



### **Health and Social Care Scrutiny Board (5)**

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**Time and Date**

11.00 am on Wednesday, 29th November, 2023

**Place**

Diamond Rooms 1 and 2 - Council House, Coventry

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes**

(a) To agree the minutes of the meeting held on 18th October 2023  
(Pages 3 - 8)

(b) Matters Arising

**4. A&E Waiting Times (Pages 9 - 14)**

Report of the Chief Operating Officer, UHCW

**5. Work Programme and Outstanding Issues (Pages 15 - 22)**

Report of the Scrutiny Co-ordinator

**6. Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

**Private Business**

Nil

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Julie Newman, Chief Legal Officer, Council House, Coventry

Tuesday, 21 November 2023

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services [caroline.taylor@coventry.gov.uk](mailto:caroline.taylor@coventry.gov.uk)

Membership: Councillors S Agboola, J Gardiner, S Gray, L Havard, A Hopkins, A Jobbar, C Miks (Chair), B Mosterman and A Tucker

By Invitation: Councillors L Bigham, K Caan, G Hayre and S Nazir

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**Caroline Taylor, Governance Services**  
**caroline.taylor@coventry.gov.uk**

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at**  
**11.00 am on Wednesday, 18 October 2023**

Present:

Members: Chair for the meeting: Councillor L Harvard  
Councillor S Agboola  
Councillor S Gray  
Councillor A Hopkins  
Councillor A Jobbar  
Councillor B Mosterman  
Councillor A Tucker

Other Members: Councillor L Bigham (Cabinet Member for Adult Services)  
Councillor K Caan (Cabinet Member for Public Health, Sport and Wellbeing)  
Councillor G Hayre (Deputy Cabinet Member for Public Health, Sport and Wellbeing)

Employees (by Directorate)

Adult Services J Reading

Law and Governance G Holmes, C Taylor

Public Health A Duggal

Others Present K Drysdale, Deputy Director of Nursing: Clinical Transformation, ICB  
T Pilcher, Chief Nursing Officer, ICB

Apologies: Councillor J Gardiner, C Miks and S Nazir

## **Public Business**

### **14. Chair of the Meeting**

**RESOLVED that Councillor Harvard be appointed as chair of the meeting in the absence of Councillor Miks.**

### **15. Declarations of Interest**

There were no disclosable pecuniary interests.

### **16. To agree the minutes of the meeting held on 13th September 2023**

The minutes of the meeting held on 13<sup>th</sup> September 2023 were agreed and signed as a true record.

17. **Matters Arising**

Further to Minute 10, it was noted that the Boards comments were accepted by Cabinet at their meeting on 3<sup>rd</sup> October 2023.

18. **Coventry and Warwickshire All Age Palliative and End of Life Care Strategy 2023 - 2028**

The Board considered a briefing note of the Deputy Director of Nursing: Clinical Transformation and the Chief Nursing Officer, ICB, which provided an update on the Coventry and Warwickshire All Age Palliative and End of Life Care Strategy 2023 – 2028 and delivery plan.

More than half a million people were expected to die each year in the UK, and many were living with a life expectancy of less than one year at any one time. This was set to increase with a growing older population, so more people were expected to die at an older age. This provides the opportunity to plan and consider people's wishes and preferences for their end-of-life care and treatment.

In 2021 in Coventry and Warwickshire, approximately 9,000 people died: 45% of deaths took place in hospital, 30% at home, 20% in care homes and 4% in hospices.

A strategy brief for the proposed PEOLC strategy was presented in March 2023 and the feedback that was provided was taken into consideration in the development of the final version.

Five priorities had been identified for PEOLC for Coventry and Warwickshire:

- Provide information which focused on identification, early intervention, and support for people with palliative and end of life care needs.
- Access to timely palliative and end of life care with support throughout, for all of our diverse communities.
- Support people diagnosed with a life limiting condition and those who matter to them, carers, and communities.
- Improve the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.
- Deliver a sustainable system of integrated palliative and end of life care.

Next steps would be the approval of the Strategy via the relevant governance processes for a launch in January 2024.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, commended the report, stressing the need for dignity in end of life care and the requirement for clear and concise options, including technology, to support the community in the best way.

Members of the Scrutiny Board, having considered the content of the report and presentation, asked questions and received information from officers on the following matters:

- Hard to reach communities, those new to the city and those in digital poverty would be reached by the digital strategy, community work and working with individuals and their families to provide personalised care and support planning.
- A collaborative integrated care plan was rolled out both digitally and in paper form. Social care workers were trained on how to provide this and how to identify the non-digitally enabled.
- Poverty proofing work identified individuals who were financially challenged at end of life.
- Contact had been made with the British Legion and Ministry of Defence to support veterans and their families with life limiting conditions and those discharged from the armed forces.
- Support networks already in place were being utilised to help and assist veterans and their families including those veterans who find themselves homeless.
- Mapping and scoping had taken place to increase the reach of bereavement services, in particular, those with sudden bereavement. New webpages on the ICB website had been enabled and aligned to end of life care, using understandable language and with dedicated pre and post bereavement signposting.
- Providing the right service offer so those needing to use it have the right expectations.
- Bereavement suites in UHCW were enabled to deal with stillbirth and sudden death and partnership working with the voluntary sector and hospices was undertaken to ensure all ages were included within the strategy.
- Conversations had taken place with the more difficult to reach communities and scoping was underway to ensure engagement was possible however, relationships and trust would need to be built with these communities.
- The One Coventry approach along with the continuing engagement already undertaken, the Improving Lives Programme, Carers Trust Heart of England and work undertaken with specific voluntary sector providers, had improved dialogue with many communities.
- To ensure engagement with ethnic and hard to reach communities, evaluation mechanisms within the strategy delivery plan included an action trajectory for each quarter and bi-monthly board meetings where actions, outcomes and challenges were reviewed.
- The Migration team within the council supported migrants and asylum seekers on health and access to health care. The Midlands Health Migration Network held regular webinars and worked in partnership with stakeholders to achieve results. ICB colleagues were currently involved in providing an improved service specifically to migrants and refugees in Coventry.
- Support was in place for care workers who looked after end of life patients. This was recognised within the strategy.
- As part of the One Coventry approach, officers worked with end of life patients and organisations regarding benefits advice.
- An education and training framework was in place for everyone, not just health professionals supporting end of life patients.

Members requested the following information:

- A focus on how different cultures approach end of life care to be included within the delivery of the Strategy.
- How Members could assist with contacting minority groups to aid dialogue and communication for the Strategy.
- Information on illegal immigrants and visitors paying for NHS care.

The Chair, Councillor L Harvard, thanked the representatives of the Integrated Care Board and the Head of Commissioning and Quality, Adult Services for the update on the Coventry and Warwickshire All Age Palliative and End of Life Care Strategy 2023 – 2028 and delivery plan.

**RESOLVED that the Health and Social Care Scrutiny Board (5):**

- **Supports the publication of the Coventry and Warwickshire All Age Palliative and End of life Care Strategy 2023 - 2028.**

**19. Director of Public Health Annual Report 2022/23**

The Board considered a report of the Director of Public Health and Wellbeing: The Annual Report of the Director of Public Health 2023. The Director had a statutory responsibility to write an independent annual report and the Local Authority had a statutory duty to publish it. The Director for Coventry had chosen to focus their 1<sup>st</sup> annual report on the sexual health and wellbeing of young people.

Protecting our right to achieve good sexual health and fulfilling relationships was highlighted by the World Health Organization as a key part of creating safe, respectful communities/society. Working as partners, we can and should support children and young people in Coventry to develop the skills, knowledge and attitudes that will provide them with best opportunity to achieve these rights.

The report illustrated new and longstanding protective and risk factors influencing young people's ability to build healthy relationships and their confidence in accessing help when needed. The report recognised that societal and technological changes had been rapid, with positive and negative impacts on children and young people in Coventry. It highlighted that change was not new, and that by working collaboratively as an integrated system, we have the potential to secure these rights and better outcomes for every Coventry child, young person and community.

The report had been informed by the needs of the young people in Coventry. The issues and action taken are described in chapters:

1. Introduction – What do we mean by sexual health and relationships? why is this important?
2. Positive Foundations.
3. Relationships – Influences on behaviours and choices.
4. Reproductive health.
5. Gender and sexuality.
6. Healthy and unhealthy relationships– Recognising the signs.
7. Young people, sexual violence and exploitation.

8. Recommendations.
9. Where young people can find support in Coventry.

Councillor K Caan, Cabinet Member for Public Health and Wellbeing, welcomed the report advising the focus was on giving people the best start in life whilst recognising the challenges in health inequalities.

Members asked questions and received responses on the following matters:

- Equality issues within the reports' pictorial identification of couples and families.
- Availability and uptake of Pre-Exposure Prophylaxis (PrEP)
- Coventry case numbers relating to the recent Mpox outbreak, vaccination programme and ongoing treatment.
- Environmental factors affecting young people's health were not included within the report, but linked with the ongoing work with the Sports Strategy and use of green spaces.
- Ongoing work with local schools via PHSE to make children aware of the effects of accessing pornography.
- Awareness of the sexual health services via outreach work and schools.

Members requested the following information:

- Statistics comparable with the rest of the UK
- Ensure Intersex is included in the acronym LGBTQI+
- Uptake data of Mpox vaccinations
- PrEP availability and uptake in Coventry
- Investigation of the correct equalities terminology

**RESOLVED that the Health and Social Care Scrutiny Board (5):**

- 1) **Note the findings and recommendations of the Annual Report Public Health 2023 for Coventry.**
- 2) **Endorse the recommendations contained in the report.**
- 3) **Ensure future reports refer to "sex assigned at birth" throughout to remain in line with terminology as current used by central government.**
- 4) **Ensure intersex people are included within any future analysis made by the City Council when assessing health needs and health inequalities.**

20. **Work Programme and Outstanding Issues**

The Health and Social Care Scrutiny Board (5) noted the work programme.

**RESOLVED that the Health and Social Care Scrutiny Board (5) notes the Work Programme.**

21. **Any other items of Public Business**

There were no other items of public business.

(Meeting closed at 12.45 pm)





Coventry City Council

## Briefing note

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**To: Health and Social Care Scrutiny Board (5)**

**Date: 29<sup>th</sup> November 2023**

**Subject: A&E Waiting Times**

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### **1 Purpose of the Note**

- 1.1 To inform the Board on the current position in terms of waiting times, the impact of industrial action and steps taken to reduce waiting times. The report also includes an update on the current position with virtual beds.

### **2 Recommendations**

- 2.1 Health and Social Care Scrutiny Board are recommended to note the work being done with projects ongoing and planned to take place at UHCW to improve the quality of care for our patients, together with the ongoing challenges faced.

### **3 Background and Information**

- 3.1 Following their meeting on the 15<sup>th</sup> February 2023, the Board requested a further item to discuss what progress had been made in reducing A&E waiting times.
- 3.2 The Chair also requested further information on virtual beds.
- 3.3 This information can be found at Appendix 1

Appendix 1 University Hospitals Coventry & Warwickshire NHS Trust Report To Health And Social Care Scrutiny Board

Gennie Holmes  
Scrutiny Co-ordinator  
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**UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST****REPORT TO HEALTH AND SOCIAL CARE SCRUTINY BOARD****Wednesday 29<sup>th</sup> November 2023****1. INTRODUCTION**

- 1.1 The purpose of this paper is to provide an update on the current position of Urgent and Emergency Care (UEC) at University Hospitals Coventry and Warwickshire NHS Trust.
- 1.2 The paper also provides an update on virtual ward capacity and progress and an update on elective care and the impact of continuing industrial action.

**2. URGENT AND EMERGENCY CARE**

- 2.1 The national target for 4-hour performance within the Emergency Department is 76%. Year to date UHCW is performing at 72% in comparison with this.
- 2.2 Challenges to achieve this target are directly linked to bed occupancy which continue to be more than 98%. Occupancy is impacted by patient length of stay which remains above target due to a regular gap between admissions and discharges.
- 2.3 The Improving lives programme is a priority for UHCW and is integral to achieving an improved 4-hour performance and improved patient experience. It is a partnership programme, across Coventry Care Collaborative, which is about fundamentally changing the way we support people in Coventry with urgent need. It sets out to prevent avoidable hospital attendances and admissions, reduce hospital length of stay and ensure patient discharge as soon as medically fit.
- 2.4 A number of trials have already evidenced improvement and throughout January the improvements will be rolled out across all hospital wards so that the benefits can be realised for all patients across all specialities. This will be sponsored by senior leaders further evidencing the commitment of UHCW to achieve improvements for urgent and emergency care pathways.
- 2.5 In addition, a 'discharge pull' model of care will go live, 'pulling' patients into community provision as soon as medically fit, as part of the One Coventry Integrated Team model.
- 2.6 However, it is recognised that despite the ongoing improvement work that Improving Lives is delivering, there will be challenges with patient discharges to packages of care over the winter period.
- 2.7 There are several supportive strategies in place to aid the discharge process with the aim to reduce length of stay which include:
  - Regular escalation meetings.
  - Confirm and challenge weekly with all clinical groups for patients with long length of stay (LLOS) >14 days.
  - Discharge before 12pm and before 5pm weekly meetings to focus on driving early discharges.
  - Quarterly Multi Agency Discharge Event (MADE) meetings.
- 2.8 Ambulance handover performance remains a priority in order to ensure patients are handed over to the Emergency Department within 15mins and wait no longer than 30mins, thereby releasing paramedic crews to respond to outstanding calls.

- 2.9 Whilst this remains a challenge, UHCW compared favourably compared to the West Midlands.
- 2.10 Year to date 40% of patients have been handed over within 15 mins compared to a West Midlands average of 36%. In addition, 80% of patients have been handed over within 30mins compared to a West Midlands average of 73%. During the same time period 7% of patients waiting in excess o 60mins for handover compared to a West Midlands average of 12%.
- 2.11 To support ongoing improvement, in ED there is daily focus and review of ambulance handover times. A regular 'huddle' in ED is in place, in conjunction with the HALO, to review daily performance and respond accordingly. This is proving beneficial and will continue over the winter period.
- 2.12 In addition, Same Day Emergency Care (SDEC) continues to be operational providing an option to avoid hospital admission for those who are suitable. Over the winter period opening times will be 0800-2200 7 days per week. Medical SDEC currently treats, on average, 55 – 60 patients per day. The Medical SDEC model is Consultant lead and supported by a multi-disciplinary workforce mainly comprising of senior clinical fellows and ACP's. Work is continuing to improve efficiencies and develop the offer, including bookable slots for patients who present out of hours or during surges of activity. This is aimed to be piloted in December 2023. This service routinely accepts more than 100 patients conveyed directly by WMAS each month.
- 2.13 Frailty SDEC is in place and will continue over winter in order to ensure patients avoid admission where possible. The opening hours are 0800-2000 5 days per week. The Frailty SDEC model is Consultant lead and supported by a multi-disciplinary workforce comprising of ACP's, Pharmacists, REACT and a Social Worker. Work is continuing to develop and increase throughput through this service, this includes a bespoke telephone number for paramedics to call to discuss suitability of direct conveyance and a push model instead of pull model into the service.
- 2.14 To be more resilient, the Emergency Medicine Group have been working through several transformation projects to provide efficiencies in the system thus building capacity and resilience. Examples of this include:
- Direct Access Pathway ward moves to collocate Acute Medicine services in one location.
  - Review of Directory of Services to ensure patients are appropriately directed.
  - Continuation of the co-located UTC to see, treat and discharge low acuity patients, this includes booking patients into appointment slots from ED overnight.

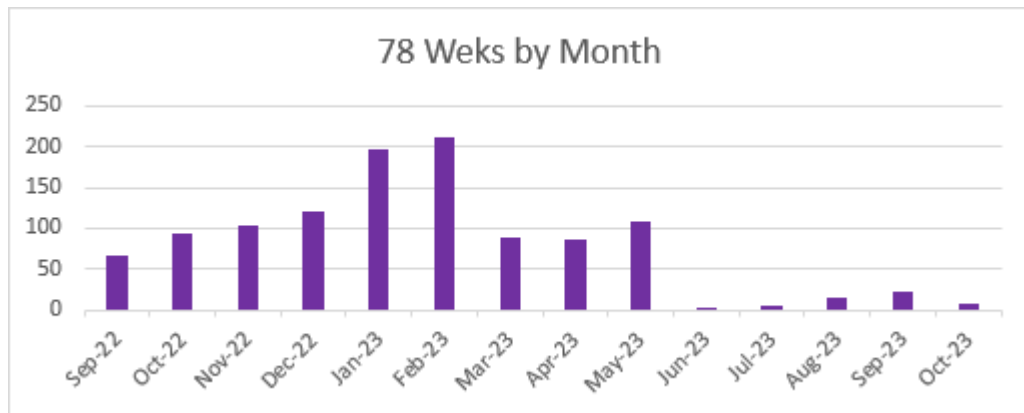
### 3. **VIRTUAL WARDS**

- 3.1 UHCW host a 40 bed capacity Hospital@Home virtual ward programme offering patients with acute illness a safe alternative to bedded care. The Hospital@Home service, lead by a medical consultant supports patients with frailty, heart failure, acute respiratory illness, infection and general medicine conditions. Hospital@Home has the capabilities to offer digital support in the home as well as administration of IV medications and medical monitoring.

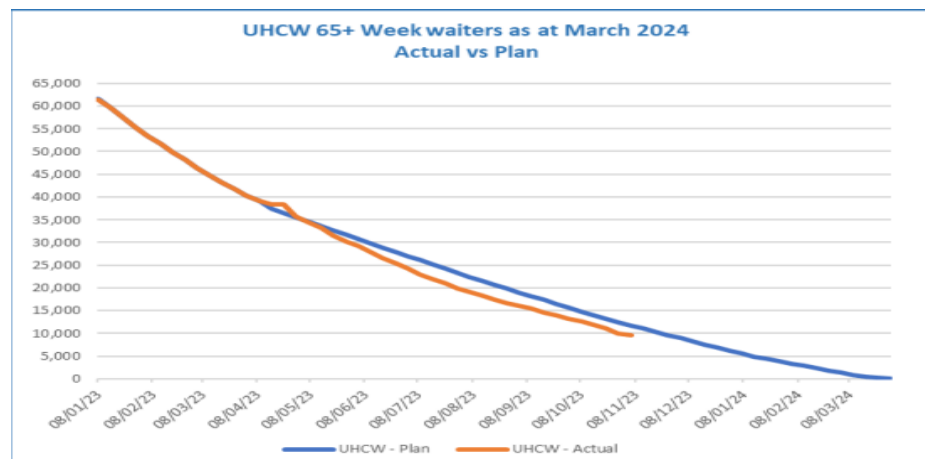
### 4. **ELECTIVE CARE**

The Trust continues to work hard to transform Elective Care and is focussed on reducing the number of patients on waiting lists, specifically 78, 65 and 52 weeks.

The graph below demonstrates the improvement in our 78 week performance since May 2023. Industrial Action has been a factor in hampering our ability to reach zero, as pathology and radiology delays were the most impacted services as a result of IA.

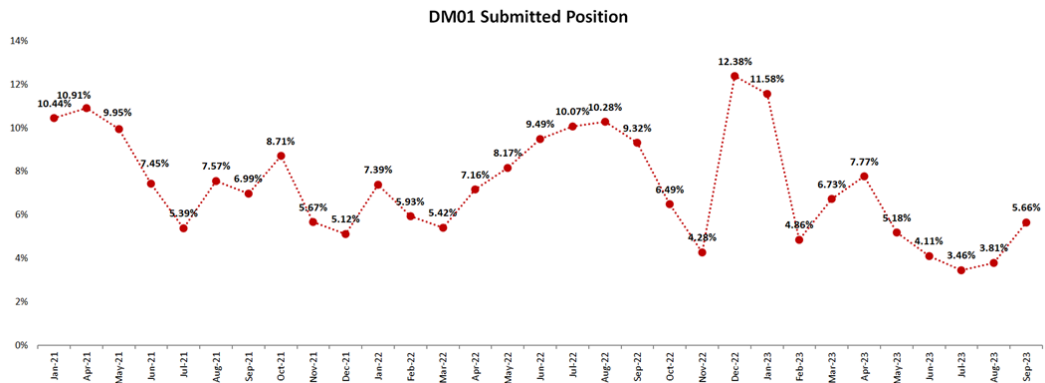


UHCW is ahead of trajectory to meet the 65-week target by March 2024. A range of short, medium and long term actions are in place to ensure the trajectory is maintained.



- Insourcing
- Outsourcing
- ISP use
- Mutual Aid
- PIDMAS
- Robust validation
- Consultant triaging of referrals via RAS platforms
- Additional sessions
- HVLC pathways

Our DM01 / Diagnostic performance has also seen a rapid improvement over the last 6 months with further improvement expected. Low waiting times for diagnostics will aid our ability to achieve 65 week performance by March.



**5. INDUSTRIAL ACTION IMPACT**

IA has had an impact on radiology and pathology turnaround times, which in turn delays pathways across the services, in particular for routine patients. There are over 1,700 MRI's to be reported and a 3 week delay for skin pathology results. Whilst this figure is reducing and improving, it is slower to recover. Mutual aid has been enacted for pathology across the system and outsourcing capacity has been secured.

**5 RECOMMENDATION**

There is an abundant amount of work with projects ongoing and planned to take place at UHCW to improve the quality of care for our patients. Health and Social Care Scrutiny Board are asked to note this, together with the ongoing challenges faced.

Name: Gabrielle Harris  
 Author Role: Chief Operating Officer  
 Date report written: 17<sup>th</sup> November 2023

# Agenda Item 5

Health and Social Care Scrutiny Board Work Programme 2023/24

Last updated 16<sup>th</sup> November 2023

Please see page 2 onwards for background to items

<b>19<sup>th</sup> July 2023</b>
- West Midlands Ambulance Service
<b>13<sup>th</sup> September 2023</b>
- Adult Social Care a) Annual Report 22/23 b) Performance Outturn 22/23
<b>18<sup>th</sup> October 2023</b>
- End of Life Strategy - Director of Public Health Annual Report
<b>29<sup>th</sup> November 2023</b>
- A&E Waiting Times
<b>17<sup>th</sup> January 2024</b>
- Changes to the POD Service - Managing ASC demand and levels of risk - Coventry & Warwickshire Integrated Health & Care Delivery Plan
<b>28<sup>th</sup> February 2024</b>
- Community Mental Health Transformation (provisional) - Child and Adolescent Mental Health (Invite SB2) - Improving Lives (provisional date)
<b>10<sup>th</sup> April 2024</b>
- Health Sector Skills Development
<b>2023/24</b>
- Adult Safeguarding Annual Report 2022/23 - Virtual Beds - Director of Public Health and Wellbeing Annual Report - Pharmaceutical Needs Assessment - Preparing for Adult Social Care CQC Assurance - All Age Autism Strategy 2021-2026 Implementation Update - Health Protection - Immunisations and screenings - GP Access - Health and Wellbeing in Schools – joint with SB2

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>19<sup>th</sup> July 2023</b>	- West Midlands Ambulance Service	WMAS have been invited to the meeting to discuss performance times.	WMAS
<b>13<sup>th</sup> September 2023</b>	- Adult Social Care a) Annual Report 22/23 b) Performance Outturn 22/23	To consider the ASC Annual Report and performance. This item can be used to identify areas for further scrutiny at future meetings.	Cllr Bigham Pete Fahy/ Andrew Errington
<b>18<sup>th</sup> October 2023</b>	- End of Life Strategy	To consider the End-of-Life Strategy.	Pete Fahy Jon Reading ICB – Kate Butler
	- Director of Public Health Annual Report	For Members to consider the DPH Annual Report 2023	Allison Duggal
<b>29<sup>th</sup> November 2023</b>	- A&E Waiting Times	Identified at the meeting on 15.02.23 to discuss what progress has been made to reduce A&E waiting times. To include the plans for seasonal pressures as we head into the winter season.	UHCW
<b>17<sup>th</sup> January 2024</b>	- Changes to the POD Service	Proposals to change the POD service are open for consultation on the 31 <sup>st</sup> October	ICB - Rose Uwins Angela Brady
	- Managing ASC demand and levels of risk	To scrutinise how ASC demand is managed and levels of risk are determined.	Pete Fahy/Sally Caren
	- Coventry & Warwickshire Integrated Health & Care Delivery Plan	To receive an annual update on the Integrated Care Joint Forward Plan	ICB Rachael Danter
<b>28<sup>th</sup> February 2024</b>	- Community Mental Health Transformation (provisional)	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.	Cllr Bigham Pete Fahy/ Sally Caren Coventry and Warwickshire Partnership Trust



Health and Social Care Scrutiny Board Work Programme 2023/24

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
	- Child and Adolescent Mental Health (Invite SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators. To include wider children’s mental health support.	Integrated Care System
	- Improving Lives (provisional date)	About shortening hospital stays, getting people home and stopping people going into hospital.	Cllr Bigham Pete Fahy UHCW CWPT
<b>10<sup>th</sup> April 2024</b>	- Health Sector Skills Development	Identified by Members to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry. People Board.	Integrated Care System
<b>2023/24</b>	- Adult Safeguarding Annual Report 2022/23	To receive and comment on the Adult Annual Safeguarding Board Annual Report.	Cllr Bigham / Pete Fahy/ Rebekah Eaves
	- Virtual Beds	Identified at the meeting on 15.02.23 – to consider how Virtual Beds work and the technology required for them to be successful.	UHCW CWPT ICB
	- Director of Public Health and Wellbeing Annual Report	To present the annual report for and feedback on progress from the previous report.	Cllr K Caan Allison Duggall
	- Pharmaceutical Needs Assessment	To consider the pharmaceutical needs assessment and the role of pharmacies in the system.	Cllr K Caan Allison Duggall

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Preparing for Adult Social Care CQC Assurance	To scrutinise the work being done in preparation for the reintroduction of CQC inspections of Adult Social Care from April 2023.	Pete Fahy
	- All Age Autism Strategy 2021-2026 Implementation Update	This report was scrutinised by the Board prior to it being approved by Cabinet in February 2022. The Board welcomed the ambitious plans and requested an update on its delivery.	Pete Fahy
	- Health Protection	To look at the Health Protection arrangements at Coventry City Council including lessons learnt from Covid	Cllr K Caan Allison Duggal
	- Immunisations and screenings	To understand the opportunities to improve the uptake of immunisations and screenings.	
	- GP Access	Invite the LMC as GP representatives.	
	- Health and Wellbeing in Schools – joint with SB2	To look at what is being done to promote health and well-being in schools and universities	

### Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- C&WCCG – Coventry and Warwickshire Clinical Commissioning Group
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire

Health and Social Care Scrutiny Board Work Programme 2023/24

- WMAS – West Midlands Ambulance Service

### Work Programme Decision Flow Chart

