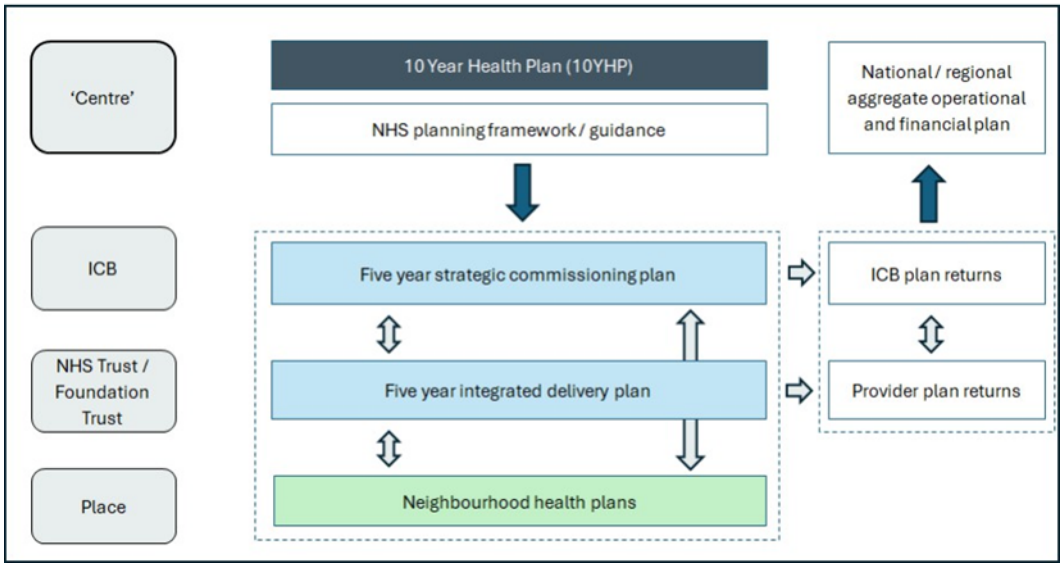
1. **Planning Guidance**

   The draft planning guidance has been issued, with an expectation that through quarter 3, the ICB will finalise a 5-year strategic commissioning plan, and the Trust will develop a 5 year integrated delivery plan. The plans will then be authorised in quarter 4 ahead of the 2024/25 financial year. This will obviously be disproportionately important to set out the framework for the Trust, but the multi-year approach is to be welcomed.

Wells Jo 05/09/2025 10:27:03

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

The relationship between the key elements is set out below.



The Neighbourhood health plans will be developed by health and social care partners and be signed of by Health and well being boards.

2. National Oversight Framework

We are expecting publication of the new national performance league tables and the segmentation of the Trust. There are 4 segments, with a 5 representing those Trust who require intensive support. Financial deficit support and financial productivity are key measures that will limit the segment that can be achieved. As a consequence of those measures it is expected the Trust will be segment 4.

3. Board Capability Assessment

The Trust has received the national Board capability assessment and needs to be completed by October 22nd. We will take through committees and Board prior to submission. The assessment is co-ordinated on 6 themes:

- Strategy, Leadership and Planning
- Quality of Care
- People and Culture
- Access and Delivery of Services
- Productivity and Value for Money
- Financial Performance and Oversight

4. ICB Update

NHS Herefordshire and Worcestershire and NHS Coventry and Warwickshire Integrated Care Boards continue to move towards the cluster arrangements. The chair appointment has been confirmed as Crishni Waring. The Place arrangements for Worcestershire

remain and looking to take forward the developing neighbourhood health agenda. The eight-month integrated neighbourhood accelerator sites programme concluded and the learning has been collated to inform the future.

5. Resident Doctors

There is a new ten-point plan to improve the experience and working conditions for resident doctors. The summary is set out below. The CMO is leading the Trusts implementation, monitoring and evaluation of our progress.

a. Trusts should take action to improve the working environment and wellbeing of resident doctors
b. Resident doctors must receive work schedules and rota information in line with the Code of Practice
c. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing
d. All NHS trust boards should appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to trust boards.
e. Resident doctors should never experience payroll errors due to rotations
f. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating
g. Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours
h. Resident doctors should receive reimbursement of course related expenses as soon as possible
i. We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery
j. We will minimise the practical impact upon resident doctors of having to move employers when they rotate

6. More From Our Great Teams

a. Surgical Hub Accreditation

The elective surgical hub at the Alexandra Hospital has been successfully accredited as part of NHS England's Getting It Right First Time (GIRFT) programme. Hubs bring together the skills and expertise of our dedicated staff under one roof, with protected facilities and theatres, helping to deliver shorter waits for surgery. As they are separated from emergency services, their surgical beds can be kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations.

The accreditation team praised the welcoming, friendly team for providing high quality care delivered in an efficient way, with an excellent approach to quality improvement.

b. Cardiology Pharmaceutical Grant

Congratulations to Consultant Cardiologist, Dr David Wilson who has received a pharmaceutical grant to lead a research project which will aim to identify those at risk of rare life-threatening heart conditions and get them a diagnosis and treatment earlier.

Dr Wilson will set up specialist heart screening clinics in Worcestershire to spot those who could develop Transthyretin Amyloidosis Cardiomyopathy (ATTR-CM). It is hoped that identifying those most at risk of the condition – which was previously considered untreatable - can lead to an earlier diagnosis and more timely and effective treatment.

c. Garden Transformation

Thank you to more than 30 local volunteers who have given two gardens at the Alexandra Hospital a major transformation, creating a welcoming space for patients, visitors and staff.

The project, led by Redditch 41 Club – part of the Redditch Round Table family – turned an overgrown courtyard near the Emergency Day Care Centre into a bright and accessible garden with new seating, decorative features, fresh gravel, bark and planting, as well as refurbishing the League of Friends coffee shop garden.

The League of Friends coordinated the transformation with hospital staff and supported volunteers throughout the project.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Integrated Performance Report

Trust Board

SEPTEMBER 2025

ACTING CHIEF EXECUTIVE OFFICER – EXECUTIVE SUMMARY

Stephen Collman

Acting Chief Executive Officer

With extreme demand for emergency care becoming routine, July was another high-pressured month with over 8,000 ED attendances. Nevertheless, we saw continued improvement in our performance in both ambulance handovers and triage times and, as a result, we have now been designated as a Tier 2 organisation rather than Tier 1, reflecting incredibly hard work by our teams.

Improvements have also continued in elective care, with reductions in waiting times and accreditation achieved for our new Alexandra Redditch Elective Hub.

Cancer referral numbers remained high, which impacted our performance against waiting time targets. Recovery plans are in place and we hope to start seeing significant improvements in September.

Operational performance was reflected in Friends and Family Test recommendation rates, with the target being met in inpatient and maternity services but not in outpatients or ED.

We also continued to see issues in the fractured neck of femur pathway as we continue to struggle to meet the time to theatre target. We also saw the number of falls increase, though this remains below the national benchmark. There were also increased numbers of hospital acquired pressure ulcers and of and infections.

More positive performance was seen in antimicrobial stewardship, and quality improvement programmes continue in areas such as sepsis care and implementation of Martha's rule. We also continue to improve our responsiveness to complaints.

We have continued our focus on staffing and saw a further reduction in turnover and in sickness related to stress. However, sickness rates overall remain above target.

Reducing our reliance on agency staff remains one of our greatest challenges. While we have reduced expenditure, numbers of agency staff working in July remained high, particularly in the Medicine Division.

In terms of financial performance, our Month 4 position was favourable at £0.1m ahead of plan. However, this was driven by some one-off benefits, which offset under-delivery of our Cost and Productivity Improvement Plan (CPIP), which is key to achieving our annual financial plan. We have strengthened the governance arrangements relating to productivity, efficiency and delivery of the biggest CPIP plans and hope to see improvements in the coming months.

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

Antimicrobial stewardship continues to show reasonable performance, with around 90% of all antimicrobial prescriptions being in accordance with best practice. Fractured neck of femur performance continues to be a concern, but the impact of the changes around resident doctor staffing and the creation of a new orthopaedic ward to help manage 'outliers' has not yet come through fully in the data. Despite the poor performance of getting patients to theatre in a timely fashion, mortality rates remain low in comparison to national benchmarks in this patient group.

Management of the deteriorating patient work is continuing, with Trust workstreams working towards improving sepsis care and earlier identification of the deteriorating patient with Martha's rule programme.

In July 25 cases of CDiff increased to 33 (from 23 in June 25) but still below the threshold of 43. E Coli has increased in June with a YTD total of 35 (threshold 37). MSSA increased in June at a YTD total of 12, with the threshold at 12. MRSA increased in month with 1 case, Year to date total of 2, failing threshold of zero. Klebsiella has also increased in July 25 with a total of 5 whilst pseudomonas aeruginosa BSI decreased in month with 1 case, with a YTD total of 6. Ten of the eleven high impact intervention audits were compliant in July . Risks identified are the timely isolation of infective patients alongside the capacity challenges.
The complaint compliance target to close within 25 days did not meet the target in July (65%). The Trust had an increased number of complaints still open at the end of July at 116 compared to 96 in June 25. Surgery Division account for 45 of the 116 open complaints followed by Women and Childrens at 25, and a total of 22 complaints overall had breached 25 days.

Sarah Shingler

Chief Nursing Officer

Wells Jo 05/08/2025 10:27:03

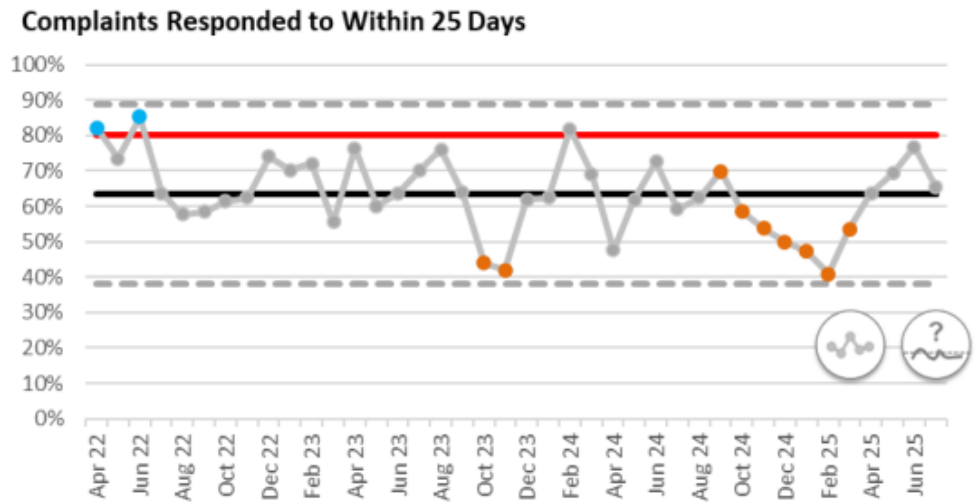
The total number of falls in July has increased to 116(from 102 in June) and still remains below the national benchmark with 4.23 total falls per 1,000 bed days (national benchmark of 6.63). Highest number of falls in Speciality Medicine Division (46) due to increased LOS and acuity, with 2.6% classed as moderate harm, none with severe harm. The total number of HAPUs in July increased to 20 from 12 in June (0.54 HAPU per 1,000 bed days). There was 1 x cat 3 (spec med) and 1 x cat 4 (surg) HAPU's reported in July, round tables are in progress.

The friends and family recommended rates have met the recommended target (95%) across inpatients (96.3%) and increased in maternity (97.8%). Outpatients have decreased to 93.7% along with ED whose rates have also decreased in July to 83.6.%. Response rates have all increased. Patient Experience Lead Nurse and Quality Matron continue to monitor and review the use of FFT throughout QAV visits and Ward Accreditation processes, alongside the Inpatient Survey.
All Divisional teams continue to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count.

OUR QUALITY AND SAFETY - COMPLAINTS

We are driving this measure because

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints services can be effective in resolving the majority of complaints, queries or outstanding concerns.



Understanding the performance

- Compliance with complaints closed within 25 days dropped, for the first time Feb-25, to 65.3% in Jul-25.
- This metric is showing common cause variation.
- In total there were 90 new formal complaints received within Jul-25 with 42 (57.53%[1]) called within 5 days to discuss the complaint.
- The Trust had 116 complaints still open at the end of Jul-25, of which 20 have been reopened.
- Of these 116 complaints, 22 have breached 25 days (4 of which have been reopened).
- Surgery Division accounts for 45 (38.8%) of the open complaints, followed by W&C 25 (21.6%), Urgent Care 19 (16.4%), Specialty Medicine 16 (13.8%), SCSD 8 (6.9%) and Corporate 3 (2.6%).
- *NOTE: Figures correct at time of snapshot and may differ from live figures.*

[1] *The Denominator used when calculating the "% New Formal Complaints Telephoned in 5 Days" excludes those New Complaints received in the last 5 working days of the month*

Actions (SMART)

Both the complaints team and the divisions continue to promote the value and importance of the call to the complainant with in 5 working days. This has seen an improvement in compliance and is reflected by the positive increase in the number of calls made. The promotion and support for this timely call will continue.

The complaints team are analysing the Further Concerns/Re-opened complaints to identify the reasons. From this data we can establish if the reason could have been avoided and share this with the divisions to action.

The Complaints Review Group is still in its early stages but continues to aim to work with divisions to support in identifying challenges and resolutions to enable targets to be met.

The weekly Sit Rep containing a snapshot of the current complaint status provides data to the divisions to enable them immediately to identify potential breaches and work towards preventing them.

Responding to Complaints training continues to be delivered to provide investigators and complaint response writers support and guidance to help in ensuring all complaint issues are captured and responses fully address the complaint reducing the likelihood of a Further Concerns. 55 Members of staff attended training in Q1, with an overall total number of staff trained being 124.

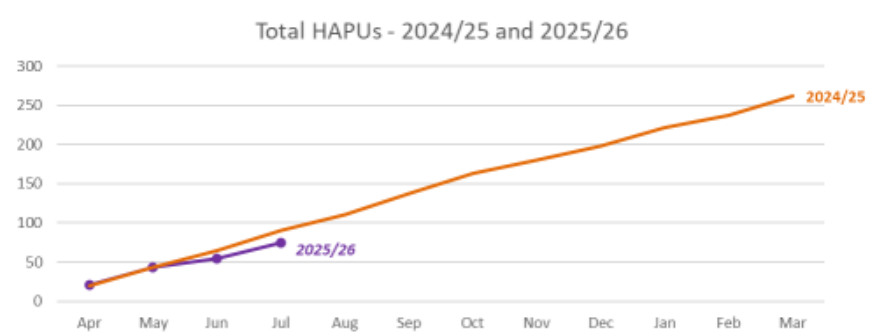
Risks

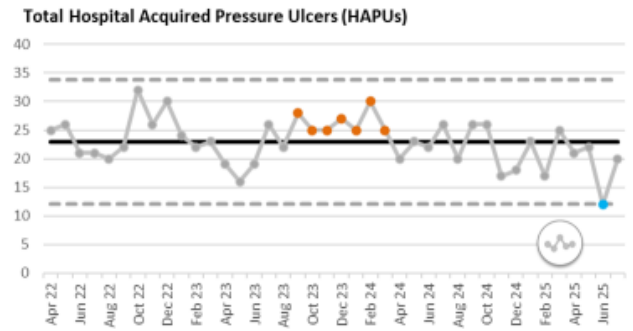
- Reputational Damage, further resource depletion due to ongoing correspondence with extended open cases, distress to patients and relatives

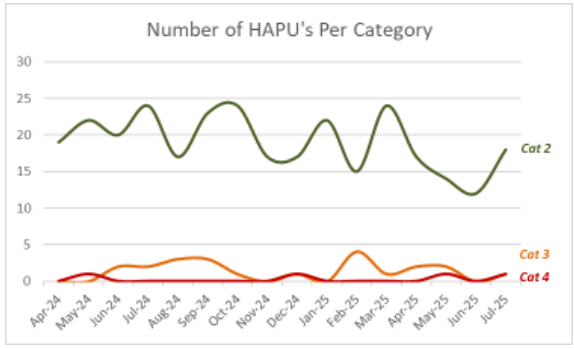
OUR QUALITY AND SAFETY – PRESSURE ULCERS

We are driving this measure because

In support of WAHT Quality and Patient safety plan priorities to improve on our progress achieved in reducing the number of causative hospital acquired pressure ulcers (HAPU).







Understanding the performance

- The number of HAPUs increased in Jul-25 to 20 (12 in Jun)[1].
- This metric is showing common cause variation
- The total number of HAPUs for the year to date is 75, this is below the same period last year (91)

- Total HAPUs per 1,000 bed days increased in Jul-25 to 0.54 (0.45 in Jun)
- HAPUs as a % of Emergency Admissions also increased in Jul-25 to 0.71% (0.43% in Jun)

- Break down of reportable HAPU by division

Reportable (By Division/Ward)

Division	Location	31/07/2025 Cat 2	Cat 3	Cat 4	Total
⊞	SCSD	3	0	0	3
⊞	Specialty Medicine	5	1	0	6
⊞	Surgical	8	0	1	9
⊞	Urgent Care	2	0	0	2
Total		18	1	1	20

- Pressure Ulcers Present on Admission (POA) increased in Jul-25 to 220 (205 in Jun):

31/07/2025					
Cat 2	Cat 3	Cat 4	DTI	Unst.	X
133	30	10	17	26	4
133	**30**	**10**	**17**	**26**	**4**

[1] Figures extracted on 12/08/2025 and are subject to change dependant on grading review.

Actions (SMART)

- TV Team developed & commenced GAP audit across divisions to audit TV Skin Bundle documentation (May – June 2025 : 100 pts in total
- Monthly PUP training (Essential to role :2 yearly): , Mattress training &Categorisation Workshops, delivered by TV Team to support with improving pressure Ulcer categorisation/reporting.
- Tissue Viability HAPU Investigation tools updated :CAT 2 Asssking and SBAR investigation
- PUP training % s : July 2025 = 92.48%
- Local Monthly monitoring of Moisture Associated Skin Damage to enable bespoke education & training to areas with an increase.
- WAHT-NUR-089 - Care of skin in relation to Tissue Viability completed .

Division	Identified learning
SCSD	• Continued documentation when patients decline repositioning • Involving patients in understanding importance of repositioning and PUP care Plans.
Surgery	• TVN themes and trends continue to be shared in the weekly governance meeting to ensure learning is shared across the division. • Learning packs to disseminate information to ward staff. • SBARs continue to be discussed and reviewed in the Weekly Divisional Governance meeting to maintain grip and control following a TV-related Regulation 28. • This process will continue until the DMT have assurance that compliance with PUP and recognised themes and trends identified in TV incidents have efficient action plans.
Medicine& Therapies **Urgent care**	• Re sharing the TV 'Waterlow Top Tips 'across the division to support care. • Poster designed by Division to advertise TV Team Training programme. • All WM advised advocated to ensure adequate supply of Heel offloading cushions available • Meeting with ED band 7 Link and PDN for feedback form Dept.
Medicine& Therapies **Spec Medicine**	• TVN themes and trends continue to be shared in the weekly governance meeting to ensure learning is shared across the division. • The Division continues to learn from patient safety incidents and share the learning from documentation reviews in the Weekly Divisional Governance meetings • Ward Managers on Beech B have added to their ward agenda to discuss with their PURAT completion within 6 hours on transfers. • Good evidence of reporting pressure damage on admission • Management and awareness of MASD •

Reportable HA Moisture associated Skin Damage	
Med & Therapies **Urgent Care**	0
Med & Therapies **Spec Medicine**	8
Surgery	3
SCSD	0
W&C	0

Risks

- 5807 (16) Extreme – Inappropriate and inaccurate wound assessment documentation upon the Trust's EPR system; increasing the risk of patient harm.
- 5173 (10) HIGH – Tissue viability documentation on Sunrise EPR, increased risk of staff inability to document safe care.
- 5306 (6) MODERATE – An increased risk of Incomplete SSKIN bundles due to non mandatory areas available in EPR.
- 5887 (6) MODERATE – As a result of Ramblegard being used (between mattress and sheet), risk of skin damage may occur, which could lead to patient harm.

- **IPC RISK related to Mattress contract** : 5979 (9) MODERATE: Risk to patients of HCAI from damaged or incorrectly decontaminated mattress covers .