Coventry City Council

# Agenda

## Health and Social Care Scrutiny Board (5)

**Time and Date**
11.00 am on Wednesday, 17th December, 2025

**Place**
Clinical Sciences Building, UHCW, Clifford Bridge Road, Coventry, CV2 2DX

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**Public Business**

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes** (Pages 3 - 12)

   (a) To agree the minutes of the meeting held on 19th October 2025

   (b) Matters Arising

4. **UHCW Performance** (Pages 13 - 28)

   Report of the Chief Strategy and Transformation Officer, J Richards, University Hospitals Coventry and Warwickshire NHS Trust

5. **Work Programme and Outstanding Issues** (Pages 29 - 36)

   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

Julie Newman, Director of Law and Governance, Council House, Coventry

Tuesday, 9 December 2025

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

Membership: Councillors F Abbott, S Agboola, S Gray, L Harvard, A Hopkins, L-A Howat (non-voting Co-opted Member), S Jobbar, M Lapsa, C Miks (Chair) and B Mosterman

By invitation Councillors: L Bigham, K Caan, G Hayre and D Toulson

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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, 19 November 2025**

Present:

| | |
|---|---|
| Members: | Councillor C Miks (Chair)<br>Councillor F Abbott<br>Councillor S Agboola<br>Councillor S Gray<br>Councillor L Harvard<br>Councillor A Hopkins<br>Councillor M Lapsa<br>Councillor B Mosterman |
| Other Members: | Councillors L Bigham (Cabinet Member for Adult Services), K Caan (Cabinet Member for Public Health, Sport and Wellbeing), G Hayre, (Deputy Cabinet Member for Public Health, Sport and Wellbeing) and D Toulson (Deputy Cabinet Member for Adult Services) |
| Co-Opted Members: | L-A Howat (Healthwatch) |

Employees (by Directorate)

| | |
|---|---|
| Law and Governance | G Holmes, C Taylor |
| Public Health | A Allen, R Chapman, A Duggal, M Poulton, H Shaw |
| ICB | R Danter, I Staveley, R Uwins |
| Apologies: | Councillor S Jobbar |

**Public Business**

13. **Declarations of Interest**

The Board noted that Councillor M Lapsa declared an other interest in relation to Minute 16 below, "headed Prioritisation of NHS Services", due to having a family member working for the NHS. This interest did not preclude Councillor Lapsa from taking part in the discussion and he remained in the meeting.

14. **Minutes**

The minutes of the meeting held on 22nd October 2025 were agreed and signed as a true record.

There were no matters arising.

15. **Exclusion of Press and Public**

**RESOLVED that the press and public be excluded in accordance with Schedule 12A of the Local Government Act 1972 for the consideration of the following private report on the grounds that the report relates to an individual and information relating to financial or business affairs of an organisation and the amount of expenditure proposed to be incurred by the Council under a particular contract for the supply of goods or services:**

| Minute Number | Report Title | Paragraph(s) of Section 12A of the Act |
|---|---|---|
| **20** | **Early Intervention & CYP Substance Misuse Service** | **1 and 3** |

16. **Prioritisation of NHS Services**

The Board received an update from The Integrated Care Board (ICB) regarding Prioritisation of NHS Services and the review on how gluten-free (GF) foods were prescribed for adults and children who had been diagnosed with coeliac disease or dermatitis herpetiformis.

The ICB was responsible for making sure NHS resources were used in the best possible way for local people. This meant making decisions based on evidence of what was working well, focusing on the greatest health needs, tackling inequalities, and ensuring money was spent in a way that delivered real benefits.

Coventry and Warwickshire faced serious financial pressures and the ICB must be more selective about what it funded, directing money to services that made the greatest difference. The work to reduce waste and be more efficient would continue however, some tough choices about which services could be maintained would be required.

In order to make these decisions fairly and in order to consider all aspects of a service before making decision on their future, the ICB worked with system partners to create a new approach to prioritisation, bringing together existing methods into one consistent and transparent methodology, so that decisions were fair and based on clear evidence. It would be used to consider the short- and long-term impacts of funding decisions on health outcomes, finances, and inequalities. It would guide a range of decisions, such as whether to stop or reduce funding for a service, restrict or expand access, invest in new technologies or review contracts.

When assessing a service or proposal, seven key areas were looked at:

1. How well it fits with NHS strategy
2. The level of population need
3. Its impact on health inequalities
4. Clinical effectiveness and risk
5. Value for money

6. How it connected with other services
7. How deliverable it was.

Four of these areas were scored and weighted, giving an overall rating from ‘Stop’ through to ‘Expand’. These ratings would help identify where investment should go and ensure decisions were consistent across the system. These ratings and the supporting evidence would be considered by the ICB Senior Leadership Team, who would make a recommendation for the next steps.

This new approach was about making sure that every pound spent delivered the best possible value for patients and communities. By using a fair and transparent process, the ICB and its partners aimed to protect essential services, address inequalities, and ensure the local NHS remained sustainable for the future.

As contracts came up for renewal, or new proposals for contracts were received, the prioritisation methodology was being applied to assessing whether, in the case of new contracts they would meet the needs of the population, or for current contracts, that they were delivering against the goals set out when the contract was first introduced. This led to four possible outcomes being recommended by the Senior Leadership Team:

- Invest and Expand
- Continue to commission, investing if funding is available
- Review service for value for money and access
- Decommission / Disinvest

For current contracts which had been through the prioritisation process and received a recommendation of decommissioning, the ICB would then enact its decommissioning policy. This policy outlined the steps needed to safely decommission a service. This included the production of an Equality and Quality Impact Assessment (EQIA) which aimed to identify, remove, or minimise negative impacts on disadvantaged groups which could be brought about by ending the contract. Through the decommissioning policy the ICB would involve stakeholders where appropriate, to ensure it understood the impacts of removing the service.

Once these steps had been undertaken, the ICB would take a final decision to decommission the service, considering both the value and any impacts on service users and patients outlined by the EQIA and other sources. If the decision to decommission was then taken the ICB would support the contract holders with wind down and service closure.

The ICB would continue to use the prioritisation process to determine the ongoing value for money and effectiveness of contracts, using the mechanisms described in this paper.

The ICB started the process of assessing services through the prioritisation process in March 2025. As this work was ongoing it was still too early to recognise the scale of savings achieved however, reporting would continue through the ICB’s designated structures going forward.

Where there was a potential impact identified through the EQIA, the ICB were committed to involving the Scrutiny Committee to both understand views and to enable the process to be scrutinised.

**Gluten-free Prescribing**

In 2017, the Department of Health & Social Care conducted a public consultation leading to legislative changes restricting GF prescribing to a limited list of items (bread and flour mixes) under the NHS Drug Tariff. Across England, approximately one-third of ICB's had decommissioned GF prescribing. This shift reflected a growing consensus that GF prescribing was not clinically essential, given the wide availability of GF products in supermarkets and the existence of naturally GF alternatives ie. Rice, potatoes.

The C&W ICB had reviewed the case for continuing to provide GF foods on prescription.

The evidence base and impact assessment was carried out which investigated:

- population need of GF foods
- the health impacts of cessation of GF food prescribing
- health inequalities - the risks associated with decommissioning GF prescribing were largely mitigated by the availability of naturally occurring GF foods and retail access and prescribing data across C&W showed no correlation between deprivation and prescribing rates, suggesting prescribing was driven by clinical diagnoses rather than socio-economic factors.
- System financial impact – GF foods were more expensive for individuals to purchase when compared to gluten-containing equivalents however, the cost of GF products to the NHS via NHS prescription was even higher due to clinician time, dispensing fees and delivery charges.

As part of the engagement process, C&W ICB conducted a survey following approval from the Finance & Performance Committee. The survey was widely promoted amongst people who were living with coeliac disease and a total of 232 responses were received. A full report detailing the responses had been included at Appendix A.

Following these findings, the ICB considered 4 possible options for GF prescribing:

Option1: Retain the status quo
Option 2: Restrict to patients with financial hardship only
Option 3: Restrict to children only
Option 4: Decommission GF prescribing completely

The above options had been considered by the ICB's Senior Leadership Team who agreed that the preferred option would be that GF prescribing was decommissioned completely. This was the recommendation to the ICB's Finance & Performance Committee.

The Cabinet Member for Sport, Health and Wellbeing, Councillor K Caan, welcomed the item, advising the frameworks would enable improved results for

residents in the future and the consultation would ensure the concerns of residents would be considered with inequality the top priority.

The Cabinet Member for Adult Services, Councillor L Bigham, expressed concerns over the cost of gluten-free food for residents should prescriptions cease, suggesting a precedent was being set and that further investigation and a wider consultation was required prior to making a decision to decommission the service.

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

- As contracts came up for renewal, or new proposals for contracts were received, the prioritisation methodology for assessing whether new contracts were applied, ascertaining whether the needs of the population were being met and whether current contracts were delivering against their goals.
- AI was not being used as the technology was not in place for this. Evidence was being gathered from clinicians.
- The ICB worked with partners looking at data in real time and forward projection data to ascertain future population requirements and officers worked closely with public health colleagues on joint strategic needs assessments.
- As £240k was being spent each year on gluten-free prescribing, this had prompted the ICB to review gluten-free prescribing for residents with coeliac disease.
- Approximately 1100 residents of Coventry received gluten-free prescriptions last year.
- Gluten-free prescriptions were not a treatment for coeliac disease. Prescribing was introduced when gluten-free products were not widely available however, they were now widely available in supermarkets.
- Those ICB's which had already decommissioned gluten-free prescribing had not reported any significant adverse outcomes and patients had not reported any long-term impacts.
- If, at the end of the prioritisation process, the outcome was to decommission, involvement and support would be undertaken with those residents affected including an EQIA.
- During the consultation process, ICB officers had contacted the Coeliac Society, spoken to dieticians and GP's. Advertising had been undertaken on social media and with specific coeliac community groups and it was felt that by engaging with coeliac groups and dieticians, the digitally enabled would be made fully aware.
- A full engagement report had been produced on gluten-free prescribing which had been considered by the ICB Finance and Performance Committee. Their role it was to look at the impact of decommissioning and make a decision.
- Approximately 30 services had been through the decommissioning process to date however, they were mostly services which were coming to the end of their contracts and were not renewed or were pilots which had come to the end of their funding.
- Mitigations would be put in place should decommissioning of gluten-free prescribing go ahead which would signpost patients to alternative support.

- Wider consultation could include asking the opinion of people who don't have coeliac disease or have gluten-free food on prescription however, this may not be completely reflective of patients impacted by the change.

Members of the Board expressed a broad range of views on the decommissioning of gluten-free prescribing and clarified that the Board was requested to support the validity of the engagement process.

The Board requested:

- Further data regarding demographic data arising out of the consultation.
- Feedback on whether the consultation was open to all gluten free patients, just specific groups and methods of gathering feedback.
- Details of services (non-commercial data) that have already gone through the decommissioning process.

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

1. **Notes the information regarding prioritisation in Appendix 1 in light of the paper regarding gluten-free prescribing.**

2. **Supports the decision of the C&W ICB that the information in the paper regarding the engagement undertaken, numbers of patients affected by the change and mitigations outlined are sufficient to go ahead with the proposed service change.**

3. **That the Boards concerns regarding affordability of gluten-free items if they are not prescribed, are provided to the ICB Finance & Performance Committee.**

17. **Early Intervention & Children and Young People (CYP) Substance Misuse Service**

The Board received a Briefing Note regarding an overview of the current Early Intervention and Children and Young People (CYP) Substance Misuse (Positive Choices). The contract was ending in March 2027 and was being brought to the Board for discussion around the future model and delivery of the service.

The Scrutiny Board also considered a private Briefing Note relating to this matter. The grounds for privacy were that it related to an individual and information regarding the Early Intervention & CYP Substance Misuse (Minute 20 refers).

The Public Health Team at Coventry City Council commissioned an Early Intervention and CYP Substance Misuse service in 2018 to support children and young people who were at risk of using substances, those at risk of exploitation and those in need of support with developing healthy relationships. The contract was awarded to Change Grow Live (CGL) who launched the "Positive Choices" service. This service contributed to Coventry's preventative approach to improving outcomes for children and young people. The service worked collaboratively with schools, health professionals and organisations such as Youth Justice to provide education, guidance and one-to-one support.

Positive Choices offered support for the following presenting needs:

- Substance Misuse
- Relationships, Online Safety and Sexual Health (ROSH)
- Hidden Harm
- Low level exploitation
- CYP coming through the Youth Justice Service (YJS)

Positive Choices understood the challenges families faced when affected by substance use and other issues affecting children, young people and families and the support was designed to help families feel empowered, connected and strengthened.

The team provided parenting support using the Solihull Approach and hosted regular groups for parents run by an experienced Children and Families team. For those requiring more tailored support, there was an offer of one-to-one phone calls or face-to-face appointments. Positive Choices also offered diversionary activities including fun sessions at the community allotment and climbing. They worked alongside schools and had co-located to several schools across the city to support an early intervention offer around ROSH and substance misuse and were committed to support Coventry Alternative Provision (CAP) service, a group offer to schools who referred young people to the CAP programme. These groups also focused on ROSH and substance misuse. CAP would also be offered to primary schools and therefore, a Hidden Harm programme would be available for primary age children.

An engagement plan had been developed ensuring a comprehensive and inclusive approach to commissioning. Engagement activities would target a range of audiences and a variety of engagement methods would be used. Young people would also play an active role in the evaluation of the tender process to ensure their voices were reflected in service design and decision making.

A wider piece of work to review the current range of services for CYP in Coventry who were at risk of poor outcomes was in place.

The data on health risk behaviours in CYP had recently been reviewed. The full report was in draft form and included a review of the literature and analysis of available data. Up-to-date local data on behaviours in CYP was lacking. National data was based on surveys from a sample of schools so produced with general findings that could not be disaggregated at a local level. Those who were most vulnerable and at greatest risk were least likely to be surveyed and captured in routine data due to for eg. absence from school.

The most risky behaviours such as alcohol and substance use and misuse, smoking, anti-social behaviour, etc, were initiated in adolescence and tended to cluster, so any person engaging in one of these behaviours put individuals at risk of long-term health and wider outcomes including lower educational attainment, being bullied, mental health problems, obesity, teenage pregnancy, problem gambling and being in trouble with the police. There were also longer-term poor health outcomes such as cancer, cardiovascular disease, liver disease and mental health issues.

At a national level, there had been a small decline in the number of school age pupils who had ever drunk alcohol and the proportion of 11-15 year olds who had drunk alcohol in the preceding week however, a significant number of young people were consuming alcohol at a very young age. There was a similar pattern for drug use at a national level. Unhealthy relationships were difficult to measure however, a consequence of risky sexual behaviours could be sexually transmitted infections (STIs) and the rate of diagnosis in Coventry residents was 905 per 100,000 which was higher than the national average of 694 per 100,000. Teenage pregnancy was another consequence. The under 18s conception rate in Coventry was 21.2 per 1,000; significantly higher than the national level of 13.9 per 1,000. Unhealthy relationships could put young people at risk of being victims or perpetrators of domestic abuse, sexual violence and exploitation.

The Early Intervention and Young Person's Substance Misuse service delivered impact by providing early, targeted support that prevented young people from developing more serious substance misuse issues and the associated wider harms. By working with young people at the earliest signs of risk meant fewer young people entering care, fewer hospital admissions, improved school attendance, improved mental health and emotional wellbeing and reduced anti-social behaviour.

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

**1. Actively engage in the recommissioning process to provide insight and feedback on the proposed service to the Cabinet Member.**

**2. Provide contributions in shaping the service specification and identifying priorities for the new contract.**

**3. Consider issues raised as part of the planning stage for recommissioning.**

18. **Work Programme and Outstanding Issues**

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

**1) Notes the Work Programme with the following amendments:**

- **The meeting due to take place on the 17th December 2025 will take place at UHCW.**

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

There were no other items of Public Business.

**Private Business**

20. **Early Intervention & Children and Young People (CYP) Substance Misuse Service**

Further to Minute 20 above, the Health and Social Care Scrutiny Board (5) considered a private Briefing Note of the Director of Public Health, setting out the

confidential matters relating to an individual and the financial affairs of a particular person regarding the Early Intervention & CYP Substance Misuse.

**RESOLVED that, following consideration of the corresponding public Briefing Note, the Health and Social Care Scrutiny Board (5):**

1. **Actively engage in the recommissioning process to provide insight and feedback on the proposed service to the Cabinet Member.**

2. **Provide contributions in shaping the service specification and identifying priorities for the new contract.**

3. **Consider issues raised as part of the planning stage for recommissioning.**

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

There were no other items of private business.

(Meeting closed at 1.20 pm)

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Coventry City Council

# Briefing note

**To: Health and Social Care Scrutiny Board**

**Date: 17 December 2025**

**Subject: UHCW Performance**

## 1 Purpose of the Note

1.1 The purpose of this note is to provide Health and Social Care Scrutiny Board with an update on the Trust's response to the recent publication of the National Oversight Framework (NOF) and the planned improvements in performance.

1.2 The Board is sorry for any concern this will have caused for patients and staff and acknowledge that improvements are required. The focus is now on strengthening the position and having a clear roadmap to achieve this.

1.3 This update aims to promote a shared understanding of the Trust's plans and to encourage unified support, constructive challenge, and assurance across the organisation.

## 2 Recommendations

2.1 The Health and Social Care Scrutiny Board is recommended to:

1) Note the contents of the briefing note and presentation and receive assurance in the Trust's proposed plans to improve its performance.
2) Identify any additional recommendations.

## 3 Information and Background

3.1 In 2024/5 the Trust undertook a major transformation programme with the largest UK implementation of an Electronic Patient Record (EPR), to ensure this was safe and successful, operational activity was reduced for a six-month period across our 'go live'. As a consequence, the number of operations and outpatient appointments was reduced, and this has had significant impact on our waiting list. As expected, this is reflected in the lower performance scores. The Trust wide focus is now to deliver improved performance supported by the benefits of our new EPR.

3.2 There is a clear action plan being implemented to address this that includes increasing the number of appointments and planned operations for patients, with a focus on cancer patients and those patients with the longest waits.

3.3 The update includes a summary of UHCW position on NOF, context to the framework, UHCW results summary at a glance, how we are tracking NOF-related metrics through governance structures and 'NOF transformation plans designed to give overarching view of plans underway which will support the improvement of performance across NOF metrics.

3.4 The purpose is to bring these plans together for overarching oversight to ensure consistent understanding and drive collective support, challenge and assurance.

3.5 Please note that a presentation with an updated position will be presented to the Board at the meeting.

## 4 Health Inequalities Impact

4.1 This is being managed and monitored through the programme and the Trust Board will have oversight via a regular reporting on health inequalities.

**Name of Author:** Justine Richards
**Job Title:** Chief Strategy and Transformation Officer
**Organisation**: University Hospitals Coventry and Warwickshire NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

# NHS Oversight Framework (NOF)

***Coventry Health & Social Care Scrutiny Board***
***December 2025***

# Reminder of context:



What NOF is:

Purpose:

- The framework aims to improve the performance of NHS organisations by providing a structured approach to oversight and support.

Assessment:

- **NHS England assesses organisations based on a set of agreed metrics**, including wider contextual metrics and national priorities.

Segment System:

- Organisations are **placed into segments (1-4) based on their performance**, with higher segments indicating greater support needs and potential intervention.

Support:

- Organisations in **higher segments receive targeted support from NHS England** to address their challenges. Some organisations are then moved into NOF 5.

Transparency and Accountability:

- The framework ensures a transparent and **consistent approach to oversight**, promoting **public accountability for performance**.

Focus on Improvement:

- The framework emphasises supporting organisations to improve their performance and achieve better outcomes for patients

# UHCW results summary

University Hospitals Coventry and Warwickshire NHS Trust

## Average score

**3.01**

Trusts are scored on up to 30 measures of performance (metrics).

Scores range from 1.00 (high performing) to 4.00 (low performing).

How has average score been calculated?

## Trust in financial deficit?

**Yes**

If an organisation is reporting a financial deficit or in receipt of deficit support, that organisation's segment can be no greater than 3.

How is financial deficit applied?

## Segment

**4 - Low performing**

Each trust is assigned to a segment ranging from 1 – 4 based on average metric score and taking into consideration the financial deficit override.

Some of the more challenged trusts may be referred to the Recovery Support Programme and therefore allocated to a fifth segment.
How has segment been calculated?

## Trust rank

**132 out of 134**

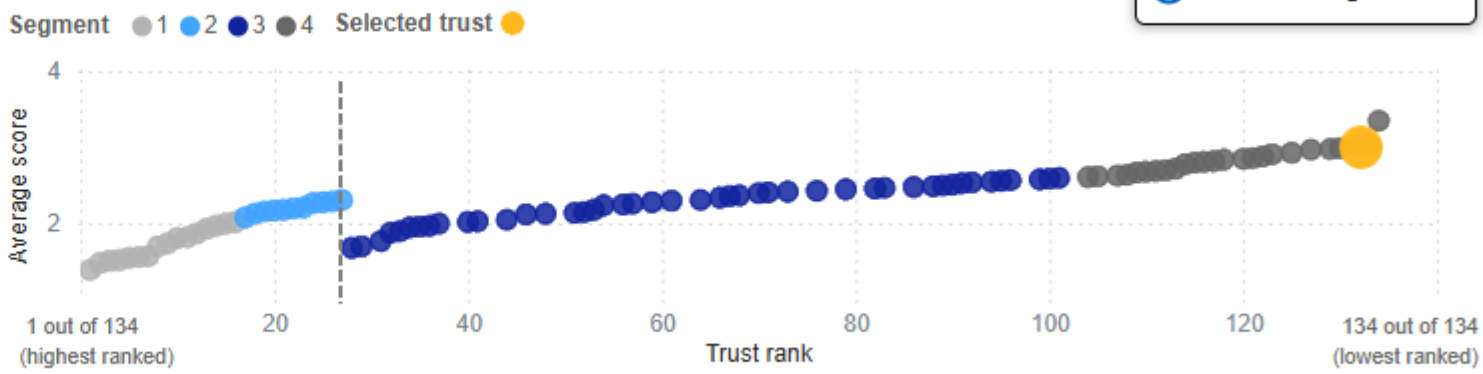
Each trust receives a rank based first on their segment and then their average score within that segment. Ranks range from 1 (The segment one trust with the lowest average score) to 134 (The segment four trust with the highest average score)
How has rank been calculated?

## Focussed performance areas

| | |
|---|---|
| Access to services | 3 - Below average |
| Finance and productivity | 4 - Low performing |
| Effectiveness and experience of care | 4 - Low performing |
| Patient safety | 3 - Below average |
| People and workforce | 3 - Below average |

## Average score by trust rank placement

View full league table



# Some key principles

- Rationale: The framework ensures a **transparent and consistent approach** to oversight, promoting public accountability for performance.
- **21 metrics** we are measured against – 2 relate to community services (and were not in the first publication)
- **Two additional override** metrics (Yes/ No answers)
- For each metric we have the **value, peer average and national average**. Each metric is also given a **NOF score**
- Metric NOF score is a **relative position** for each metric, an average of these is then produced and this is what drives our ranking in the league table
- NOF results will be published nationally every quarter
- NOF scores/ segments are **between 1 and 4**
- Organisation NOF score is between 1 and 4 but some organisations are then moved into NOF 5 for more targeted support
- Because NOF is a score based on relativity to others, focus should be on the actual values underpinning each NOF score

# Access to services

| | | PUBLISHED Q1 RESULTS | | | | Q2 FORECAST | | METRIC INFORMATION |
|---|---|---|---|---|---|---|---|---|
| **Area** | **Metric** | **Q1 Value** | **NOF Score** | **Peer average** | **National average** | **Sept Predicted Value** | **Value Comparison to June** | **Frequency** |
| **Elective** | OF0023 – Percentage of patients waiting less than 18 weeks | 56.21% | 3.4 | 60% | 61% | 58.50% | Improve | Monthly RTT Submission |
| | OF0003 – Percentage of patients waiting over 52 weeks | 2.55% | 2.81 | 2% | 2% | 2.1% | Improve | Monthly RTT Submission |
| | OF0106 - Difference between actual and planned 18 week elective performance | 1.33% | 1.0 | 2% | 1% | 1.75% | Improve | Monthly RTT Submission |
| | OF0005 - Percentage of patients waiting over 52 weeks for community services (NOT VISIBLE IN NOF) | / | / | / | / | 0% | Improve | Monthly Submission |
| **Cancer** | OF0010 - Percentage of urgent cancer referrals to receive a definitive diagnosis within four weeks. | 75.70% | 2.99 | 76% | 77% | 78.46% | Improve | Quarterly average |
| | OF0011 - Percentage of patients treated for cancer within 62 days of referral | 64.00% | 3.3 | 65% | 72% | 67.14% | Improve | Quarterly average |
| **UEC** | OF0013 – Percentage of emergency department attendances admitted, transferred or discharged within four hours | 71.90% | 2.99 | 76% | 76% | 74.40% | Improve | Quarterly average |
| | OF0014 – Percentage of emergency department attendances spending over 12 hours in the department | 12.47% | 3.14 | 10% | 8% | 9.55% | Improve | Quarterly average |

Points to note:

- 005 (community 52 weeks): We are now able to report on this metric and so this will be included in our reporting from September onwards

# Finance and productivity

| | | PUBLISHED Q1 RESULTS | | | | Q2 FORECAST | | METRIC INFORMATION |
|---|---|---|---|---|---|---|---|---|
| **Area** | **Metric** | **Q1 Value** | **NOF Score** | **Peer average** | **National average** | **Sept Predicted Value** | **Value Comparison to June** | **Frequency** |
| **Finance** | OF0076 / OF0079 - Planned surplus/deficit | -1.62 | 3 | -0.08 | 0 | / | Equal | Annual plan |
| | OF0078 / OF0081 - Year-to-date variation from plan | -0.84 | 3 | 0 | 0 | 0 | Improve | Year to date |
| **Productivity** | OF0085 - Implied productivity level | -3.87 | 3.89 | 1.64 | 2.91 | TBC | Improve | In-year figure to latest month vs same period in previous year |

Points to note:

- Implied productivity level – ongoing work with NHSE, understand principle but would like to be able to replicate methodology – Q1 was March to March comparison

# Effectiveness and experience

| | | PUBLISHED Q1 RESULTS | | | | Q2 FORECAST | | METRIC INFORMATION |
|---|---|---|---|---|---|---|---|---|
| **Area** | **Metric** | **Q1 Value** | **NOF Score** | **Peer average** | **National average** | **Sept Predicted Value** | **Value Comparison to June** | **Frequency** |
| **Effectiveness** | OF0025 - Average number of days between planned and actual discharge date | 1 | 3.16 | 0.7 | 0.7 | TBC | TBC | In Month |
| | OF0046 - Summary Hospital Level Mortality Indicator | 3 | 3 | / | / | 3 | Equal | Rolling 12-month |
| | OF0057 – Percentage of Urgent Community Response patients seen within two hours | / | / | / | / | / | Equal | In Month |

Points to note:

- 0057 – we are building the ability to be able to report on this since the launch of our community EPR. We expect to report on this from October onwards

# Patient safety

| | | PUBLISHED Q1 RESULTS | | | | Q2 FORECAST | | METRIC INFORMATION |
|---|---|---|---|---|---|---|---|---|
| **Area** | **Metric** | **Q1 Value** | **NOF Score** | **Peer average** | **National average** | **Sept Predicted Value** | **Value Comparison to June** | **Frequency** |
| **Safety** | OF0061 - Staff survey – raising concerns sub-score | 6.32 | 2.96 | 6.37 | 6.42 | 6.32 | Equal | Annual |
| | OF0088 - Rate of C-Difficile infections | 1.11 | 2.41 | 1.19 | 1.22 | 1.03 | Improve | Rolling 12-month |
| | OF0020 - Number of MRSA infections | 5 | 3 | 3 | 3 | 5 | Equal | Rolling 12-month |
| | OF0048 - Rate of E-Coli infections | 1.11 | 2.63 | 1.11 | 1.16 | 1.20 | Decrease | Rolling 12-month |

Points to note:

- CQC safe inspection score has now been excluded
- We understand the national teams are considering reviewing the metrics chosen within this category

# People and workforce

| | | PUBLISHED Q1 RESULTS | | | | Q2 FORECAST | | METRIC INFORMATION |
|---|---|---|---|---|---|---|---|---|
| **Area** | **Metric** | **Q1 Value** | **NOF Score** | **Peer average** | **National average** | **Sept Predicted Value** | **Value Comparison to June** | **Frequency** |
| **Workforce** | OF0084 - Staff survey engagement theme score | 6.83 | 2.71 | 6.82 | 6.88 | 6.83 | Equal | Annual |
| | OF0082 - Staff sickness rate | 5.77% | 3 | 5.65% | 5.35% | 5.68% | Improve | Quarterly Average |

# Overrides

| | | PUBLISHED Q1 RESULTS | | | | Q2 FORECAST | | METRIC INFORMATION |
|---|---|---|---|---|---|---|---|---|
| **Area** | **Metric** | **Q1 Value** | **NOF Score** | **Peer average** | **National average** | **Sept Predicted Value** | **Value Comparison to June** | **Frequency** |
| **Overrides** | OF2000 – Does the organisation have a financial deficit? | Yes | / | / | / | Yes | Equal | Monthly |
| | OF2001 – Is the organisation in the Provider Improvement Programme? | No | / | / | / | No | Equal | Ad-hoc as organisations enter the programme |

- Financial override will mean we will not be able to get higher than NOF category three.

# How we are tracking NOF-related metrics

- NOF is broadly a sub-set of our existing performance metrics that are tracked through Committees and Board
- Increased NOF focus (alongside other metrics) across governance structures, for example:
  - Each Sub-Committee is now explicitly aligned to sub-set of NOF metrics
  - Board: IQPFR summary will include focus on NOF
  - Quarterlies (Executive-owned performance management) and supporting structure increasingly incorporate SPC and has increased focus on NOF
  - CEO Star Chambers focused on performance, workforce and finance
  - BAF alignment to NOF
  - AAAs for Cancer Board, Elective Care Board, UEC Board: mirroring upward reporting structures of other Committees

- Following support for SPC (statistical process control) at last Board Development session – working to increasingly convert to SPC where possible across IQPFR (more detail about changes within Board paper)

# Acute providers tables

# UHCW performance

| Percentage waiting within 18 weeks for elective treatment | | Percentage waiting more than 52 weeks for elective treatment | | Cancer Faster Diagnostic Standard * | | Cancer 62 Day Combined Performance * | | Diagnostics proportion waiting over 6 weeks | | A&E 4 hour performance | | A&E 12 hour performance * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| May-25 | | May-25 | | May-25 | | May-25 | | May-25 | | Jun-25 | | Jun-25 | |
| (Rank out of 134) | | (Rank out of 134) | | (Rank out of 119) | | (Rank out of 122) | | (Rank out of 134) | | (Rank out of 124) | | (Rank out of 111) | |
| Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank |
| 52.5% | 125 | 2.7% | 77 | 71.8% | 89 | 63.9% | 91 | 7.0% | 25 | 70.2% | 78 | 13.3% | 89 |

| Percentage waiting within 18 weeks for elective treatment | | Percentage waiting more than 52 weeks for elective treatment | | Cancer Faster Diagnosis Standard * | | Cancer 62 Day Combined Performance * | | Diagnostics proportion waiting over 6 weeks | | A&E 4 hour performance | | A&E 12 hour performance * (Provisional) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jun-25 | | Jun-25 | | Jun-25 | | Jun-25 | | Jun-25 | | Jul-25 | | Jul-25 | |
| (Rank out of 117) | | (Rank out of 117) | | (Rank out of 117) | | (Rank out of 117) | | (Rank out of 117) | | (Rank out of 123) | | (Rank out of 113) | |
| Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank |
| 56.2% | 93 ↑ | 2.5% | 63 ↑ | 77.9% | 58 ↑ | 64.2% | 81 ↑ | 7.0% | 22 ↑ | 74.1% | 67 ↑ | 9.7% | 65 ↑ |

| Percentage waiting within 18 weeks for elective treatment | | Percentage waiting more than 52 weeks for elective treatment | | Cancer Faster Diagnosis Standard * | | Cancer 62 Day Combined Performance * | | Diagnostics proportion waiting over 6 weeks | | A&E 4 hour performance | | A&E 12 hour performance * (Provisional) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jul-25 | | Jul-25 | | Jul-25 | | Jul-25 | | Jul-25 | | Aug-25 | | Aug-25 | |
| (Rank out of 118) | | (Rank out of 118) | | (Rank out of 118) | | (Rank out of 118) | | (Rank out of 117) | | (Rank out of 124) | | (Rank out of 112) | |
| Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank | Latest | Rank |
| 58.1% | 77 ↑ | 2.2% | 56 ↑ | 78.5% | 49 ↑ | 63.2% | 94 ↓ | 7.0% | 21.00 ↑ | 75.1% | 52 ↑ | 9.5% | 62.00 ↑ |

# Priority Strategic Programmes 2025/2026

## INTEGRATION

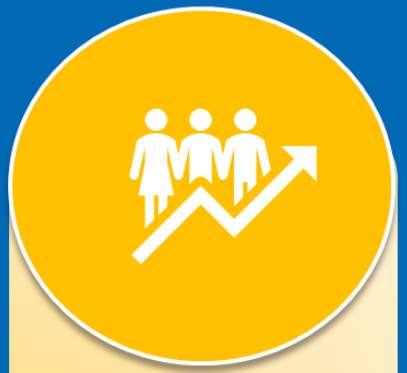
- Complete CDC programme
- Deliver Community integrator programme
- National Neighbourhood Health Improvement Programme

01

## OPTIMISING RUGBY ST. CROSS

- Optimise use of Rugby site to increase productivity
- Deliver Health on the High Street development
- Continue site development planning

02



## FINANCIAL SUSTAINABILITY

- Productivity Programmes (UHCWi) - theatres, outpatients, workforce growth, corporate services, variable pay (Bank & Agency

03

## ENABLING OUR PEOPLE

- People Strategy Programmes - living the values & inclusion, digital & workforce transformation, wellbeing, leadership & engagement

04

## INCREASING RESEARCH AND DEVELOPMENT

- Achieve research and development growth strategy targets

05



NHS
University Hospitals Coventry and Warwickshire NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

# Other updates

- Outpatients Transformation and Efficiency Programme underway – focus on better use of clinics, better communication, improving patient experience, increased access e.g. UIU
- New provider (SWFT) for onsite Outpatients Pharmacy at UH – implemented large scale staffing/ processes changes starting to demonstrate improved patient experience. Self check booths to be installed in Dec, removing need to queue to hand in a prescription
- CDC on city centre campus – new integrated pathways developed for cancer and cardiac and tackling health inequalities
- Region-wide Estates review – opportunities for co-locating services with partners in Coventry
- Monthly clinically-led meetings with primary care (incl LMC) on topics of interest/challenge and opportunities for integration

Health and Social Care Scrutiny Board Work Programme 2025/26

Last updated: 08 December 2025

| |
|---|
| **17 September 25** |
| Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25<br>Cabinet Member Portfolio Priorities<br>Training of Care Staff supporting patients with Dementia |
| **22 October 25 (moved from 8th)** |
| Improving Lives – Impact on Adult Social Care<br>Director of Public Health's Annual report |
| **19 November 25 (moved from 12th)** |
| Young person's risky behaviours service<br>Prioritisation of NHS Services<br>i) Prioritisation Process<br>ii) Gluten-free prescribing |
| **17 December 25** |
| UHCW Performance – to take place at the hospital |
| **21 January 26** |
| Access to Dentistry and All age Oral Health |
| **25 February 26** |
| Virtual Beds Update end of 25/26<br>Update on The Physical Activity and Sport Strategy |
| **1 April 26** |
| Primary Care<br>Healthwatch Annual Report (April 26) |
| **TBC** |
| Digital Access to Health<br>Integrated Health and Care Delivery Plan<br>Mental Health<br>Community Pharmacists<br>Ambulance Service / Fire Service / WMP<br>Older People and A&E<br>Health and care of students in Coventry<br>Neighbourhood Health Early Adopter Programme<br>Impact of Climate Change on Health<br>Safeguarding Adults Annual Report<br>Disabled Facilities Grant<br>Trans/Non-binary/Intersex Health |
| **2026/27** |
| Public Health and Adult Social Care working together on Prevention<br>Improving Lives – Impact on Adult Social Care |
| |

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|---|---|---|---|
| **17 September 25** | Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25 | To consider the Cabinet Report of 30th September 2025 and identify any further recommendations. | Andrew Errington / Cllr Bigham / Pete Fahy |
| | Cabinet Member Portfolio Priorities | To invite Cllrs Caan and Bigham to identify their priorities for the coming year to identify future items and hold Cabinet Members to account | Cllr Caan / Cllr Bigham |
| | Training of Care Staff supporting patients with Dementia | Sufficiency of training of care staff who support patients with dementia | Cllr Bigham<br>Pete Fahy<br>Jon Reading |
| **22 October 25 (moved from 8th)** | Improving Lives – Impact on Adult Social Care | A follow up item from the meeting on 10th April 2024, to review following 12 months of implementation of a whole city approach<br>To include clarification around how ASC is allocated based from need. (Referred from SCRUCO Transformation Programme Item) | Pete Fahy<br>UHCW<br>Cllr Bigham<br>Cllr Caan |
| | Director of Public Health's Annual report | This report focuses on the city's rich cultural diversity and health inequalities that are facing migrant populations. | Cllr Caan, Allison Duggal |
| **19 November 25 (moved from 12th)** | Young person's risky behaviours service | Update on service development before recommissioning | Cllr Caan/ Rachel Chapman |
| | Prioritisation of NHS Services<br>i) Prioritisation Process<br>ii) Gluten-free prescribing | Led by ICB | Rose Uwins |

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|---|---|---|---|
| **17 December 25** | UHCW Performance – to take place at the hospital | To consider steps being taken in the light of the league table position. To include: Updates on waiting times – complaints on hospital appointments availability. Review following 12 months of SB5 last visit - to identify any changes and improvements | UHCW Andy Hardy<br>ICB - Ali Cartwright<br>Cllr Caan |
| | | | |
| **21 January 26** | Access to Dentistry and All age Oral Health | Update from recommendations raised during January 2025 - Public Health to work collaboratively with the ICB on the following:<br>o dental promotion<br>o promotion of dental hygiene in school settings<br>o appointment availability across the city<br>o dental availability and awareness in areas of inequality and deprivation across the city. | |
| | | | |
| **25 February 26** | Virtual Beds Update end of 25/26 | Update on the development of Virtual Wards | UHCW/P Fahy / Cllr Bigham |
| | Update on The Physical Activity and Sport Strategy | Progress of the draft Physical Activity and Sport Strategy to be brought back to the Board in the 2025/26 Municipal Year. To include the 6 play zones being delivered across the city and work to encourage older people to be active, as well as link with Public Health and other partner organisations such as Age UK | P Fahy / J Hunt / D Nuttall / Cllr Caan |
| | | | |
| **1 April 26** | Primary Care | Update in 12 months' time - To cover access to GP's and other primary care, particularly in relation to reducing pressure on A&E. | R Uwins / Alison Cartwright – |

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|---|---|---|---|
| | | For Coventry City Council to use its resources to work as a conduit with community organisations to improve knowledge of and access to the NHS for all residents of Coventry | Coventry Care Collaborative / Cllr Caan/ Pete Fahy |
| | Healthwatch Annual Report (April 26) | To consider the work of Healthwatch and how scrutiny can use their findings | |
| **TBC** | Digital Access to Health | Partners supporting switch to digital<br>To include: The number of patients using the NHS App month by month including a demographic breakdown if available. How to raise awareness of the NHS App including linking with the Council's Digital Inclusion Team and Cov Connects on Digital Inclusion. | Rose Uwins / A Duggal / Caan |
| | Integrated Health and Care Delivery Plan | To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities. Understand how the transition to this cluster will be managed - What will be the positive/negative impacts for Coventry residents from the clustering | ICB Rose Uwins |
| | Mental Health | Mental health services, particularly the demand and availability of local services, and the impact of long wait times. To include input from the Crisis teams. | CWPT |
| | Community Pharmacists | To include Pharmacy First | |
| | Ambulance Service / Fire Service / WMP | Partnership working - Improved partnership working between the ambulance, fire and police services. To include WMFS to provide further information on safe and well, or strong checks that's provided within the City | Kirsty Tuffin and Vivek Khashu, Rachel Danter ICB |

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|---|---|---|---|
| | | | Area Manager – Matthew Stanton |
| | Older People and A&E | Update around work undertaken by Age UK of experience of elderly in A&E - 'Corridor Care' | |
| | Health and care of students in Coventry | Visit to Warwick University for members, health, and care of students in the City | |
| | Neighbourhood Health Early Adopter Programme | SB5 involvement potentially if the bid is successful | Pete Fahy Cllr Bigham |
| | Impact of Climate Change on Health | How health services are geared up to respond to the impact of climate change on health | Cllr Caan Cllr O'Boyle Allison Duggal/ Rhian Palmer |
| | Safeguarding Adults Annual Report | Update | R Eaves Cllr Bigham |
| | Disabled Facilities Grant | Delivery and waiting times | Cllr Bigham P Fahy Aideen Staunton |
| | Trans/Non-binary/Intersex Health | | A Duggal Cllr Caan |
| **2026/27** | Public Health and Adult Social Care working together on Prevention | Picked up during Cabinet Member Priorities - How Public Health and Social Care are working together to prevent ill health. | A Duggal / P Fahy – Cllr Caan / Cllr Bigham |

| Date | Title | Detail | Cabinet Member/ Lead Officer/ Organisation |
|---|---|---|---|
| | Improving Lives – Impact on Adult Social Care | That feedback from service users be included in the next update report. | Cllr Bigham / P Fahy |

Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- 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
- WMAS – West Midlands Ambulance Service
- WMFS – West Midlands Fire Service

## Work Programme Decision Flow Chart