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

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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.

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25.044	**DECLARATIONS OF INTEREST**	

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	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	

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	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	

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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.

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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

MINUTE		ACTION
	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.	

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

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