

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at**  
**11.00 am on Wednesday, 17 December 2025**

Present:

Members: Councillor C Miks (Chair)

Councillor S Agboola

Councillor S Gray

Councillor L Harvard

Councillor A Hopkins

Councillor S Jobbar

Councillor C Thomas (substitute for Cllr F Abbott)

Co-Opted Members: R Sheikh, Healthwatch Coventry (substitute for L-A Howat)

Employees (by Directorate)

Law and Governance E Jones, A West

Public Health A Duggal

Apologies: Councillors F Abbott, L Bigham, K Caan, M Lapsa,  
B Mosterman and D Toulson

Others Present: A Hardy, J Richards - UHCW NHS Trust

## **Public Business**

### **22. Declarations of Interest**

There were no Declarations of Interest.

### **23. To agree the minutes of the meeting held on 19th October 2025**

The minutes of the meeting held on 19 November 2025 were agreed and signed as a true record.

### **24. Matters Arising**

Further to minute 16 – Prioritisation of NHS Services:

- The ICB Finance and Performance Committee received a Briefing Note with the Board's concerns regarding affordability of gluten free items being decommissioned following its meeting in November. The Committee made a decision on the 3<sup>rd</sup> December to decommission Gluten Free prescribing and noted the Board's request for understanding the mitigations around it. A plan including those mitigations will be shared with the Health and Social Care Scrutiny Board (5) in due course.

- Details of services (non-commercial data) that have already gone through the decommissioning process to be shared with the Board.

## 25. **UHCW Performance**

The Board received an update from the Trust regarding its performance against the NHS National Oversight Framework. Data for quarter two had been released after publication of the papers for the Board and an updated presentation had been circulated to Members. The Chair thanked the Chair of the University Hospitals Coventry and Warwickshire NHS Trust for their letter providing an update on progress.

The Framework is managed by NHS England to help identify improvement opportunities and uses key measures to assess organisational performance addressing: access to services, e.g. waiting times for A&E and cancer; effectiveness and experience of care; patient safety; people and performance; and finance and productivity and NHS England plans to publish results quarterly.

The Framework uses some of the measures taken from the National Outcomes Framework but does not take into account Care Quality Commission ratings (under which the Trust had been assessed as good in 2025) and other wider measures. The league table approach and measures are still evolving with metrics for 2026/27 being expanded to include quality.

The Trust was one of 17 to show significant improvement between quarter one and quarter two, having moved up from 132<sup>nd</sup> to 96<sup>th</sup> out of 134.

It was reported that improvement had been made in areas including: addressing the financial deficit, with substantial financial savings achieved and remaining on plan; waiting times, where targeted improvement plans are underway and overall waiting lists have been significantly reduced; Cancer Faster Diagnosis Standard, which continues to improve; urgent care, where the Trust is the best in the region for ambulance turnaround times with no 'corridor care' since 2019; faster response times to patient complaints, 98% responded to in 25 working days; and a dedicated coding team in place to address backlog activity data to NHS England following the complex implementation of the Electronic Patient Record.

Critical areas of focus and next steps include targeting: quality and efficiency including specific waiting times and delays to discharge; outpatient clinics; dispensing of prescriptions on discharge; financial goals; and completing coding following implementation of the new Electronic Patient Records system; current winter pressures (including super flu) and industrial action; shared work with partners on length of stay and discharge; and new developments and investment in Wave 1 Neighbourhood Health.

The Trust explained some of the complexity of the measures and scoring system in the national framework and provided illustrations of some of the changes in Trust performance between quarter one and quarter two. Examples of specific service improvements that have been made were given. Focussing on doing the right thing, rather than chasing performance measures for their own sake, remains the priority. For example, during the implementation of the Electronic Patient Care Record a reduction of care episodes had been agreed with NHS England which in the short term affected performance ratings, but in the long term will bring

significant improvements for patients and taking on community services from CWPT in July 2024 resulted in a negative financial impact which is reflected in the performance ratings, but is delivering good progress for patients.

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

- Take up and barriers to take up of the flu vaccine by staff, which is at 46% (up from 26% last year)
- Waiting times in A&E where long waits and pressures remain. Actions to mitigate this include constant triage and review to prioritise urgent cases, the operation of the minor injuries unit and facility improvements (the number of cubicles has been increased which has put pressure on waiting space and the waiting space is now being increased). Enhanced patient streaming with primary care, and a new communications hub are helping direct patients to the right care, while efforts have halved hospital conveyances from care homes.
- The Board welcomed the focus on patient outcomes rather than performance metrics but recognised the potential impact of a poor performance score on public perception and patient confidence.
- Concern about the framework and the crudeness of the league table which compares all hospitals together. The Trust explained the importance of hospitals being compared with their peer group. It is not possible to compare this group of teaching hospitals which have A&E departments with specialist hospitals which have no A&E and screen all patients before they go in.
- Urology services have been temporarily relocated to Rugby while a new unit is being developed with plans to bring all services back to a single site by April to improve efficiency patient experience.
- The travel plans in place to support patients and visitors attending appointments at Rugby.
- The impact of the cycle lane works, which have not affected ambulances but are having an impact on staff travelling to and from work.
- The position relating to parking fees, which are tied to a contract which runs from 2002 to 2042 and must be adjusted annually in line with inflation. If the increase is not applied, the Trust has to fund the gap which impacts patient care. Any changes are currently constrained by the contract, although it is hoped that concerns could be addressed during future negotiations.

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

- 1) Note the contents of the briefing note and presentation and receive assurance on the Trust's proposed plans to improve its performance.
- 2) Recommend that the Cabinet Member for Public Health, Sport and Wellbeing to write to the Secretary of State regarding the fairness of the National Oversight Framework League Tables.

## 26. **Work Programme and Outstanding Issues**

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

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

- **End of Life Care Strategy and hospices to be added to the work programme for a date to be confirmed**
- **A future meeting be arranged at the Hospital to review Trust performance in 2026/27**

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

There were no other items of public business.

(Meeting closed at 12.20 pm)