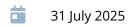


COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS



14:30 GMT+1 Europe/London

AGENDA

1.	Council of Governors	1
	0 Council of Governors Agenda.pdf	3
	3 Council of Governors Minutes - 1 May.pdf	5
	4 Action Log.pdf	13
	7 UECUP Update.pdf	14
	8 COG - Aug 25 People Experience updatepdf	29
	8.1 Appendix 1 Trust Benchmark Report.pdf	36
	9.1 CFC.pdf	182
	9.2 Quality Comm.pdf	183
	9.3 Audit and Risk Comm.pdf	185
	9.4 People Comm.pdf	186
	9.5 FBPAC.pdf	188
	10 Independent Assessor Report.pdf	191
	10.1 Code of Conduct 2025.pdf	193
	12 IPR.pdf	199
	12.1 WUTH IPR Dashboard - June 2025 - Intro.pdf	201
	12.2 WUTH IPR Dashboard - June 2025 - 1 COO.pdf	202
	12.3 WUTH IPR Dashboard - June 2025 - 2 MD.pdf	206
	12.4 WUTH IPR Dashboard - June 2025 - 3 CN.pdf	207
	12.4.1 CN Commentary.pdf	210
	12.5 WUTH IPR Dashboard - June 2025 - 4 CPO.pdf	217
	12.5.1 CPO Commentary - for June BoDpdf	218
	12.6 WUTH IPR Dashboard - June 2025 - 5 CFO.pdf	221
	12.6.1 CFO Commentary M2 25-26 v3.pdf	222
	13 Board of Directors in Public Minutes - 2 Apr.pdf	227
	13.1 Board of Directors in Public Minutes - 7 May.pdf	237
	13.2 WUTH Board of Directors in Public - 4 Jun.pdf	248

1. COUNCIL OF GOVERNORS

REFERENCES

Only PDFs are attached

- 0 Council of Governors Agenda.pdf
- 3 Council of Governors Minutes 1 May.pdf
- 4 Action Log.pdf
- 7 UECUP Update.pdf
- 8 COG Aug 25 People Experience update_.pdf
- 8.1 Appendix 1 Trust Benchmark Report.pdf
- 9.1 CFC.pdf
- 9.2 Quality Comm.pdf
- 9.3 Audit and Risk Comm.pdf
- 9.4 People Comm.pdf
- 9.5 FBPAC.pdf
- 10 Independent Assessor Report.pdf
- 10.1 Code of Conduct 2025.pdf
- 12 IPR.pdf
- 12.1 WUTH IPR Dashboard June 2025 Intro.pdf
- 12.2 WUTH IPR Dashboard June 2025 1 COO.pdf
- 12.3 WUTH IPR Dashboard June 2025 2 MD.pdf
- 12.4 WUTH IPR Dashboard June 2025 3 CN.pdf
- 12.4.1 CN Commentary.pdf

- 12.5 WUTH IPR Dashboard June 2025 4 CPO.pdf
- 12.5.1 CPO Commentary for June BoD_.pdf
- 12.6 WUTH IPR Dashboard June 2025 5 CFO.pdf
- 12.6.1 CFO Commentary M2 25-26 v3.pdf
- 13 Board of Directors in Public Minutes 2 Apr.pdf
- 13.1 Board of Directors in Public Minutes 7 May.pdf
- 13.2 WUTH Board of Directors in Public 4 Jun.pdf



Meeting	Council of Governors
Date	Thursday 31 July 2025
Time	14:30 – 16:30
Location	Boardroom, Education Centre, Arrowe Park Hospital

Page Agenda Item		nda Item	Lead	Exec Lead
	1.	Welcome and Apologies for Absence	Sir David Henshaw	
	2.	Declarations of Interest	Sir David Henshaw	
5	3.	Minutes of Previous Meeting Sir David Henshaw		
13	4. Action Log Sir David Henshaw		Sir David Henshaw	
	5.	Chair's Update – Verbal	Sir David Henshaw	
	6.	Lead Governor Feedback – Verbal	Sheila Hillhouse	
	Item	s for Discussion and Decision		
14	7. Urgent and Emergency Care Upgrade Programme (UECUP) Hayley Kendall			
29	8.	Employee Experience	e Experience Debs Smith	
	9.	Committee Updates		
182 183 185 186 188		 9.1) Charitable Funds Committee 9.2) Quality Committee 9.3) Audit and Risk Committee 9.4) People Committee 9.5) Finance Business Performance Committee 9.6) Research and Innovation – Verbal 	Sue Lorimer Dr Steve Ryan Steve Igoe Lesley Davies Sue Lorimer Sir David Henshaw	Mark Chidgey Sam Westwell Mark Chidgey Debs Smith Mark Chidgey Dr Ranj Mehra
191			Ali Hughes	Cate Herbert
	11. Ratification of Electronic Resolutions – Verbal - Tenure Extensions: Lesley Davies, Sue Lorimer, Steve Igoe		Ali Hughes	Cate Herbert

		 Appointment of Meredydd David 				
	Walle	et Items for Information				
199	12.	Integrated Performance Report	All NEDs	Executive Directors		
227	13.	Board of Directors' Minutes	Sir David Henshaw			
	Clos	ing Business				
	14.	Meeting Review	Sir David Henshaw			
	15.	Any other Business	Sir David Henshaw			
	Date and Time of Next Meeting					
	Thursday 31 October 2025, 14:30 – 16:30					



Meeting	Council of Governors
Date	Thursday 1 May 2025
Location	Boardroom, Education Centre, Arrowe Park Hospital

Members present:

DH Sir David Henshaw Non-Executive Director & Chair SH Sheila Hillhouse Lead Public Governor RT Robert Thompson **Public Governor** PP Peter Peters **Public Governor** ΑL Andrew Liston **Public Governor** TC **Tony Cragg Public Governor** PD Paul Dixon **Public Governor** NW Neil Wright **Public Governor** ΚJ Keith Johns **Public Governor** Anand Kamalanathan ΑK Staff Governor GB Gary Bennett **Appointed Governor** MP Manoj Purohit **Public Governor**

In attendance:

SR	Dr Steve Ryan	Non-Executive Director
JH	Janelle Holmes	Chief Executive
RM	Dr Ranj Mehra	Interim Medical Director
SW	Sam Westwell	Chief Nurse
HK	Hayley Kendall	Chief Operating Officer & Interim Deputy CEO
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
CJ	Clare Jefferson	Associate Director of Estates, Facilities and
		Capital Governance and Sustainability – item 7

Apologies:

SV	Sunil Varghese	Staff Governor
JJ	Julie Jellicoe	Staff Governor
CC	Chris Clarkson	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
PB	Philippa Boston	Staff Governor
SI	Steve Igoe	SID & Deputy Chair
SL	Sue Lorimer	Non-Executive Director
NS	Dr Nikki Stevenson	Medical Director & Deputy CEO

Agenda Item	Minutes	Action			
1	Welcome and Apologies for Absence				
	DH welcomed everyone to meeting. Apologies are noted above.				
2	Declarations of Interest				
	No new interests were declared and no other interests in relation to the agenda items were declared.				
3	Minutes of Previous Meeting				
	The minutes of the previous meeting held on 10 February were APPROVED as an accurate record.				
4	Action Log				
	The Council of Governors NOTED the action log.				
5	Chair's Update				
	DH noted that all updates had been provided in the Private COG meeting.				
	The Council of Governors NOTED the update.				
6	6 Lead Governor Feedback				
	SH stated that the Pre-COG meetings had restarted. SH had also participated in a walkabout and taken the feedback through to People Committee.				
	SH encouraged attendance from Governors at the C&M Governor Symposium, which had been circulated previously, and noted that the Trust Governance Team are looking at proceeding with Governor Effectiveness reviews this year.				
	The Council of Governors NOTED the update.				
7	Green and Sustainability Plan – Annual Progress Update				
	CJ highlighted several elements of the report, including the progress towards carbon targets, initiatives to improve staff engagement, the change to the Trust's energy provider, and external engagement.				
	CJ also noted the case study on endoscopy's waste segregation, and the creation of a business plan to trial a catering food dryer to reduce waste.				
	Governors were also informed of the sustainability plan on a page which will guide initiatives during the year.				

	DH commended the work, and noted the grant that CJ had won from the ICB to replace all Trust lightbulbs with LEDs. The Council of Governors NOTED the presentation.	
8		
0	WUTH/WCHC 100 Day Plan Progress and 2 Year Integration Plan	
	MS gave a presentation on the progress against each of the workstreams in the 100 day plan, and stated that this is now coming to a close.	
	A 2 year plan will now be implemented, and the objectives of this plan are: • Develop a unified Strategy, Strategic Framework and	
	Vision: Establish a shared vision for WUTH and WCHC that reflects joint priorities, guiding the development of a cohesive strategy.	
	 Engage Stakeholders: Conduct robust stakeholder engagement to gather input and ensure alignment with NHS plans. 	
	 Deliver Comprehensive Enabling Strategies: Produce clinical and operational strategies (Tier 1 and Tier 2) to support the Joint Strategy. Annual Review and Improvement: Implement a structured 	
	process for reviewing strategic priorities	
	MS outlined the key activities and outputs, and the governance and oversight that will be implemented around these.	
	MS added that the WCHC Strategy is due for update around the same time as WUTH's, and the reviews will be done jointly.	
	SH enquired if there has been feedback from the public on the integration.	
	MS replied that there has not been.	
	The Council of Governors NOTED the presentations.	
9	Committee Updates	
	9.1) Estates and Capital Committee	
	MS stated that the Committee discussed the quarterly Health and Safety Update, acknowledging the number of violence and aggression incidents towards staff and patients. The Committee also noted the non compliance with the Fire Safety Level 2 training, and asked that People Committee look into this.	

Governors were advised of the progress against the UEC build, and requested a further update at the next meeting.

HK

RT enquired if the Trust was an outlier for violence and aggression incidents.

SW replied that the Trust is not an outlier, and that most of the incidents take place either in ED or care of the elderly wards.

RT noted that some incidents will occur because the individual does not have the capacity to understand, and enquired about the Trust's policy around those who do have capacity.

SW stated that the Trust has a strong policy in place and could exclude those individuals if it were needed.

SW also confirmed that staff training is in place for managing these incidents.

TC noted that he attended this Committee meeting, and stated that while there is significant backlog maintenance, the backlog has been risk assessed. TC also noted the good feedback from the Fire Service which the Trust had received.

DH noted that the risk assessed backlog maintenance tracks back to the overarching Trust Strategy.

AL enquired about the Fire Safety Training Level 2 non compliance.

MS confirmed that this is a face to face training session and not an e-learning module.

DS added that more slots have been added and compliance has improved since this report.

DH enquired about the progress with ANPR.

MS stated that the tender has gone out this week, and that it is likely to be implemented over the summer.

9.2) People Committee

DS reported that the February Committee had requested a deep dive from the Estates and Facilities division, given some of the issues around workforce indicator compliance, and this had been brought to the April meeting. The April meeting took good assurance that this was being managed.

DS noted the Committee also continues to focus on the Fire Safety Training as mentioned in the last report, and that detailed discussions took place around EDI as well as activities to improve

staff satisfaction. The Committee has agreed further biannual reports to provide regular updates on staff engagement.

9.3) Audit and Risk Committee

MC noted the Committee's focus on the limited assurance audit on LocSSIPs, and that the Committee requested Quality Committee have a further review of this. The Committee also noted the work ongoing in relation to multi factor authentication following the recent cyber incident.

The Committee received a deep dive into the Trust's management of sickness and absence, and received a number of year end reports in preparation for the external audit.

9.4) Finance Business Performance Committee

SR reported that the Trust submitted a request for cash support to the C&M ICB, and that the Committee considered the mitigations that would be required if the request was not met.

The Committee noted the improvement in the financial stability measure in month 10 to a variance of £10m, and that the CFO had confirmed a further improvement to £7m.

The Committee was also advised of the work to meet the requirements of the 2025/26 planning round for finance and activity, and the various challenges around this. The Executive Team is leading an options appraisal to identify measures to close the deficit to a figure that will be accepted while maintaining or improving quality, safety, and timely access to care.

RT noted the recent appointment of the 4 Trust grade doctor posts and the 2 trainee advanced nurse practitioner posts. RT enquired about the pay award which had been agreed by the pay body, and whether this is likely to be funded.

MC stated that the Trust's plan has been set in line with national assumptions, and we will be consistent with the NHS approach to the pay award.

DH noted that if the pay award is not funded, there could be significant challenges for much of the NHS.

9.5) Charitable Funds Committee

MC reported that the Committee is monitoring the neonatal redevelopment, and that the Charity will be launching a successor appeal to Tiny Stars, likely in January 2026. Fundraising was currently on track against the agreed annual target and stood at 83%, with the expectation that the target would be reached.

9.6) Research and Innovation Committee

RM reported that the current recruitment to studies is below target, and that there is a risk of underutilisation of the hub at Clatterbridge. However, 3 studies currently in set up will utilise this space and mitigate this.

RM noted that the research portfolio has been rationalised and only 2 studies are now not performing as anticipated.

RM added that the Trust is a spoke site for the Commercial Research Delivery Centre for Cheshire and Merseyside, and that the Trust maintains good relations with the Wirral Research Collaborative. Early discussions have also been had with the Wirral Community Health and Care Research Teams in relation to integrated working.

RT enquired about the recruitment target.

RM replied that there are approximately 500 against a 700 target. However, this is partly because the Trust has conducted mainly paper based studies which are easier to recruit to and simply provide a data set output, rather than something more complex and meaningful. The Trust is moving away from the paper based studies which has impacted numbers.

RT enquired if the staff are in place to support research.

RM confirmed this.

The Council of Governors **NOTED** the Committee Updates.

10 Integrated Performance Report

HK noted the positive 78 week performance, and that diagnostic performance has been compliant with the 90% target despite the cyber attack.

The cancer targets have been impacted by the cyber attack but these were recovered by the end of the year.

DH enquired if length of stay was increasing.

HK confirmed that 14 and 21 day length of stays have been increasing and that she is looking at this with divisions to improve this. The figures have begun to decrease and are getting back on track.

SW stated that a focus on this with clinical teams has made a real difference.

RM added that there is a project ongoing around deconditioning as well, which will help to improve awareness and the push to minimise length of stay.

RM noted the VTE figures dipped with the cyber attack, but these have been recovered.

SW stated that C Diff had increased in Q3 but that there were improvements in Q1 with April showing the lowest monthly figures in a year. SW also reported 3 hospital acquired pressure ulcers.

SW added that the Trust is not an outlier on the ED FFT, and that there are no concerns around current fill rates.

SH enquired if the fill rates are due to sickness.

SW stated that sickness has caused some of this.

SH enquired about the falls figures.

SW stated that the Trust is not out of line nationally on these numbers.

DS reported that sickness figures are showing around 5.7%, and that turnover will increase through the year due to eventual planned headcount decrease. The workforce plan will be mapped into the trajectory to reflect that in the coming year.

SH enquired about the MARS scheme.

DS stated that it is not yet closed, and then each application will be reviewed on a case by case basis.

MC noted that the I&E risk was around £10m variance, and that end of year closed at around £3m variance. MC also highlighted the cash position, and stated that the Board will receive the financial planning position for 2025/26 at their next meeting.

The Council of Governors **NOTED** the report.

11 Deputy Lead Governor

CH stated that expressions of interest had been collated from Governors and that Tony Cragg and Robert Thompson had both expressed interest in this role. It was then put out to a vote, with Robert Thompson receiving more votes.

The Council of Governors **APPROVED** the appoint of Dr Robert Thompson as Deputy Lead Governor for a period of 2 years until May 2027.

12 NED Appraisal Update

1	·			
	CH advised Governors that new guidance has been released from NHSE, and that new forms are being collated. However, the process as outlined in the Board Effectiveness Policy remains the same, and it is only the forms that are being amended. Appraisals will be conducted this year in line with the process approved last year. The Nominations Committee have also been made aware of progress. The Council of Governors NOTED the update.			
13				
	Board of Directors' Minutes The Council of Governors NOTED the Board of Directors' Minutes.			
14	Meeting Review			
	No comments were made.			
15	15 Any other Business			
	GB enquired about the investigations ongoing around historic stillbirth burials.			
	SW replied that no inquiries have come through.			

(The meeting closed at).

Action Log Council of Governors 31 July 2025



No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1	1 May 2025	9.1	To provide an update on the Urgent Emergency Care Upgrade Programme (UECUP)	Hayley Kendall	Complete. Update scheduled for July.	July 2025







Urgent and Emergency Care Upgrade Programme (UECUP) Update



Hayley Kendall July 2025





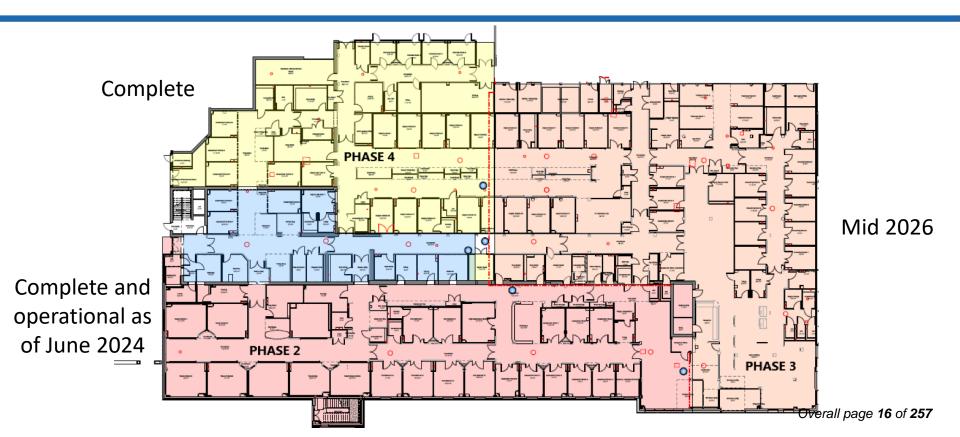
Contents

- 1. Phase 4 Completion
 - i. AAZ, Ambulatory Majors and Mental Health Unit
 - ii. Ward 43 & Physiotherapy
 - iii. Go Live Update
- 2. Phase 3 Enabling Works
 - i. Plan
- 3. Benefits
 - Current benefits of Phase 4
 - ii. Benefits of Phase 3 (Final Phase)
- 4. Trust Implications of Phase 3 Plans
 - i. Costs/Time
 - ii. Mitigation









Phase 4 Completion – Ambulance Assessment





Phase 4 Completion – Ambulatory Majors 1-10





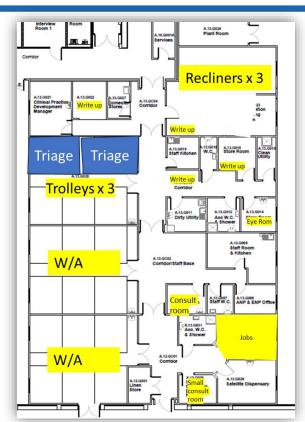
Phase 4 Completion – Mental Health Unit







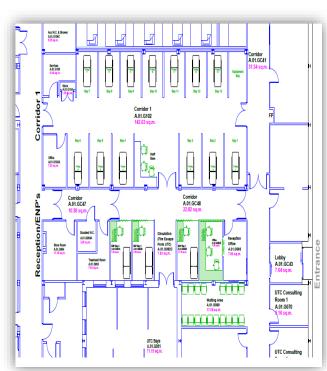
Ward 43 & Physiotherapy



Ward 43 will accommodate the Waiting Area, Triage and Assessment Area for ED.

To facilitate this, upon relocation of all patients on the 01/07, the Ward will be closed, and a small refurbishment will take place over two days to enable the necessary changes required to operate in the identified capacity.

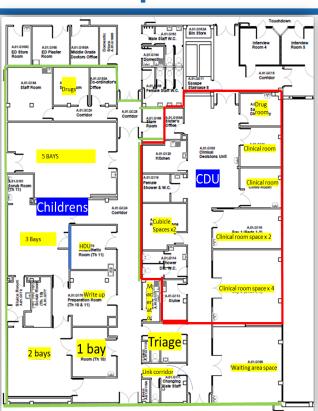
The old Physio Gym has been refurbished and is ready for operational use.



Overall page 20 of 257

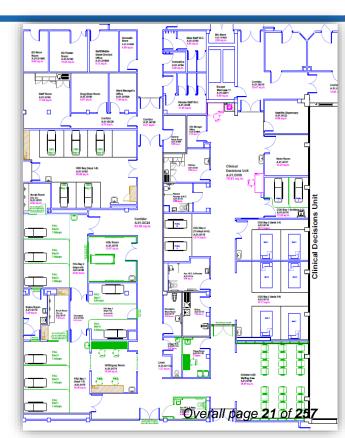
Phase 3 Enabling Works - CDU & Ophthalmic Theatres





Children's ED will move into the existing CDU and Ophthalmic Recovery Area.

The diagram on the left shows the operational layout of the department whilst the diagram on the right shows the architectural layout and layout of furniture.

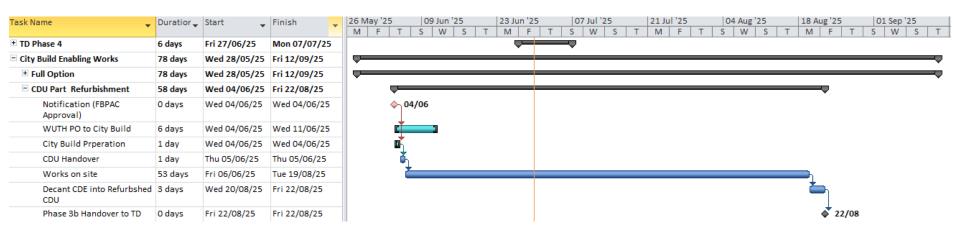


Phase 3 Enabling Works Plan-CDU & Ophthalmic Theatres



The Phase 3 Enabling works is currently planned for completion at the end of August 2025.

The movement of Children's ED will enable the final part of Phase 3 to be handed over to TD for Phase 3 refurbishment.









Current of Benefits of Phase 4

Estate

- Purpose built Ambulance Arrivals area with 8 dedicated Ambulance Arrival bays and a dedicated Ambulance Arrivals Reception Area
- 10 Ambulatory Majors cubicles, including 1 cubicle with a dedicated 'ante' lobby for high risk pathogens
- Additional Point of Care room, providing improved access to services
- Inclusion of the largest drug room in the whole build with an automated drugs cabinet (Omnicell)
- Connectivity to pathology and pharmacy via pods, improving access to services
- Purpose built pantry for patient food prep and distribution
- 4 purpose built Mental Health rooms, increase of 1 capacity, providing an improved environment for both patients and staff







Current of Benefits of Phase 4

Patients

- 'One Front Door' Provides the ability to stream to UTC or ED accordingly, enhancing patient choice and experience
- Ability to implement the 'One Front Door' model where appropriate
- Dedicated area for corridor care patients providing improved privacy and dignity for patients
- Overall enhanced patient experience

Staffing

- Collaboration of MDT workforce e.g. ENP's are now co-located with UTC staff, encouraging different ways of working and greater collaboration
- Within Mental Health, a dedicated area enabling co-location of CWP staff to stay with the patients and collaborate with WUTH staff, enhancing the patient and staff experience
- Ambulance Arrival area is now an enabler to allow the process of early testing and assessment by a
 clinician upon arrival



Benefits of Final Phase (Phase 3)

Estate

- Purpose built Emergency Department that is designed to promote the 'One Front Door' Model
- A modern building built to HBN design, incorporating additional and up to date equipment
- Enhanced IT infrastructure
- Reprovision of the Ambulance Bay providing improved privacy and dignity for ambulance patients upon arrival
- Overall enhanced IPC
- Reduction in overall Estate backlog maintenance
- Modern and improved Estate Mechanical & Electrical equipment







Benefits of Final Phase (Phase 3)

Patients

- Right place, right time, first time, every time (One Front Door)
- Enhanced Patient experience, greater access to services, utilising an MDT workforce
- Improvement to overall access standards (improved 4 hour performance standard)

Staffing

- Improved working environment
- Enhanced staff accommodation and wellbeing facilities
- Improved collaborative working
- Improved retention in staffing and reduction in absence





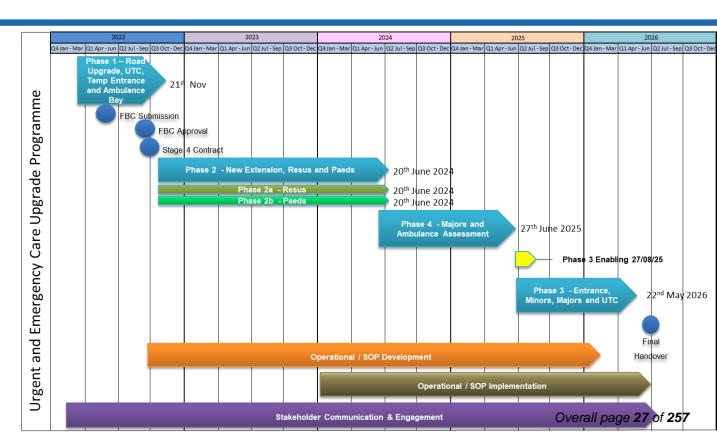


Impact on time

Current Phased delivery dates as identified by Rev to be updated upon release of REV 42*.

This Rev shows a contract completion of 22nd May 2026, a delay of 4 weeks from Rev 41, whilst planned completion is predicted 23rd June 2026.

*Please note, Rev 42 is under review and not yet approved.





Impact on Cost / Mitigation

Description	Cost of works	Delay to TD Programme	TD Prelims Cost (£45k per week delay)	Additional Works Cost	Total Cost
Phase 3 Enabling Works	£497,000	7 weeks	£315,000	£115,000	£927,000

Cost:

- The overall cost to the UECUP programme for the Phase 3 Enabling works has been estimated at £927K, a reduction of £210k from original estimations of £1.137m.
- This cost incorporates the enabling works being carried out on CDU, Ophthalmic Recovery Area and Ward 43, the cost of delays to Tilbury Douglas and any additional works cost such as cabling and connectivity to existing services.

The impact of the Phase 3 enablement works has increased the costed risk position to £4.3m, an increase of £881k.



Council of Governors 31 July 2025

Item 8

Title	People Experience Update		
Area Lead	Debs Smith, Chief People Officer		
Author	Sharon Landrum, Head of People Experience		
Report for	Information		

Executive Summary and Report Recommendations

As part of the Trust's People Strategy key deliverables, a new engagement framework was developed and implemented along with a new approach to measuring and monitoring the experiences of our staff at WUTH. This approach was presented as part of Workforce Steering Board in April 2024. Quarterly updates were agreed to support review and embedding of this new approach and these are now provided to Workforce Steering Board.

Following discussions at People Committee in September 2024 and subsequent discussion noted in the action log of the February 2025's People Committee; a biannual People Experience update report will be shared with People Committee as a wallet item for information. This report seeks to provide an update on staff experiences at WUTH and activities to support improvements.

Previous people experience reports have highlighted that improvement in staff experience can be gained by focusing on the elements contained within the NHS People Promise themes. Therefore, reference to the relevant key People Promise elements are included throughout.

Key areas included in this report focus on:

- 1) National Staff Survey (NSS) Campaign and Findings
- 2) Recognition Schemes
- 3) Update following listening events with Trust Black, Asian and Minority Ethnic (BAME) staff

It is recommended that the Council of Governors:

Note the report and presentation

Key Risks

This report relates to these key risks:

- 397 Increased Sickness Absence
- BAF Risk Failure of the Trust to have the right organisational culture, staff experience and organisational conditions to deliver our priorities for our patients and service users

Contribution to Integrated Care System objectives (Triple Aim Duty):		
Better health and wellbeing for everyone	Yes	
Better quality of health services for all individuals		

Sustainable use of NHS resources No	
-------------------------------------	--

Contribution to WUTH strategic objectives:		
Outstanding Care: provide the best care and support		
Compassionate workforce: be a great place to work		
Continuous Improvement: maximise our potential to improve and deliver best value		
Our partners: provide seamless care working with our partners		
Digital future: be a digital pioneer and centre for excellence		
Infrastructure: improve our infrastructure and how we use it.		

Governance journey					
Date	Forum	Report Title	Purpose/Decision		
19.12.25	Workforce Steering Board	People Experience Update Report	Information		
27.02.25	Workforce Steering Board	People Experience Update Report	Information		
03.04.25	People Committee	People Experience Update Report	Information		

1 National Staff Survey Campaign and Findings

1.1 2024 Campaign – Refreshed Approach

Following a significant reduction in response rates in the previous (2023) staff survey, a refreshed approach was taken for the 2024 campaign.



A staff survey project team was established comprising of Workforce Directorate key stakeholders, to identify and create a new approach. This team was then broadened into a staff survey campaign team that then invited Divisional senior leaders.



The new approach asked Divisions to develop "launch plans" in advance of the staff survey launch date and identify staff survey "connectors" from within their areas, who would support the campaign locally and encourage staff to complete theirs.

As a result of feedback gained, new visuals were developed including posters; screensavers; MS Teams backgrounds; T-shirts; stickers and information leaflets including feedback on actions taken as a result of the previous survey.

An early launch date was secured, with a successful launch on 30 September 2024. This provided a nine-week fieldwork period, with the survey closing on 29 November.

This new approach saw a significant change in the staff survey campaign, with enhanced Divisional buy-in and ownership and even some fun along the way as new processes were also developed to provide weekly progress updates and hampers given to acknowledge areas of significant progression.

The refreshed campaign and approach taken is felt to have contributed to the significant increase in response rates, which as the survey closed, was 47%. A 9% increase from 2023.

It is also important to note that survey responses tend to increase more during the final week of fieldwork, however WUTH was unfortunately subject to a Cyber Attack during the last week and therefore a number of scheduled events and promotional opportunities, were unfortunately cancelled.

1.2 Results

In order to maintain the momentum gained as a result of the new approach and as a result of feedback received from the campaign team; a revised approach was also taken on reviewing the results.

A summary of findings for WUTH are:

Highlights;

- There is more compassionate leadership.
- Immediate managers care about concerns.
- Staff feel they are able to openly discuss flexible working opportunities.
- Staff feel less burnt out.
- Managers are more encouraging and give clearer feedback.
- Fewer staff are experiencing bullying/harassment.
- Of those that have experienced it, more are reporting it.
- More reasonable adjustments have been made to support staff in work.

Areas to improve:

- Staff engagement.
- · Challenges in meeting demand.
- · Violence and patients displaying challenging behaviours.
- Staff confidence that issues raised are listed to and addressed.
- Staff's ability to influence positive change in their area of work.

The only area identified as having a statistically significant change is the staff engagement score, which unfortunately declined this year particularly with regards to staff advocacy and motivation.

Results were initially shared with the Executive Management Team, followed by Divisional leads and staff campaign team members as part of a series of workshops held in advance of the national embargo lift. Workshops provided the opportunity for Divisions; Corporate Service leads; subject matter experts and key enabling strategy leads to work with HR Business Partners and OD leads to review service data and identify "what" their 2/3 key priority actions for the coming year would be.

On review of survey findings, the following areas of focus have been identified for the Trust for 2025/26:

- 1. Improvement for All: empowering staff to create change
- 2. Staff Safety: reducing violence and challenging behaviour
- 3. Reporting Concerns: improving staff confidence

Divisions, service areas and key enabling strategy leads may have identified different areas of focus in line with findings for their area(s).

The national embargo was lifted on 13 March 2025 and a "live" event was held at the time of the embargo lift. Findings were shared by the Chief People Officer and Head of People Experience and later shared as part of Trust communications for all staff to view.

A series of presentations have taken place to inform staff including Leaders in Touch and Partnership Steering Group and a further workshop has been held for staff network members, to review detailed findings by protected characteristic and support identification of areas of focus for networks this year.

The summary presentation is available at appendix 1.

Infographics have also been developed to share key messages, along with a Divisional template to support sharing of feedback locally.

A series of Divisional engagement events and opportunities have now commenced as part of the agreed engagement cycle, for Divisions to share findings and areas of focus with staff and engage staff on "how" best to progress locally.

A new approach has also emerged from Medicine and Surgery who are replicating the workshop approach with management teams to review detailed findings for their areas and then share locally with wards and departments. This is working well so far, with staff feeling gaining greater understanding and confidence in reviewing the data, supporting reinforcement of key messages of anonymity and ensuring achievement of minimum 10 responses and ensuring feedback reaches staff at a local level.

1.3 **Next Steps**

As a result of staff survey feedback, a workshop has already been held by the Chief Nurse, to lead transformation of the Trust's approach to reducing violence and aggression for WUTH staff. Key next steps have been identified and actions are underway.

A new "Improvement for All" Quality Improvement approach is being launched by WUTH, led by the Improvement Team. Workstreams are underway to identify areas needed for the launch, including training sessions for staff and a focus for this years' Leadership Conference.

A further workshop is being held with FTSU Champions to review data and shape priorities for the FTSU team in supporting a positive speak up culture at WUTH.

Divisions have been asked to develop action plans focused on the areas of focus identified with key lines of enquiry (KLOEs) to be integrated as part of Divisional Performance Reviews.

Biannual meetings will be scheduled for Divisional leads to support continued progress, sharing of best practice and preparation for future surveys.

2 Recognition Update

Employee / Team of the Month

The employee / Team of the month scheme continues to operate with monthly winners in each category since May 2024. 261 nominations have been received so far.



A further new recognition scheme was launched in November 2024 "Making a Difference" Volunteer Award which will be open for nominations on a quarterly basis.

Nominations are open from 1 to 22 every month and the same dates for the middle month of the quarter for the Volunteer Award.

To date we have seen the following number of winners:

- Employee of the Month Patient Care 7 winners
- Team of the Month Patient Care 3 winners
- Employee of the Month Support Services 10 winners
- Team of the Month Support Services 0 winners
- Making a Difference Volunteer Award 2 winners

Winners are presented with a certificate and hamper at Leaders in Touch and all nominees receive an email to congratulate them on their nomination.

A video is currently in development to highlight the impact of the schemes and support further awareness raising of the scheme, along with additional promotional materials for sharing across the Trust.

Three CEO Star Awards have also been given out this year.

Long Service Awards

So far this year, 186 staff have received a long service recognition award for 25 years' continuous service within the NHS. 28 staff have received a long service recognition award for 40 years' continuous service.

Recognition events are held twice a year, with the next event scheduled for 25 April 2025.

Staff with 25 and 40 years continuous long service up to and including 31 March 2025, will be identified and invited to attend an event in the Education Centre, to celebrate their long service.

Retirement Recognition

At the time of writing the report, 65 staff will have / or be due to receive retirement vouchers and a certificate in recognition of their service with the NHS.

Ecards

Ecards continue to be available for staff to share with colleagues across a range of themes, with a number of new cards added. Cards include a range of themes and support a variety of different cultural and spiritual festivals.

Kindness and Civility Group

A programme of initiatives continue to be rolled out by the kindness and civility group including the most recent "Good Egg" campaign, with staff able to nominate staff they feel are "good eggs" with winners receiving an Easter egg.

Winter Morale Boosters

A series of morale boosting initiatives were held in the countdown to Christmas, to boost morale, build teamwork and celebrate Christmas and the festive period and including gingerbread house and door decorating competitions; wear something festive day and Executive walkabouts to thank staff and distribute chocolates.

Feedback from Listening Events with WUTH Black, Asian and Minority Ethnic Staff

Work continues to take place to improve experiences for Black, Asian and Minority Ethnic staff at WUTH, following feedback received at listening events held in 2024.



In conjunction with the multicultural staff network, two high impact actions were identified for 2024/25:

- 1) Improve access to longer periods of annual leave for international staff



An action plan was developed and continues to be monitored at Workforce Steering Board with areas of progress noted.

2) Removing barriers to career progression for non-white staff



Key areas of progress include:

- Revised annual leave policy and processes to encourage staff to take >2 weeks annual leave, including senior oversight of declined applications
- Enhanced awareness raising for interviewers
- Career development and interview preparation support sessions
- Development and launch of recruitment audit

The 2024 staff survey data highlights BAME staff are more satisfied this year in a number of areas, with the biggest improvement in satisfaction with flexible working, appraisals and experiencing less "negative experiences" i.e. bullying and harassment.

BAME staff are more satisfied than white staff in the majority of areas this year and have a higher staff engagement score.

BAME staff have experienced less bullying, harassment or abuse and discrimination from patients/service users, managers and colleagues and of those that have experience bullying or harassment, more are reporting it.

An increase could also be seen in the % of BAME staff who responded to the survey this year.

Whilst positive progress can be seen and hopefully as an outcome of the work undertaken this year, there are still areas that need further review and consideration and work has commenced with multicultural staff network members, to review survey data and understand areas of focus for 2025/26.

4	Implications			
	Patients			
	 Research shows that happier and more engaged staff can improve experience for our patients and improved patient outcomes. Activities detailed in this report seek to improve experiences for patients positively. 			
	People			
	 WUTH seeks to be the employer of choice and improve experiences for staff. No negative implications. 			
	Finance			

 Funding for recognition schemes are met from within the agreed Engagement and Inclusion budget with the CIP target met for this year.

Compliance

 Completion of national staff survey and quarterly pulse surveys, fulfils WUTH's standard contractual responsibilities. Survey Coordination Centre



Wirral University Teaching Hospital NHS Foundation Trust

NHS Staff Survey Benchmark report 2024







Introduction	3	
Organisation details	8	
- Announce of the second		
People Promise element, theme and sub-score results	10	
Overview	11	
Sub-score overview	13	
Trends	17	
We are compassionate and inclusive	18	
We are recognised and rewarded	21	
We each have a voice that counts	22	
We are safe and healthy	24	
We are always learning	26	
We work flexibly	28	
We are a team	30	
Staff Engagement	32	
Morale	34	
People Promise element, theme and sub-score results – detailed information	36	
We are compassionate and inclusive	36	
We are recognised and rewarded	45	
We each have a voice that counts	48	
We are safe and healthy	54	
We are always learning	66	
We work flexibly		
We are a team		
Staff Engagement		
Morale		

Questions not linked to the People Promise elements or themes		
Workforce Equality Standards	103	
Workforce Race Equality Standards (WRES) Workforce Disability Equality Standards (WDES)	106 111	
About your respondents	121	
Appendices	135	
A – Response rate B – Significance testing (2023 v 2024) People Promise and theme results C – Tips on using your benchmark report D – Additional reporting outputs	136 138 140 145	

Survey Coordination Centre



Introduction

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



About this Report





About this report

This benchmark report for Wirral University Teaching Hospital NHS Foundation Trust contains results for the 2024 NHS Staff Survey, and historical results back to 2020 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the <u>People Promise</u>. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two themes (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub scores are related and mapped to individual survey questions.



People Promise elements, themes and sub-scores





People Promise elements	Sub-scores	Questions
	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
We are compassionate and inclusive	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
we are compassionate and inclusive	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We sade how a sector that a sector	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
We each have a voice that counts	Raising concerns	Q20a, Q20b, Q25e, Q25f
	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
We are referred by the	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
We are safe and healthy	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
	Development	Q24a, Q24b, Q24c, Q24d, Q24e
We are always learning	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
W 10 11	Support for work-life balance	Q6b, Q6c, Q6d
We work flexibly	Flexible working	Q4d
Westernam	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
We are a team	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
	Motivation	Q2a, Q2b, Q2c
Staff Engagement	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
	Thinking about leaving	Q26a, Q26b, Q26c
Morale	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Report structure

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Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, the themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, with the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.



Note: where there are fewer than 10 responses for a question, this data is not shown to protect the confidentiality of staff and reliability of results.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.

Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

About your respondents

This section provides details of the staff responding to the survey, including their demographic and other classification questions.

Appendices

Here you will find:

- Response rate.
- ➤ Significance testing of the People Promise element and theme results for 2023 vs 2024.
- > Guidance on data in the benchmark reports.
- > Additional reporting outputs.
- > Tips on action planning and interpreting the results.
- Contact information.

Using the report





Key features

100 90 selecting answer 70 50 2021 2022 2023 2024 32.6% 30.6% 30.0% 28.5% Your org Best result 21.8% 21.7% 18.0% 17.1% 30.2% 29.8% 28.1% 26.4% verage resul 37.6% 36.9% 38.5% 39.2% Worst result 480 500 515 520 Responses

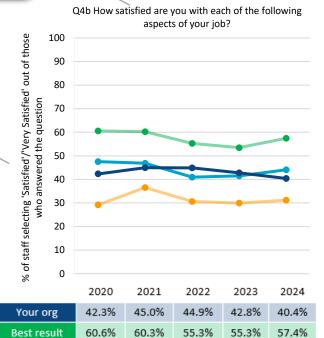
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst **results**.

Question number and text (or summary measure) specified at the top of each slide.

Note this is example data



Number of responses for the organisation for the given question.

Average result

Worst result

Responses

47.5%

29.2%

835

46.9%

36.5%

1255

41.0%

30.6%

1491

41.5%

29.9%

1325

44.0%

31.2%

517

Tips on how to read, interpret and use the data are included in the Appendices Survey Coordination Centre



Organisation details

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Organisation details





Wirral University Teaching Hospital NHS Foundation Trust

Organisation details

Completed questionnaires 3128

2024 response rate

47%

2024 NHS Staff Survey



This organisation is benchmarked against:

Acute and Acute & Community Trusts



2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

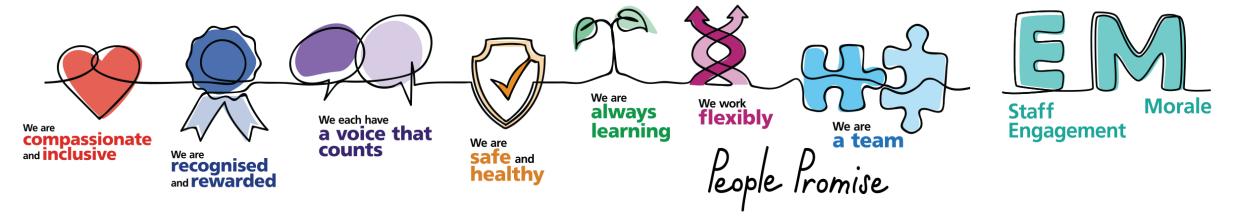
Survey details

Survey mode

Mixed







People Promise elements, themes and sub-score results

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre



People Promise elements, themes and sub-scores: Overview

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

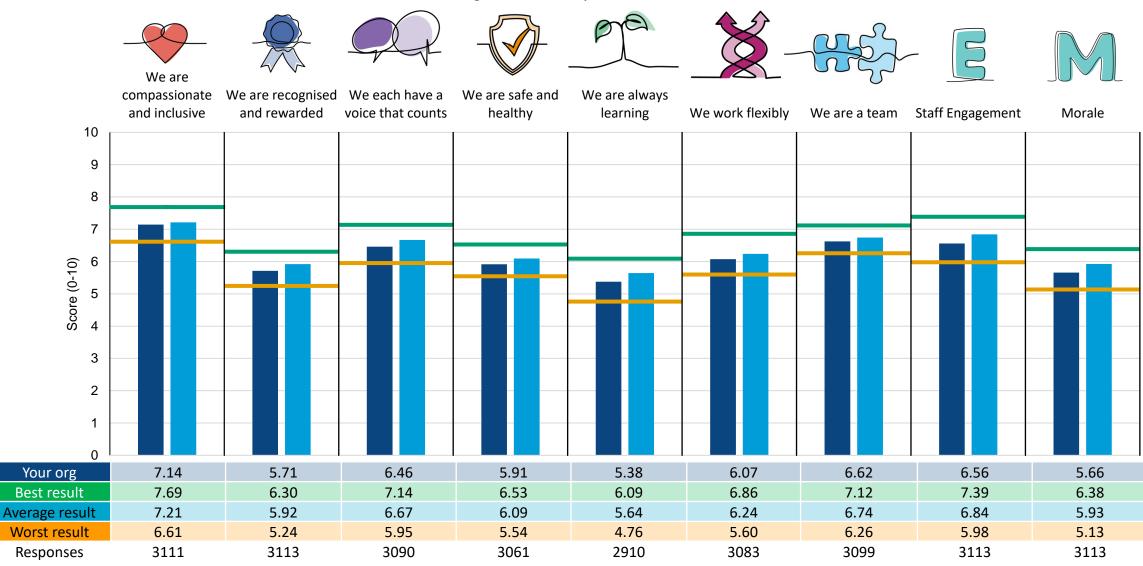


People Promise elements and themes: Overview





People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.





Average result

Worst result

Responses

7.05

5.89

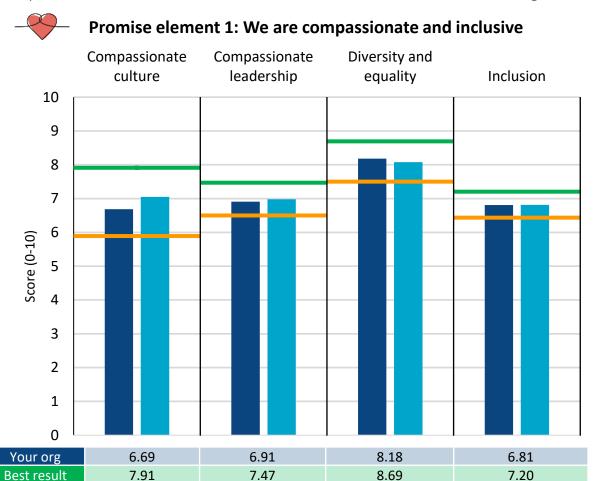
3104

People Promise elements, themes and sub-scores: Sub-score overview





People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



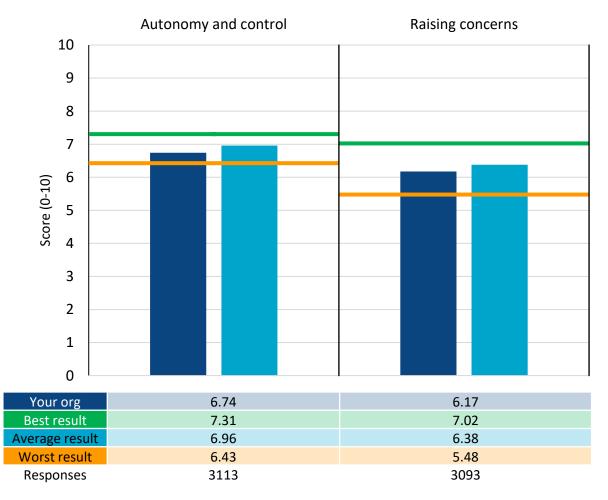
6.98

6.50

3104



Promise element 3: We each have a voice that counts



Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

8.08

7.50

3094

6.81

6.44

3107



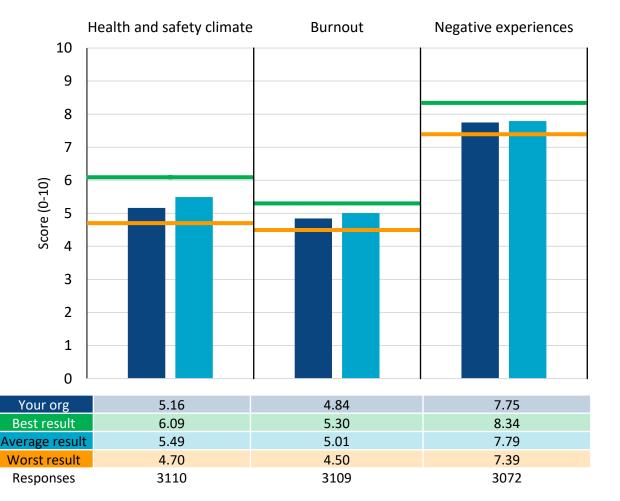




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

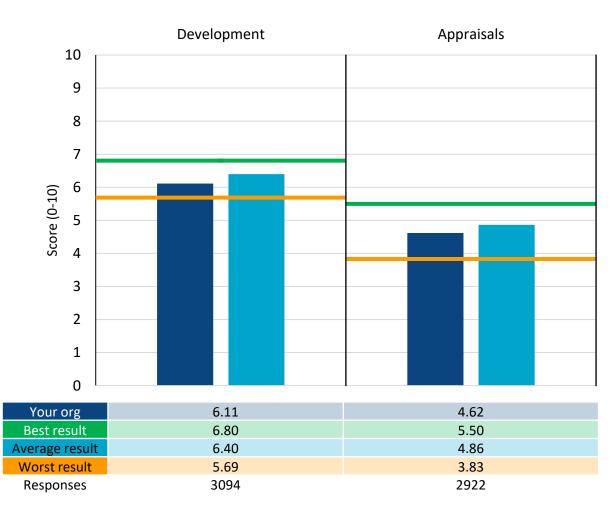


Promise element 4: We are safe and healthy





Promise element 5: We are always learning









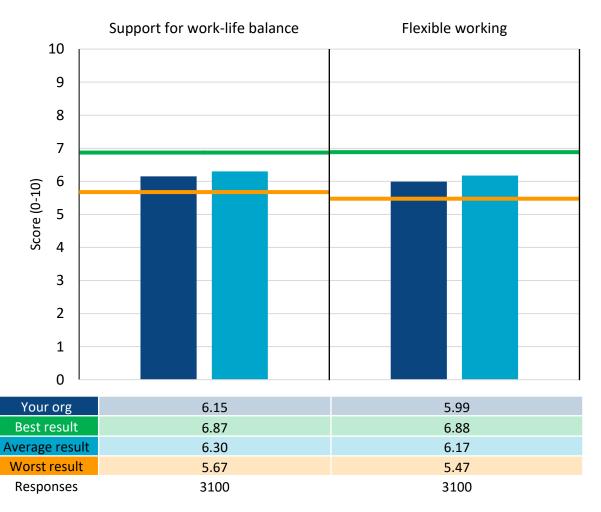
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

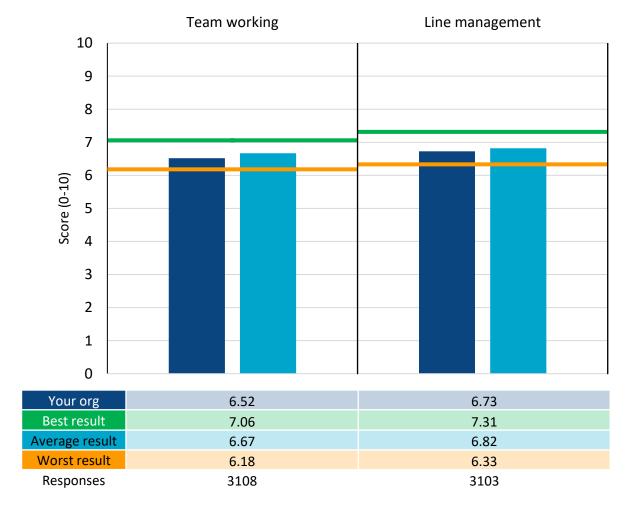


Promise element 6: We work flexibly



Promise element 7: We are a team



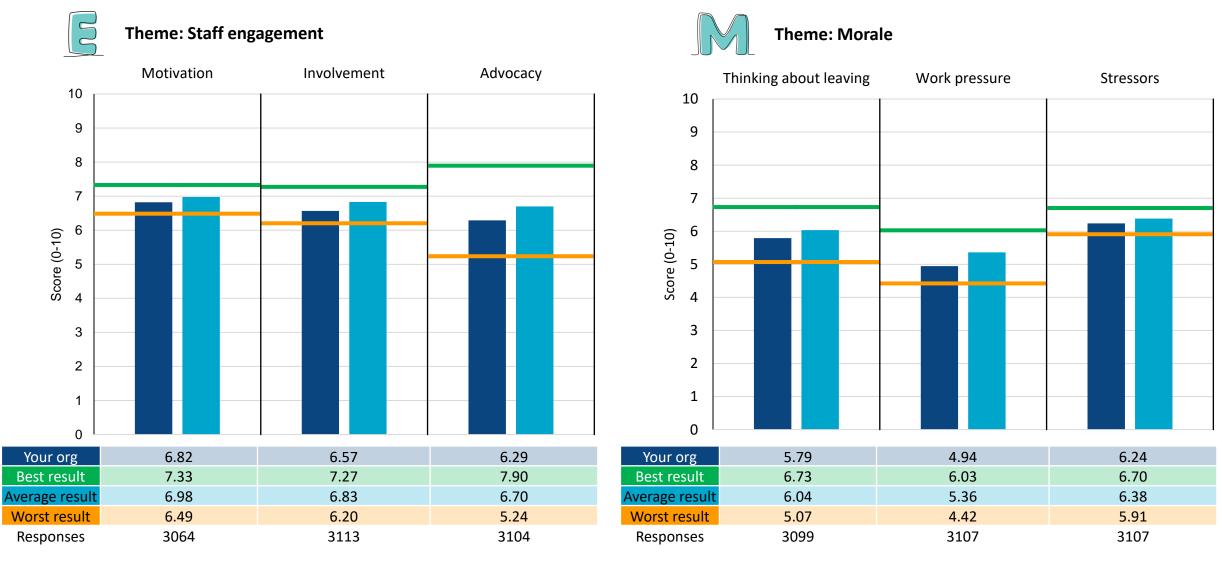








People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Survey Coordination Centre



People Promise elements, themes and sub-scores: Trends

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



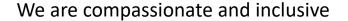


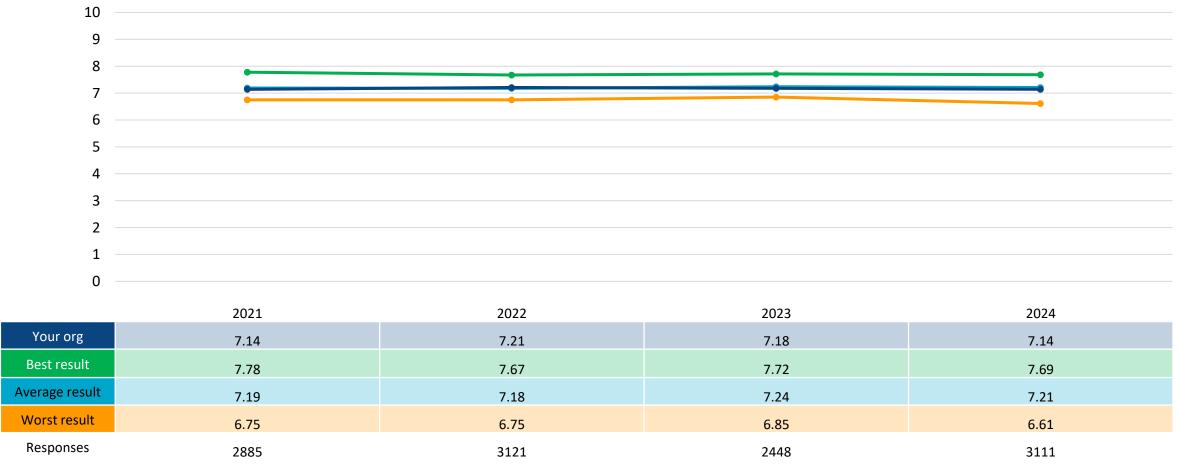


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive







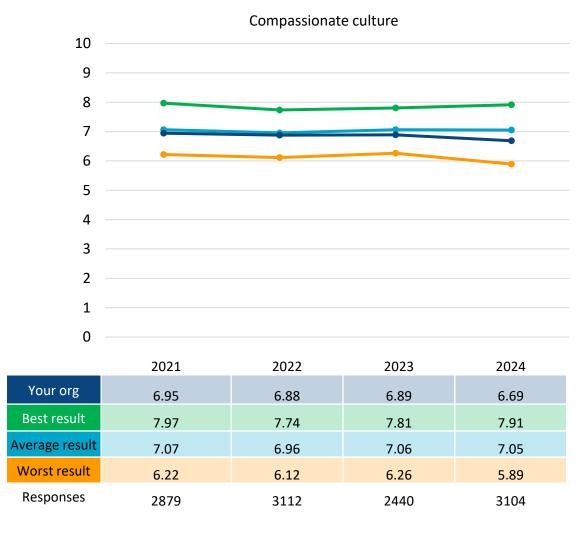


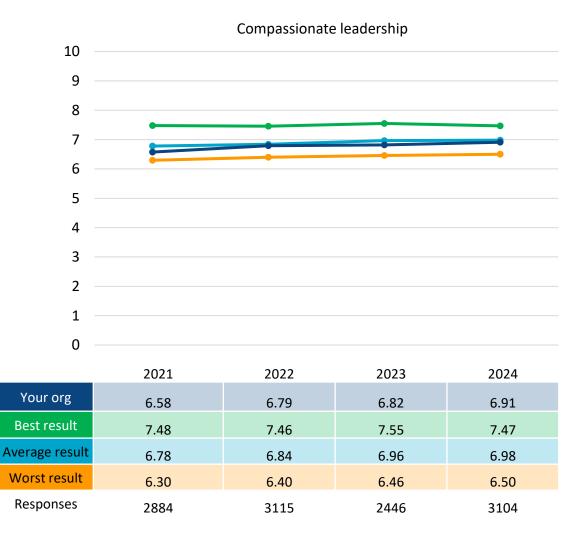


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive (1)







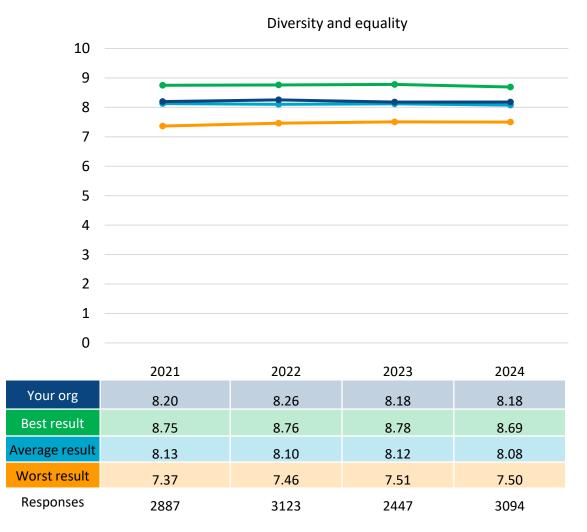




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive (2)









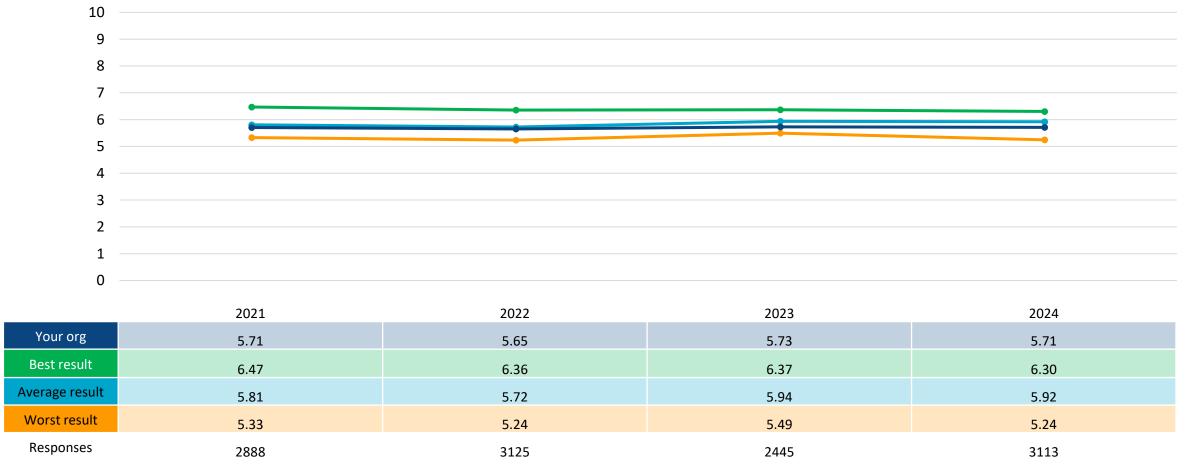


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 2: We are recognised and rewarded







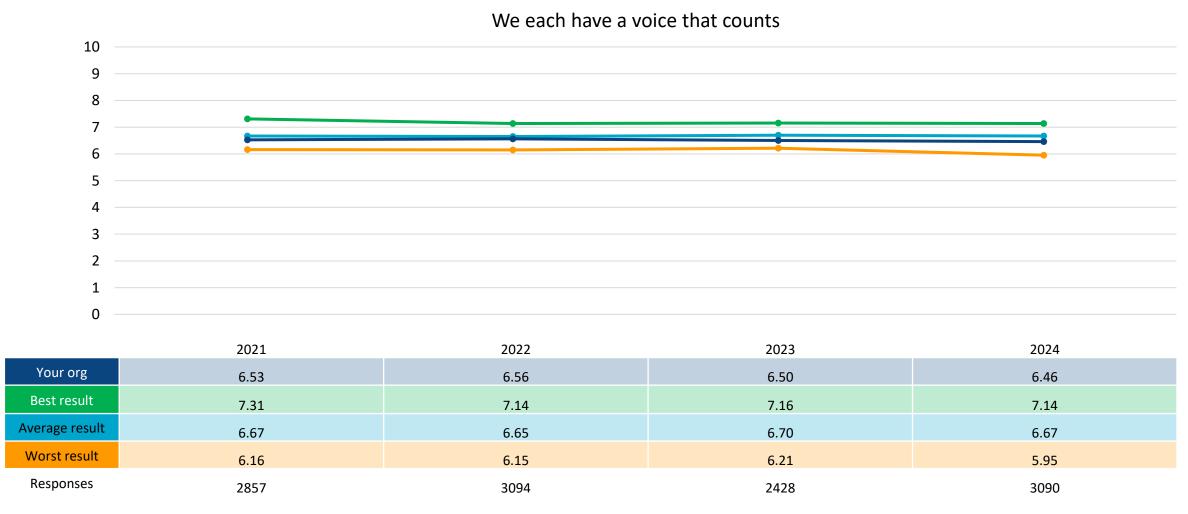




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 3: We each have a voice that counts





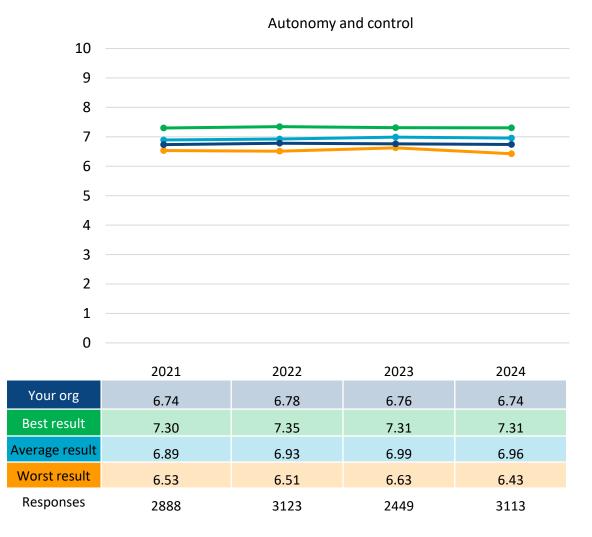




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 3: We each have a voice that counts







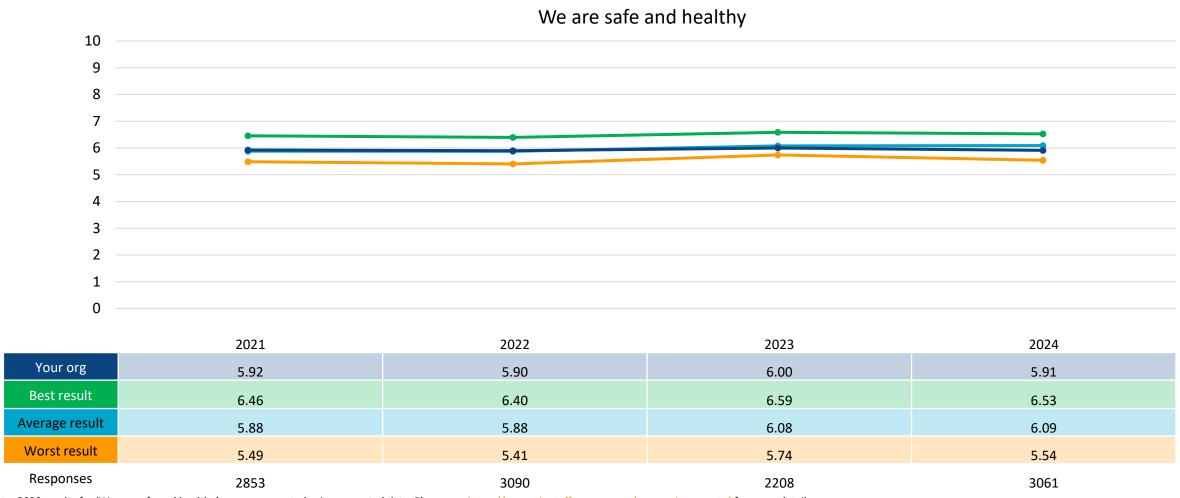




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



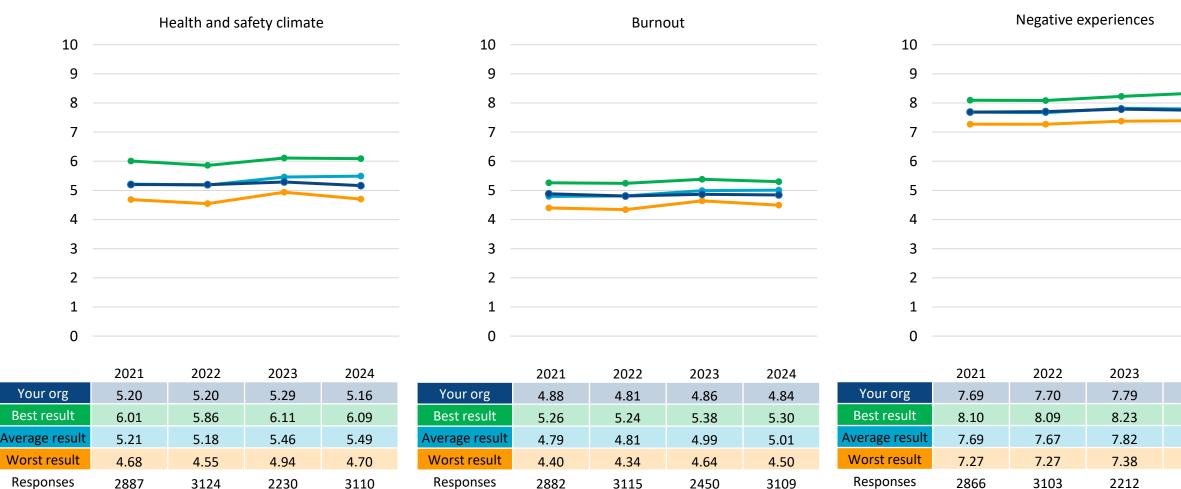




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/for more details.

2024

7.75

8.34

7.79

7.39

3072



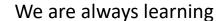


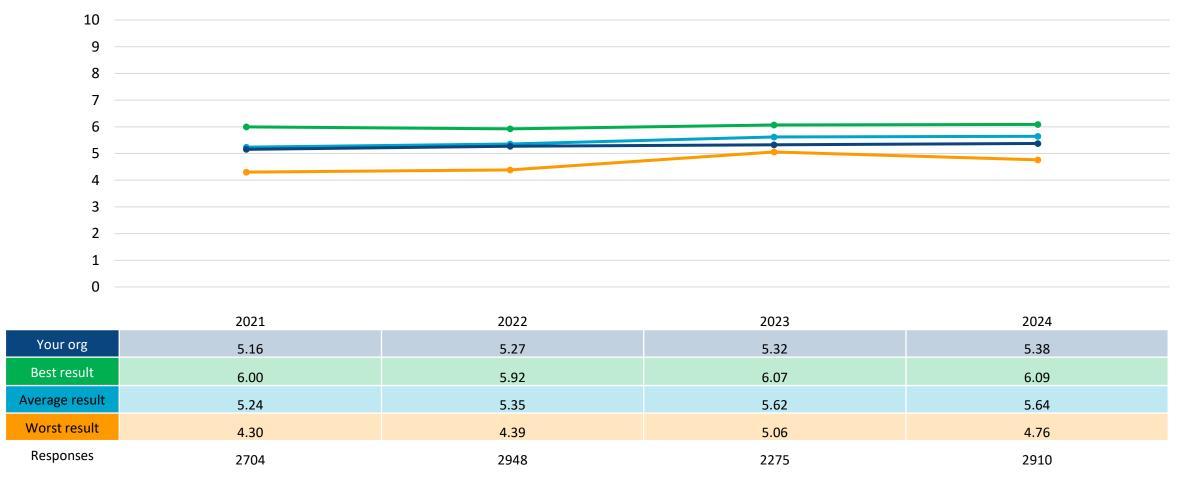


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 5: We are always learning









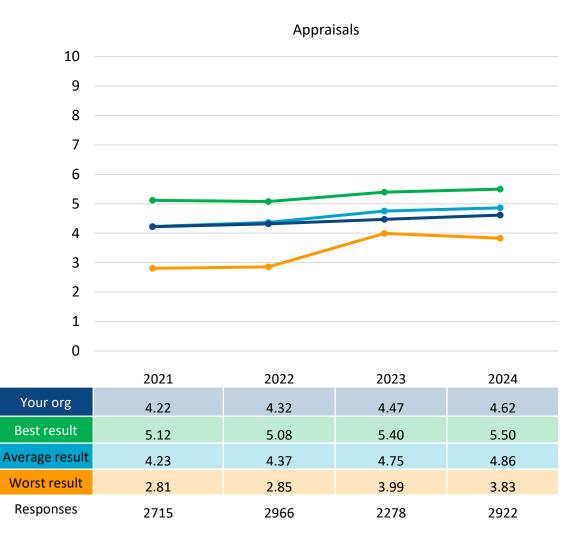


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 5: We are always learning







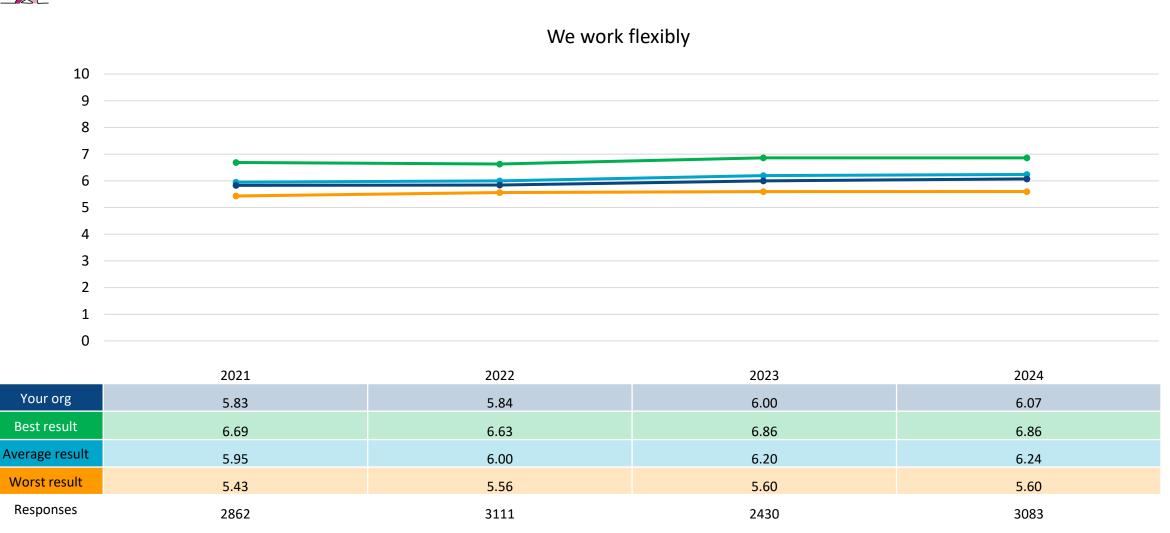




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly





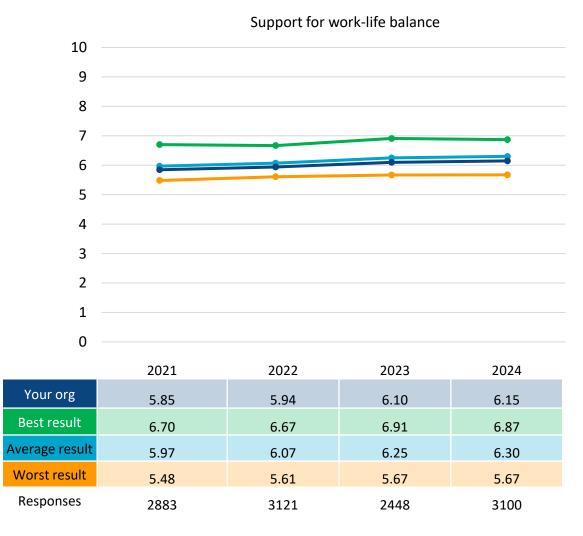


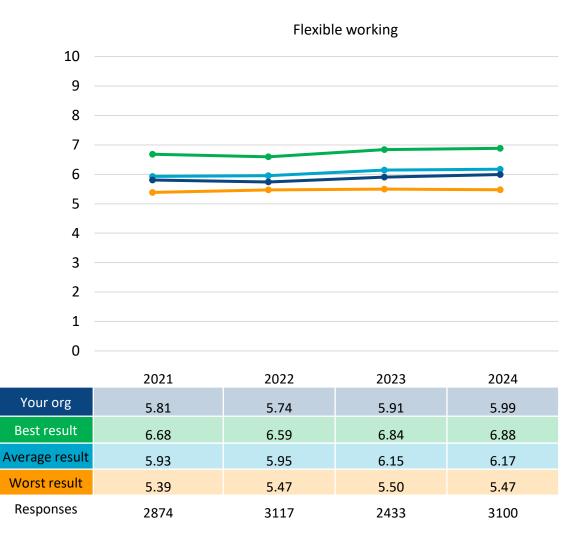


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly







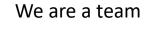


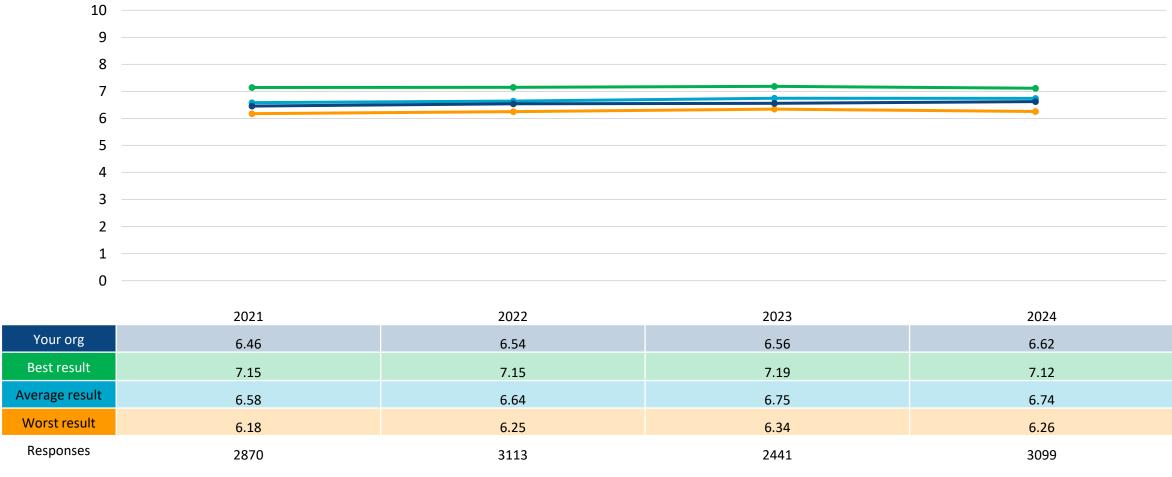


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 7: We are a team







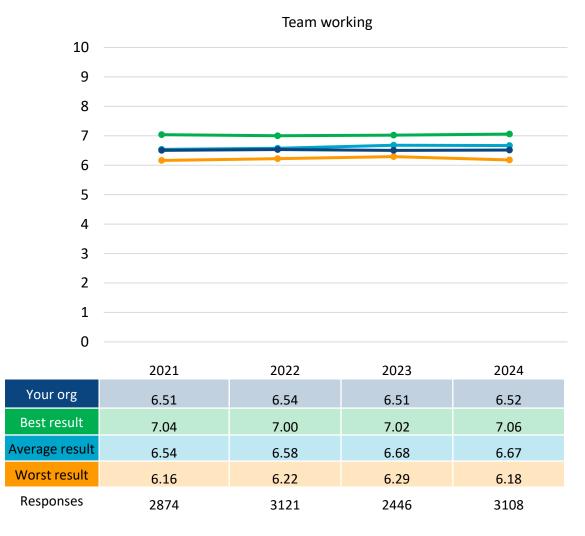


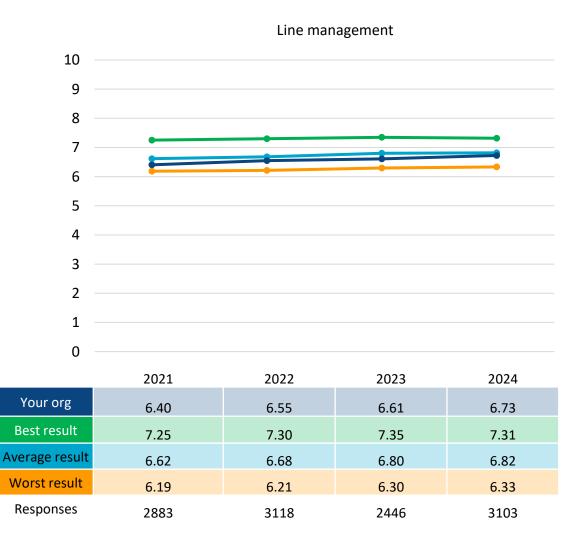


People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 7: We are a team







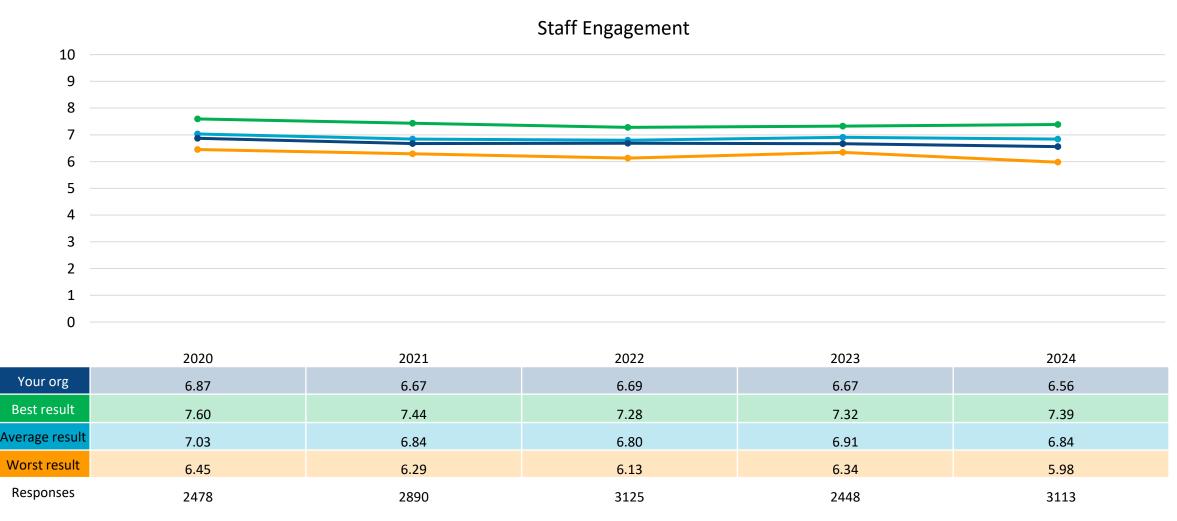




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Staff Engagement





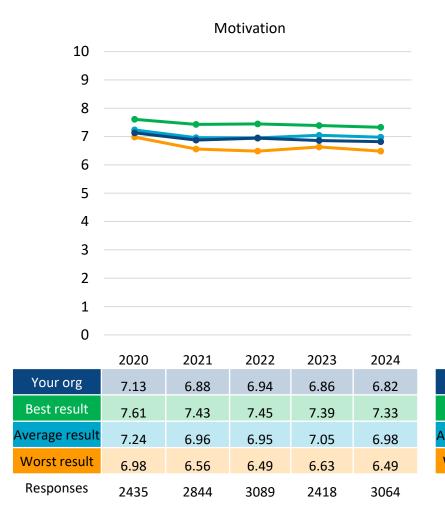




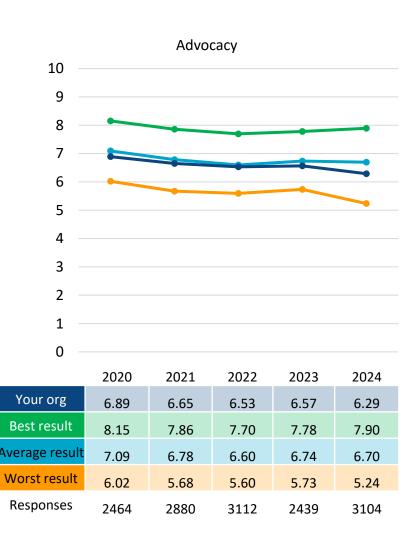
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Staff Engagement









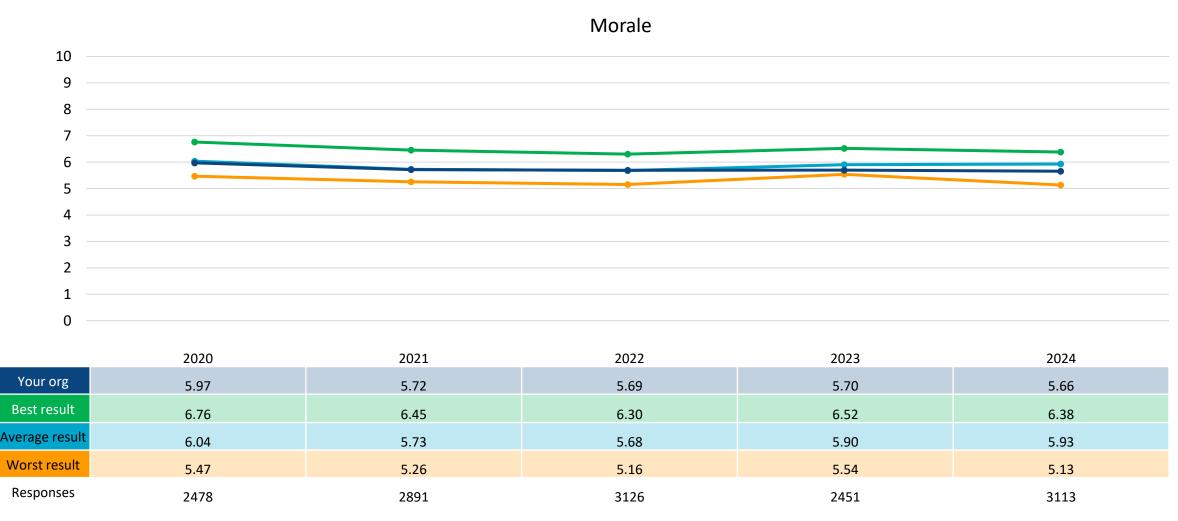




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Morale





People Promise elements, themes and sub-scores: Sub-score trends

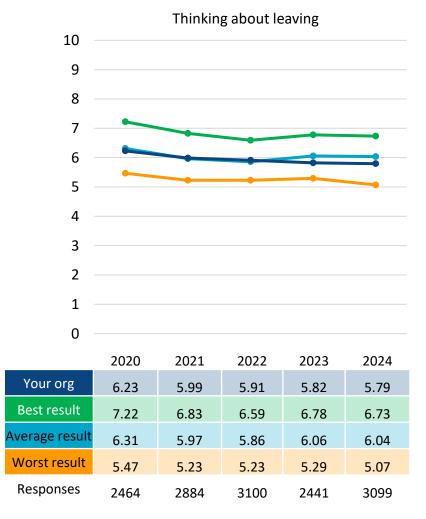




People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Morale









People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

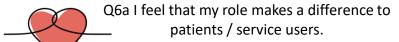
Inclusion – Q7h, Q7i, Q8b, Q8c

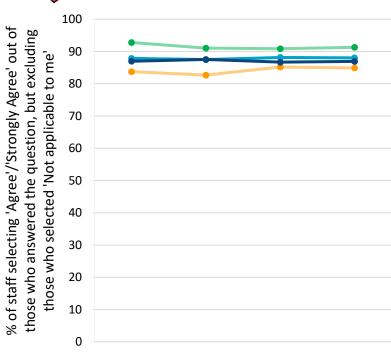
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture



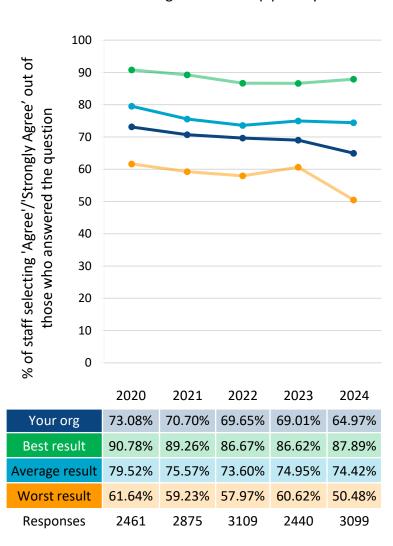




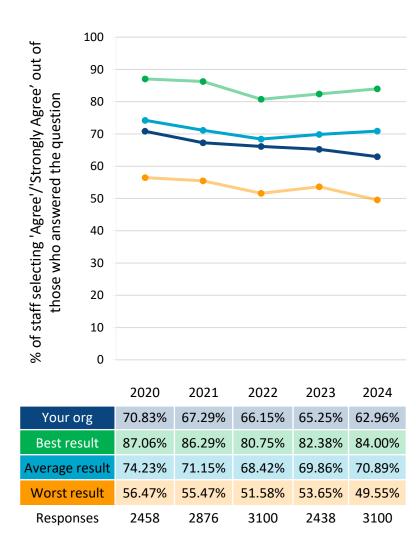


2021 2022 2023 2024 86.96% 87.51% 86.68% 86.90% Your org 92.76% 91.05% 90.84% 91.30% Best result 87.85% 87.48% 88.00% 88.13% Average result 84.88% Worst result 83.73% 82.67% 85.17% 2762 3011 2357 2996 Responses

Q25a Care of patients / service users is my organisation's top priority.



Q25b My organisation acts on concerns raised by patients / service users.



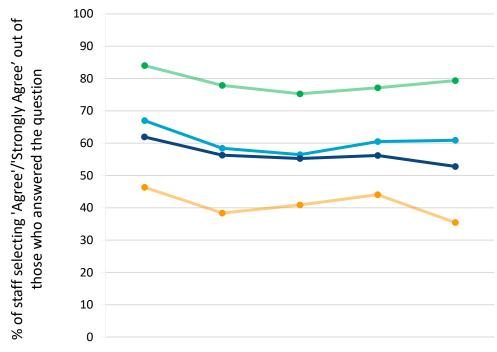
People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture





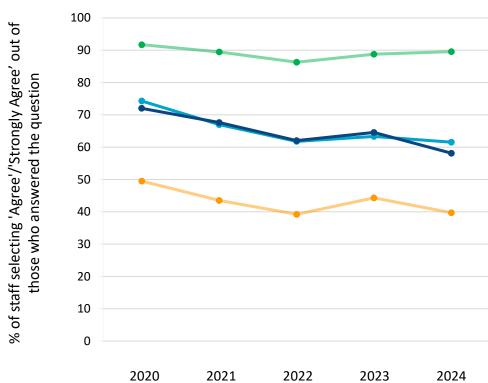


Q25c I would recommend my organisation as a place to work.



		2020	2021	2022	2023	2024
	Your org	61.92%	56.30%	55.24%	56.20%	52.80%
	Best result	84.01%	77.87%	75.29%	77.14%	79.38%
	Average result	66.98%	58.40%	56.46%	60.53%	60.90%
	Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
	Responses	2465	2878	3111	2435	3101

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



		2020	2021	2022	2023	2024
	Your org	72.02%	67.64%	62.04%	64.58%	58.13%
	Best result	91.73%	89.48%	86.30%	88.79%	89.59%
	Average result	74.30%	67.01%	61.79%	63.34%	61.54%
	Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
	Responses	2456	2874	3110	2437	3103

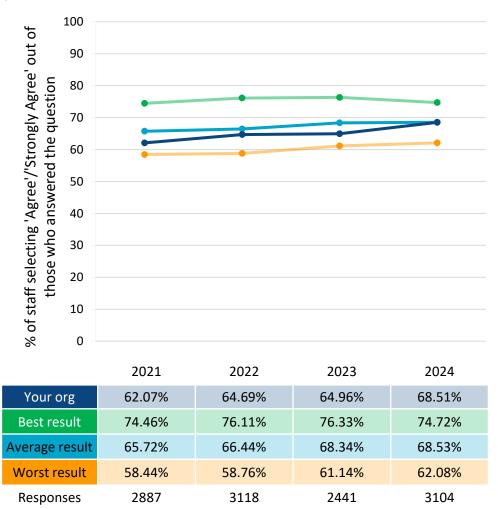
People Promise elements and theme results – We are compassionate and inclusive: Compassionate leadership



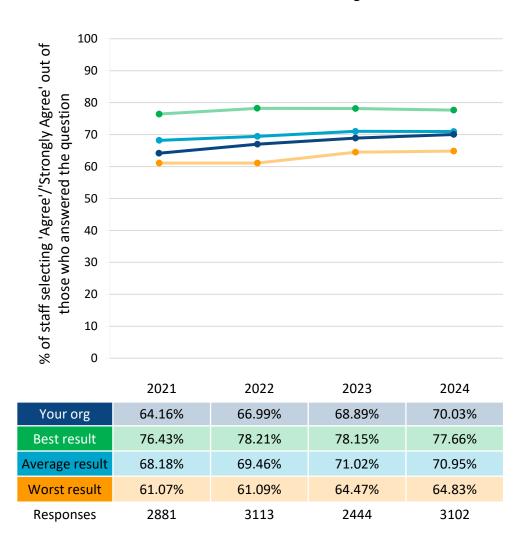




Q9f My immediate manager works together with me to come to an understanding of problems.



Q9g My immediate manager is interested in listening to me when I describe challenges I face.



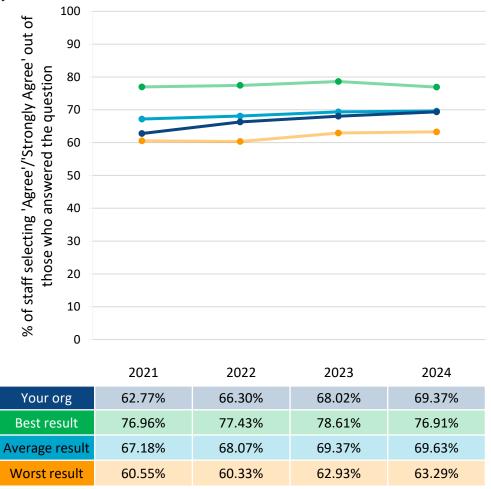
People Promise elements and theme results – We are compassionate and inclusive: Compassionate leadership







Q9h My immediate manager cares about my concerns.



3110

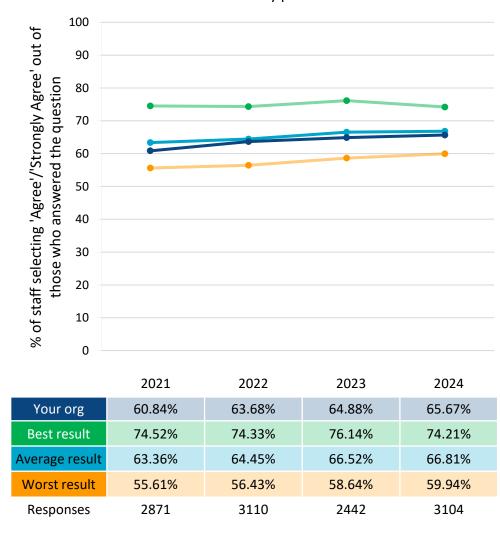
2441

3101

2877

Responses

Q9i My immediate manager takes effective action to help me with any problems I face.



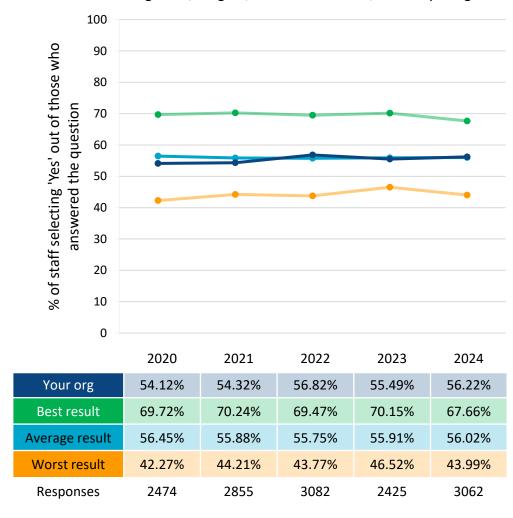




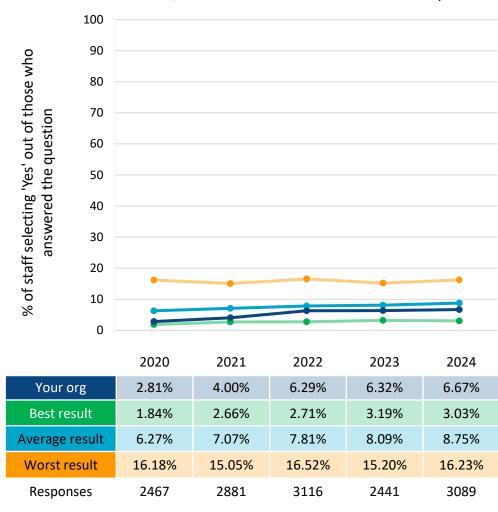




Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



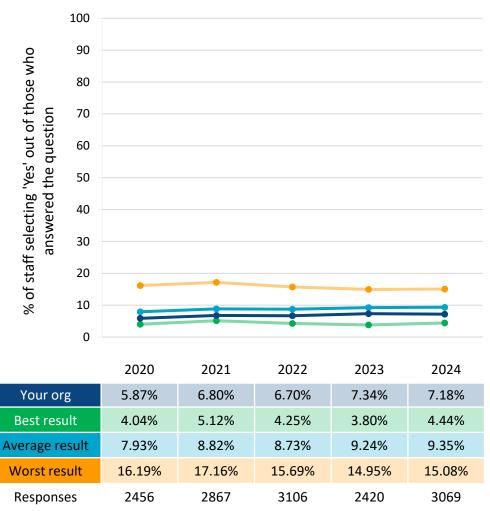




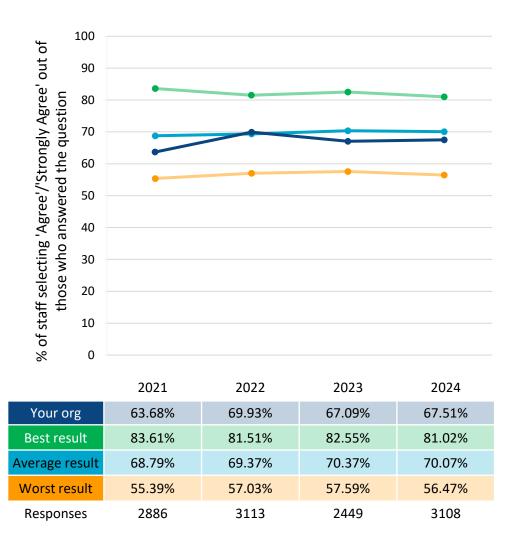




Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



People Promise elements and theme results – We are compassionate and inclusive: Inclusion

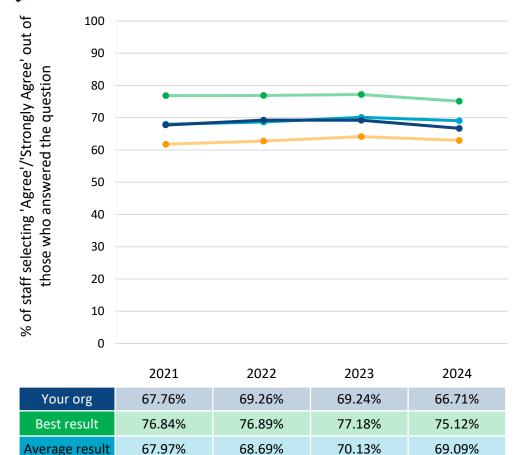






Q7h I feel valued by my team.

Q7i I feel a strong personal attachment to my team.



62.75%

3119

64.15%

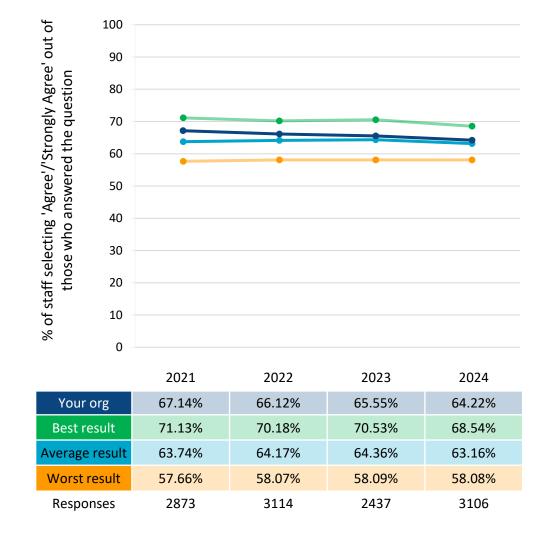
2442

61.78%

2866

Worst result

Responses



62.98%

3105

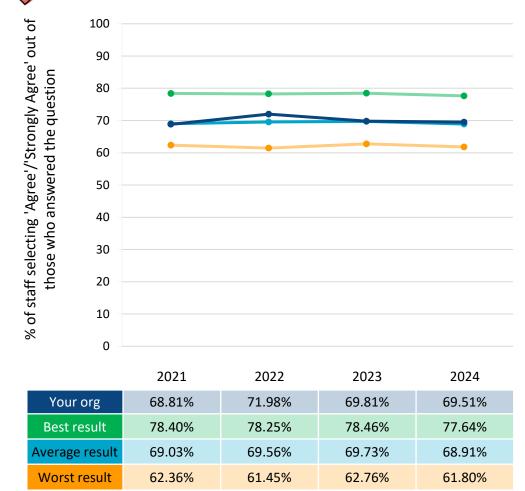
People Promise elements and theme results – We are compassionate and inclusive: Inclusion







Q8b The people I work with are understanding and kind to one another.



3123

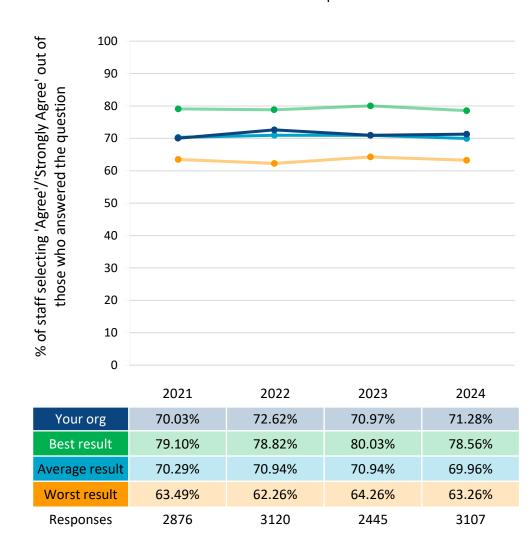
2445

3114

2882

Responses

Q8c The people I work with are polite and treat each other with respect.







People Promise element – We are recognised and rewarded



Questions included: Q4a, Q4b, Q4c, Q8d, Q9e



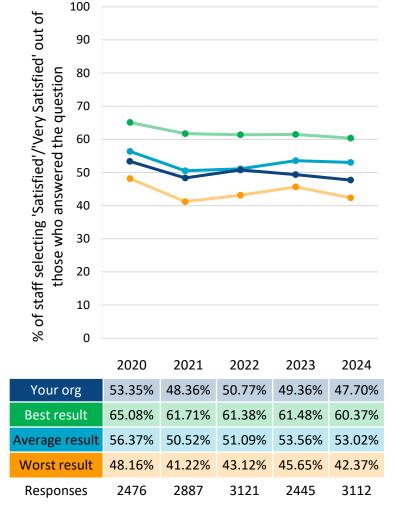
People Promise elements and theme results – We are recognised and rewarded



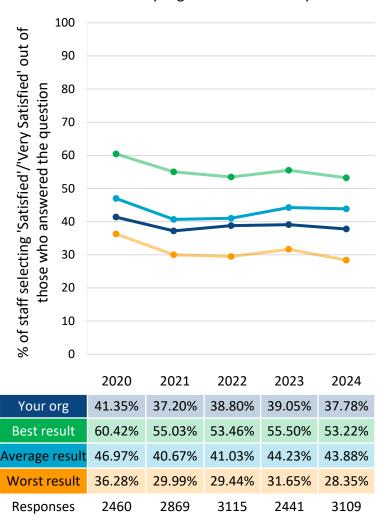




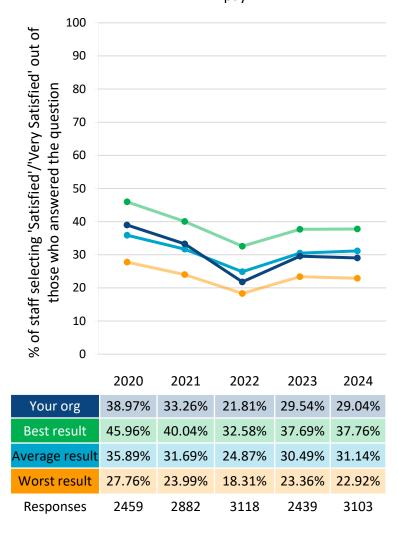
Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



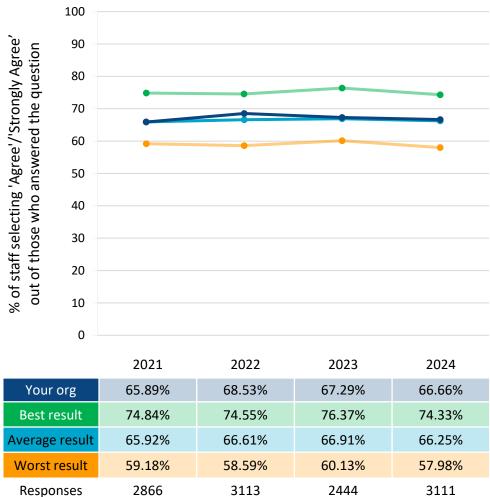




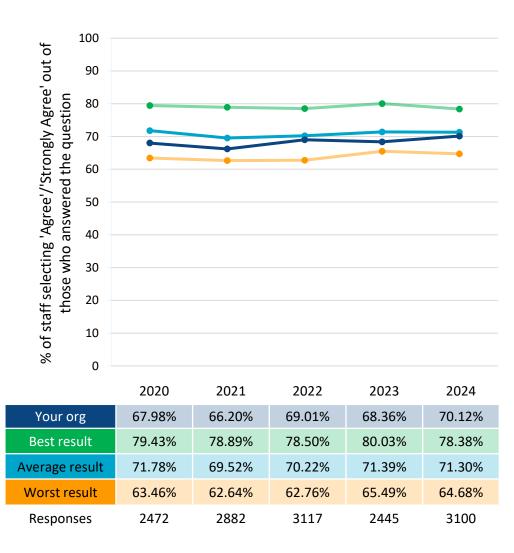




Q8d The people I work with show appreciation to one another.



Q9e My immediate manager values my work.





People Promise element – We each have a voice that counts



Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Raising concerns – Q20a, Q20b, Q25e, Q25f

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

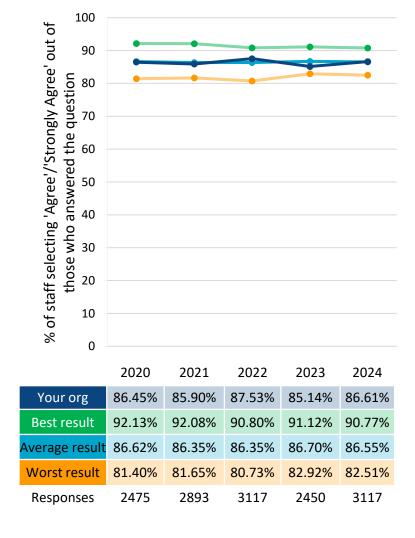
People Promise elements and theme results — We each have a voice that counts: Autonomy and control



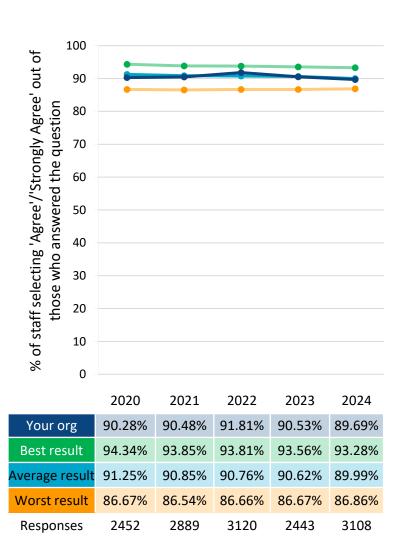




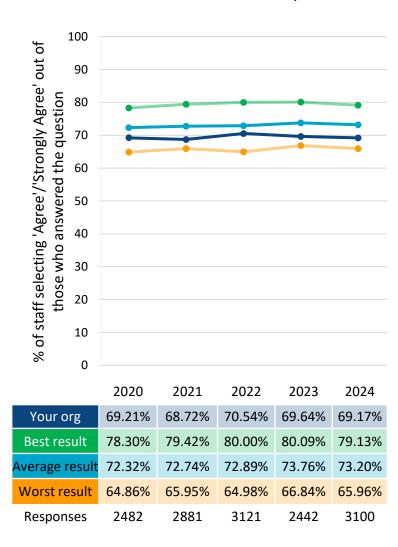
Q3a I always know what my work responsibilities are.



Q3b I am trusted to do my job.



Q3c There are frequent opportunities for me to show initiative in my role.



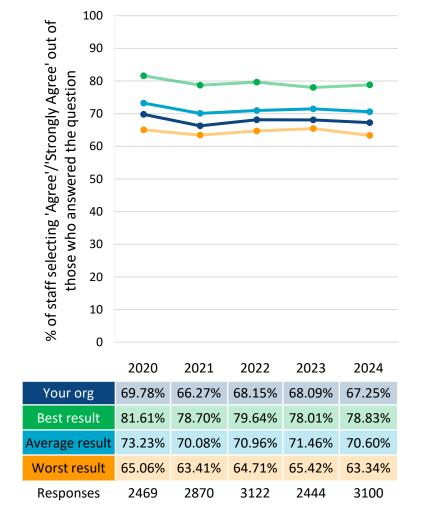
People Promise elements and theme results — We each have a voice that counts: Autonomy and control



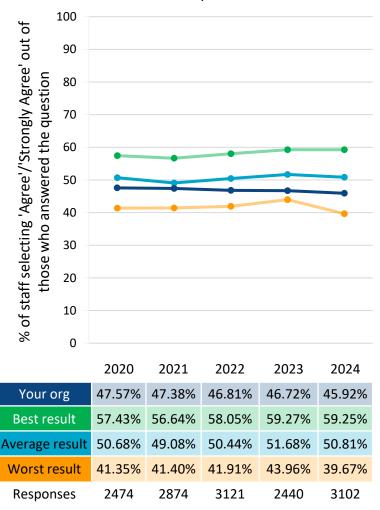




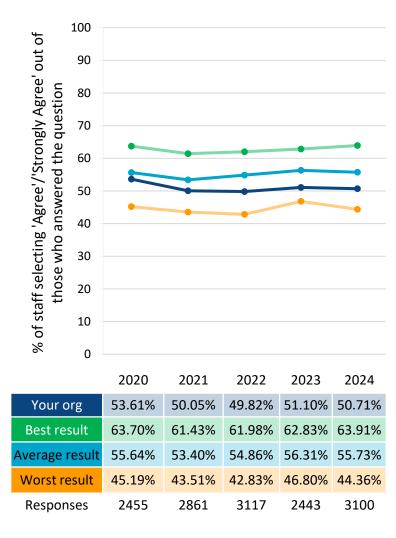
Q3d I am able to make suggestions to improve the work of my team / department.



Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



Q3f I am able to make improvements happen in my area of work.

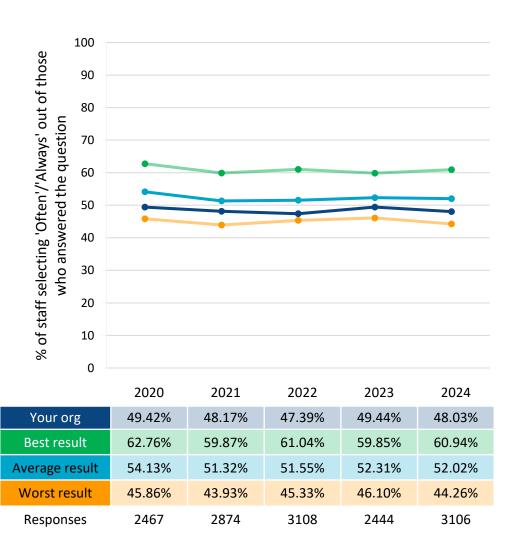








Q5b I have a choice in deciding how to do my work.



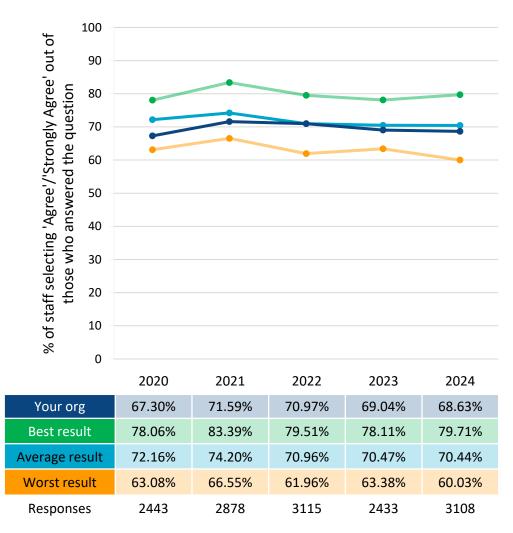




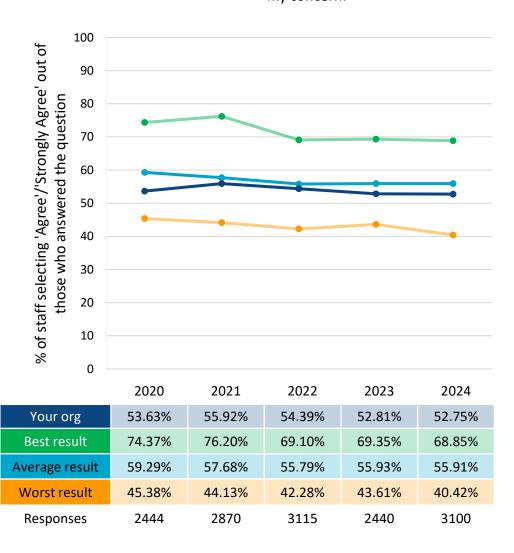




Q20a I would feel secure raising concerns about unsafe clinical practice.



Q20b I am confident that my organisation would address my concern.



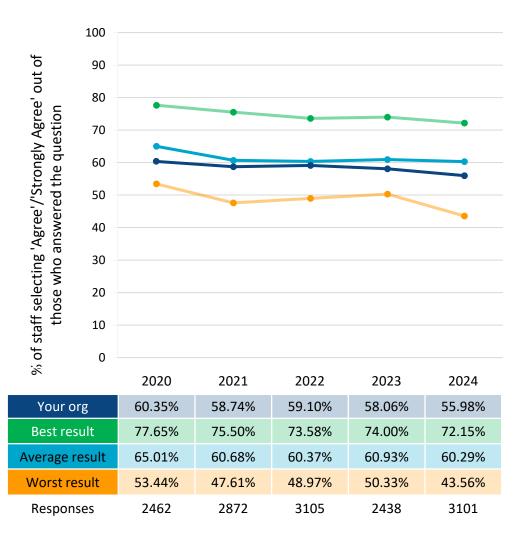
People Promise elements and theme results — We each have a voice that counts: Raising concerns



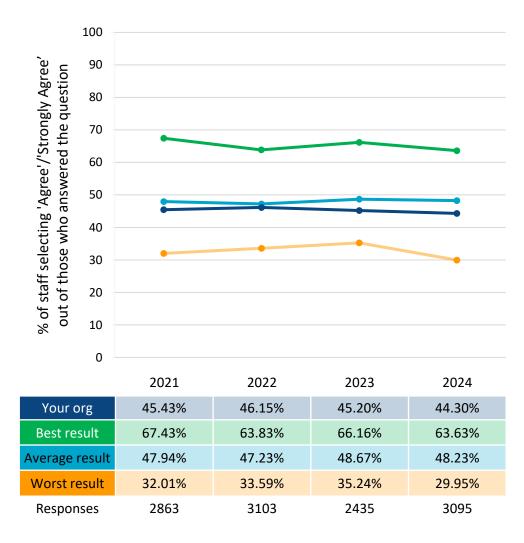




Q25e I feel safe to speak up about anything that concerns me in this organisation.



Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



Survey Coordination Centre



People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

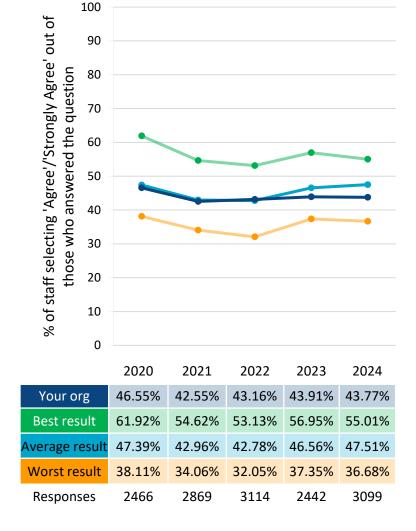
People Promise elements and theme results – We are safe and healthy: Health and safety climate



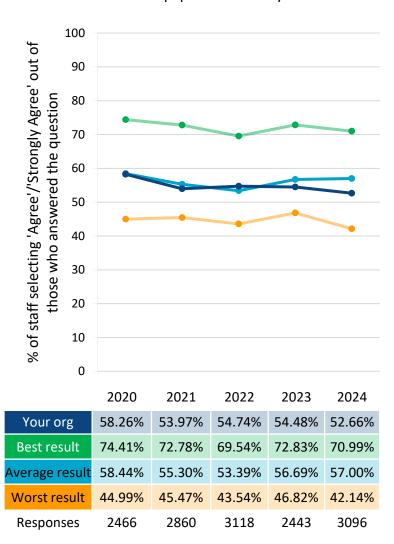




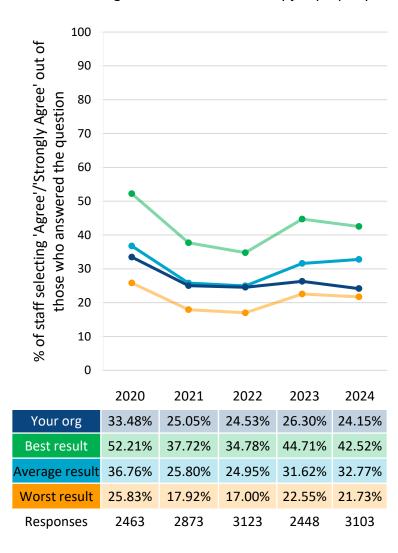
Q3g I am able to meet all the conflicting demands on my time at work.



Q3h I have adequate materials, supplies and equipment to do my work.



Q3i There are enough staff at this organisation for me to do my job properly.



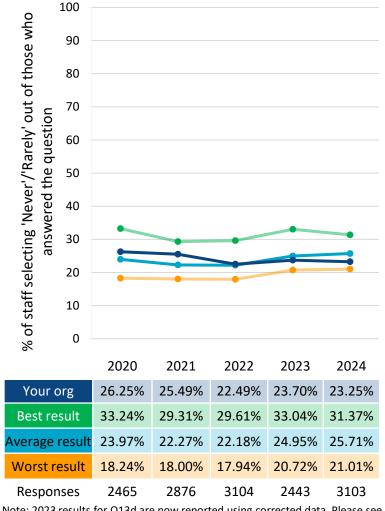
People Promise elements and theme results – We are safe and healthy: Health and safety climate



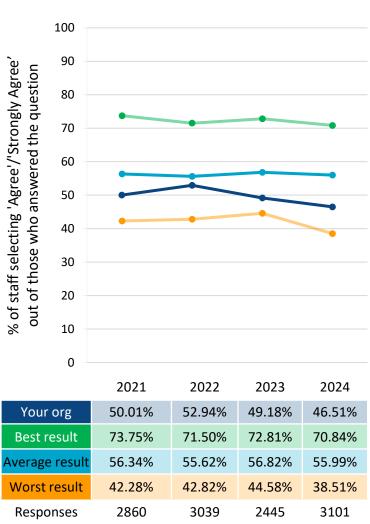




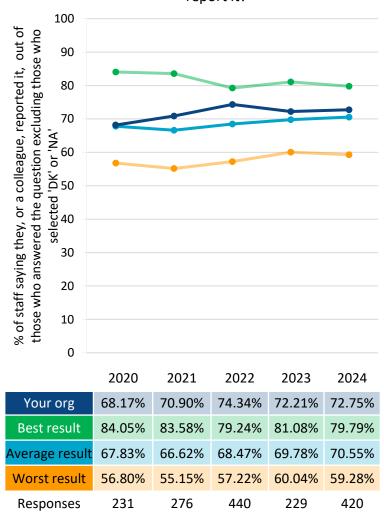
Q5a I have unrealistic time pressures.



Q11a My organisation takes positive action on health and well-being.



Q13d The last time you experienced physical violence at work, did you or a colleague report it?



Note: 2023 results for Q13d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

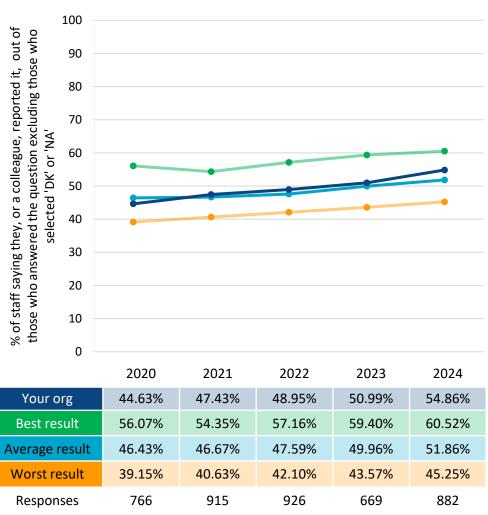








Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



Note: 2023 results for Q14d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

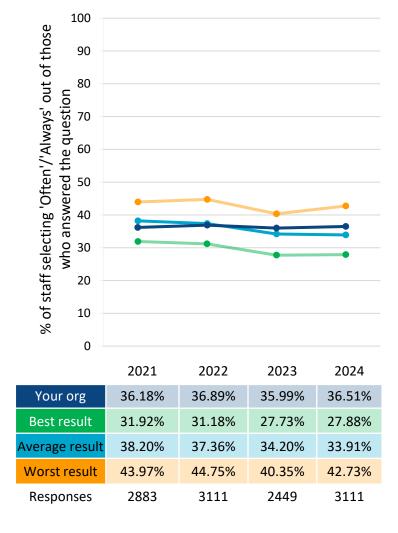
People Promise elements and theme results — We are safe and healthy: Burnout



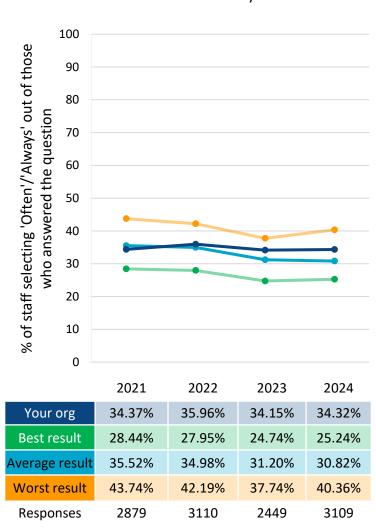




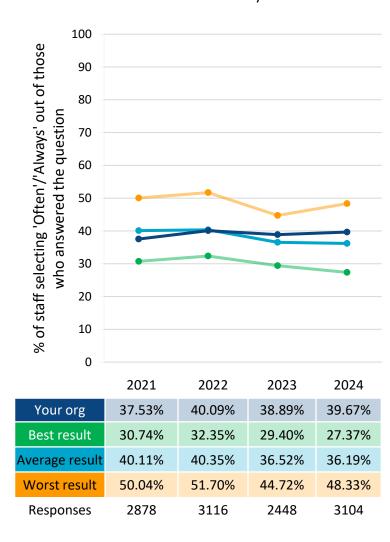
Q12a How often, if at all, do you find your work emotionally exhausting?



Q12b How often, if at all, do you feel burnt out because of your work?



Q12c How often, if at all, does your work frustrate you?



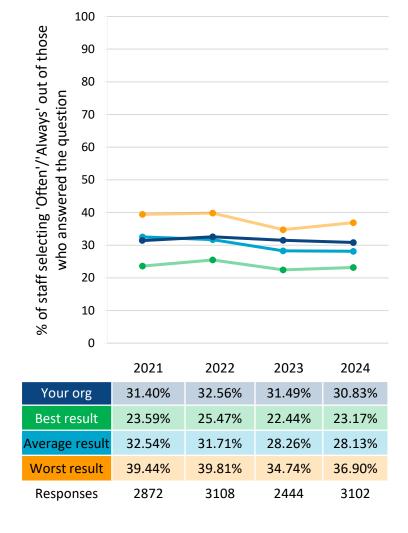
People Promise elements and theme results — We are safe and healthy: Burnout



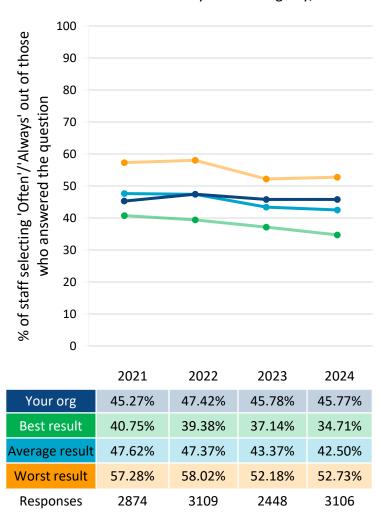




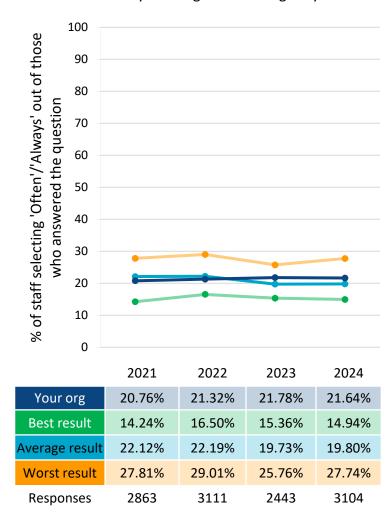
Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



Q12f How often, if at all, do you feel that every working hour is tiring for you?



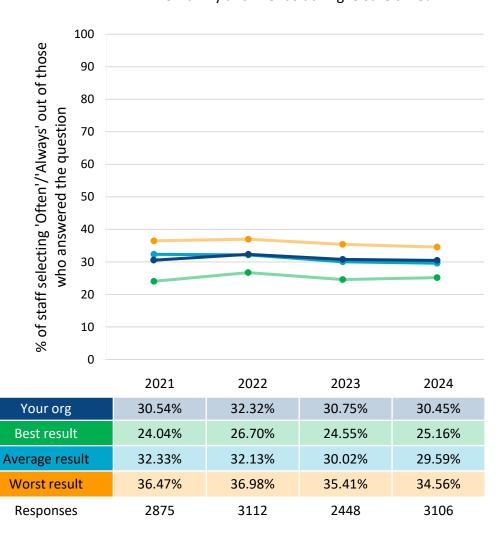








Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



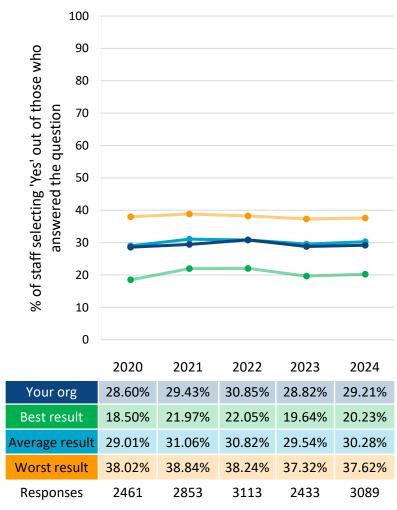
People Promise elements and theme results – We are safe and healthy: Negative experiences



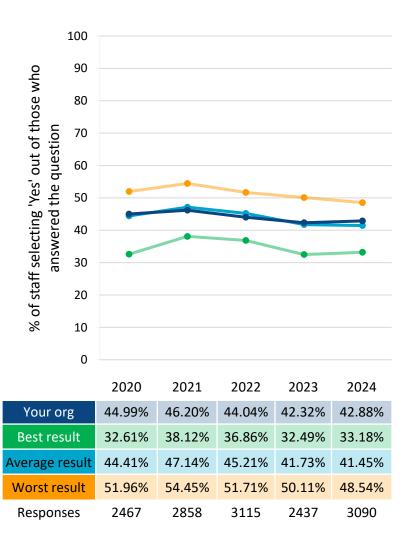




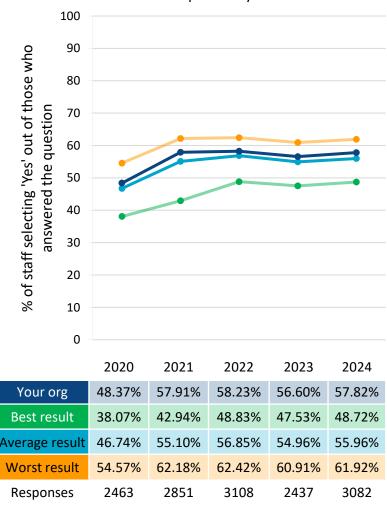
Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Q11c During the last 12 months have you felt unwell as a result of work related stress?



Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?





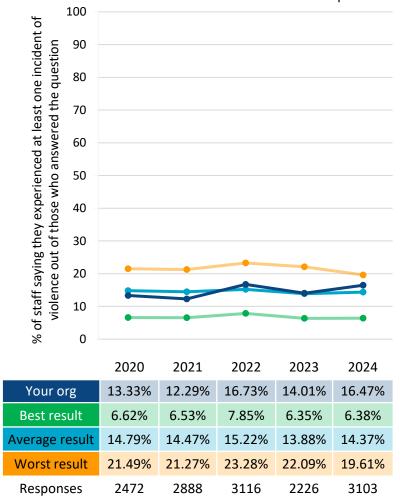
People Promise elements and theme results – We are safe and healthy: Negative experiences



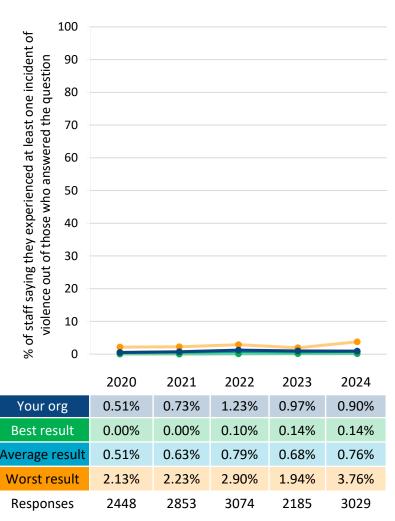




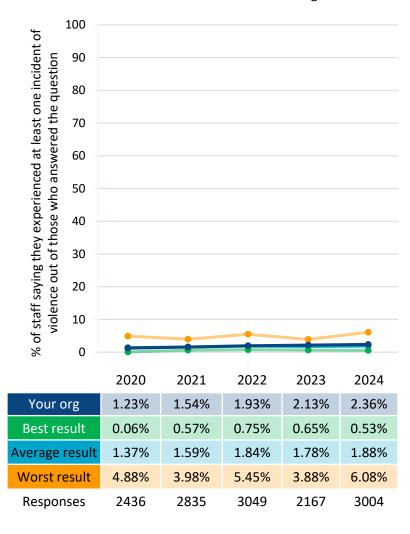
Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

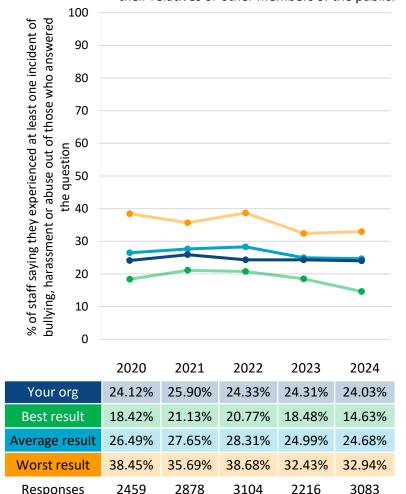
People Promise elements and theme results – We are safe and healthy: Negative experiences







Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



2459

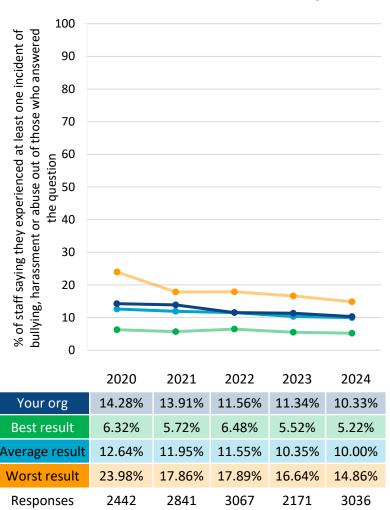
Responses

2878

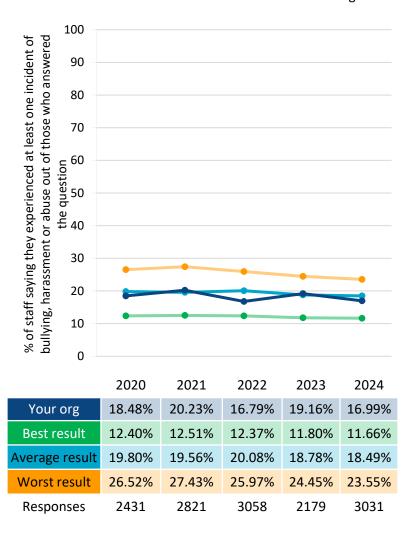
3104

2216

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from ...? Other colleagues.



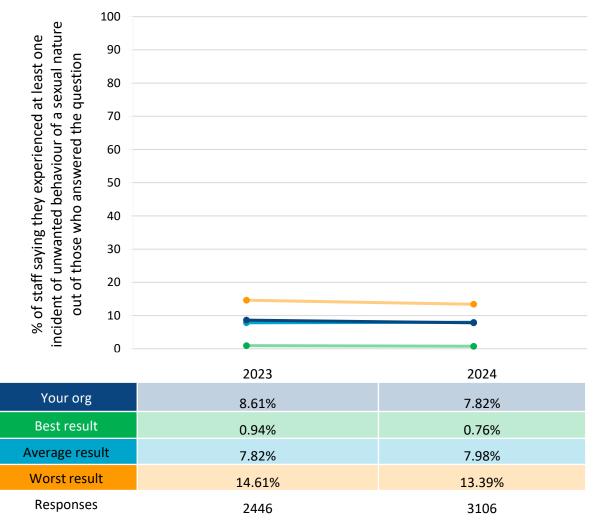
Note: 2023 results for Q14a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements and theme results – We are safe and healthy: Other questions*



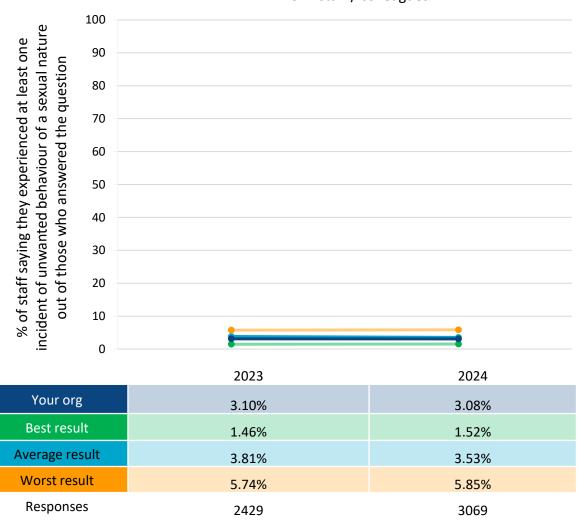


Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace?

From staff / colleagues

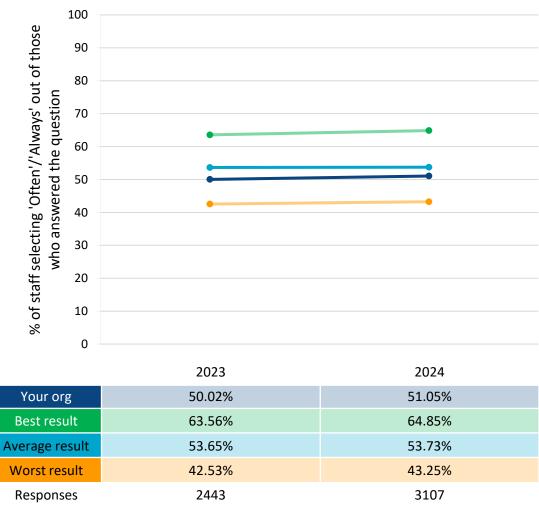


^{*}These questions do not contribute towards any People Promise element score, theme score or sub-score





Q22 I can eat nutritious and affordable food while I am working

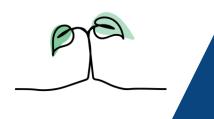


^{*}These questions do not contribute towards any People Promise element score, theme score or sub-score

Survey Coordination Centre



People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

^{**}Q24f does not contribute to the calculation of any scores or sub-scores.

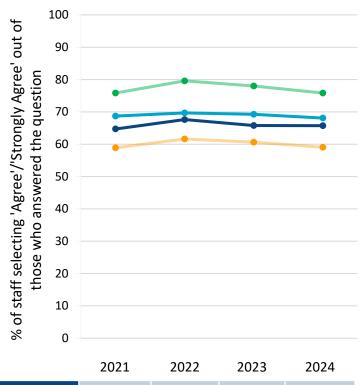
People Promise elements and theme results – We are always learning: Development





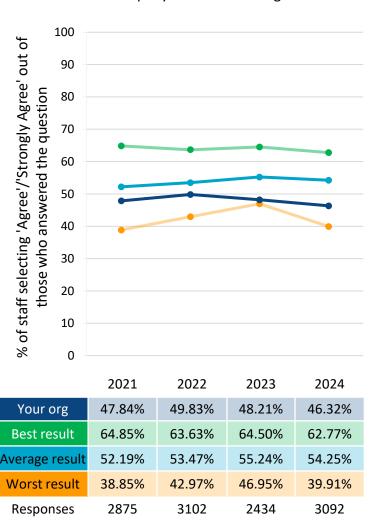


Q24a This organisation offers me challenging work.

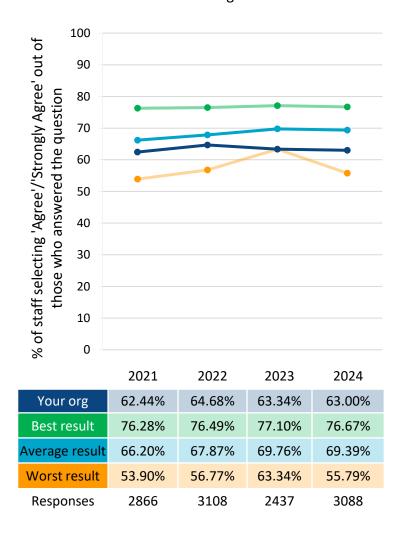


64.70% 67.62% 65.80% 65.75% Your org Best result 75.83% 79.59% 78.00% 75.84% 68.68% 69.68% 69.23% 68.08% Average resul 58.89% 60.63% 59.05% Worst result 61.62% Responses 2876 3096 2436 3088

Q24b There are opportunities for me to develop my career in this organisation.



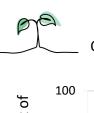
Q24c I have opportunities to improve my knowledge and skills.



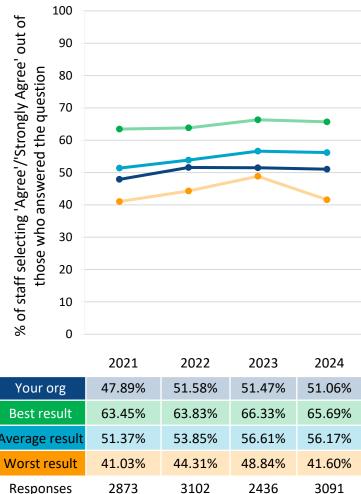
People Promise elements and theme results – We are always learning: Development



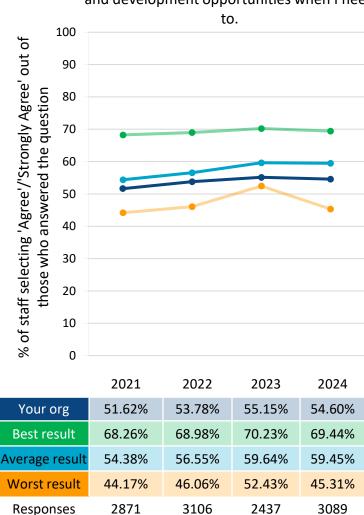




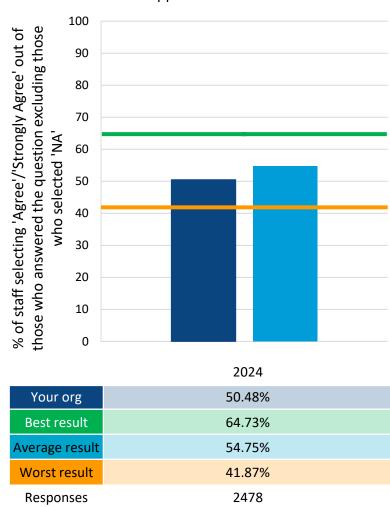
Q24d I feel supported to develop my potential.



Q24e I am able to access the right learning and development opportunities when I need



Q24f* I am able to access clinical supervision opportunities when I need to.



^{*}Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

People Promise elements and theme results – We are always learning: Appraisals

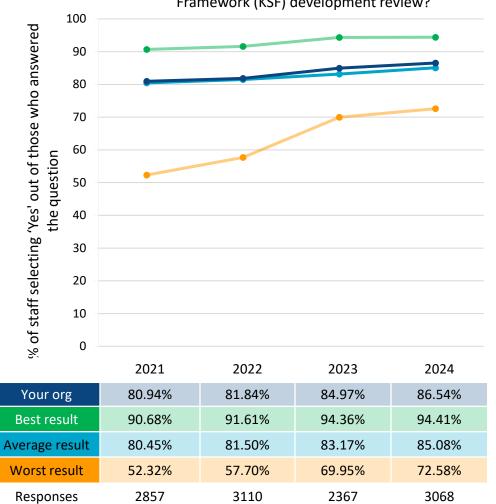




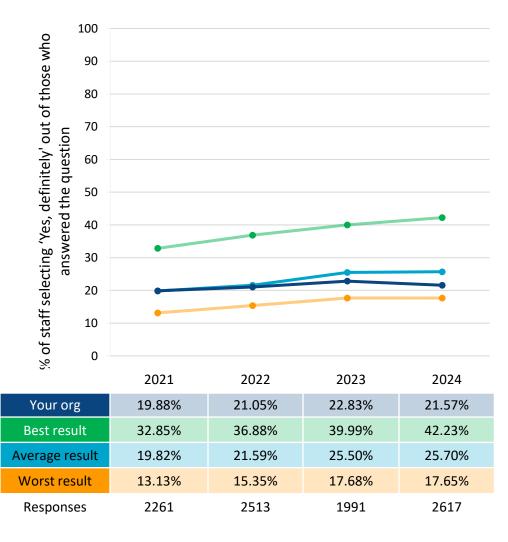


Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills

Framework (KSF) development review?



Q23b It helped me to improve how I do my job.



^{*}Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

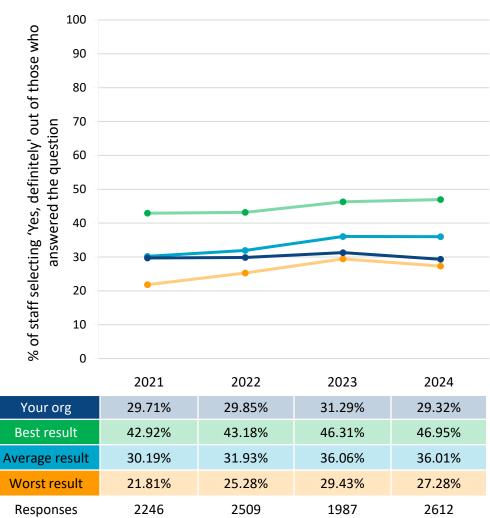




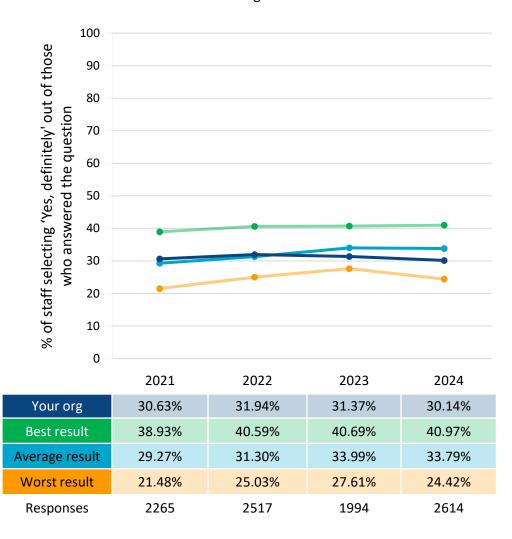




Q23c It helped me agree clear objectives for my work.



Q23d It left me feeling that my work is valued by my organisation.



Survey Coordination Centre



People Promise element – We work flexibly



Questions included: Support for work-life balance – Q6b, Q6c, Q6d Flexible working – Q4d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

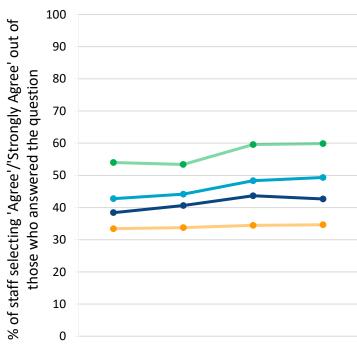
People Promise elements and theme results — We work flexibly: Support for work-life balance





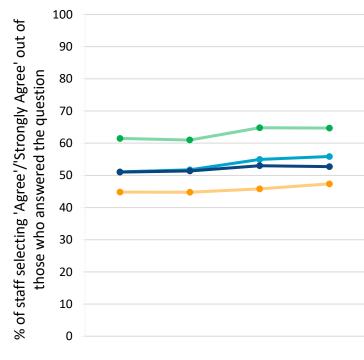


Q6b My organisation is committed to helping me balance my work and home life.



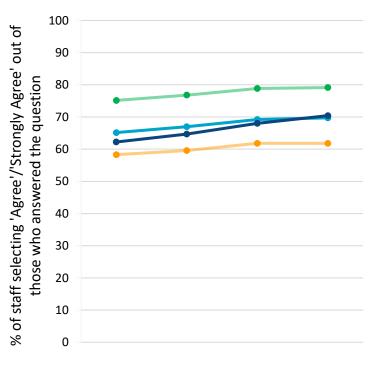
	2021	2022	2023	2024
Your org	38.40%	40.61%	43.67%	42.64%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	2883	3117	2444	3096

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023	2024
Your org	51.01%	51.35%	52.99%	52.72%
Best result	61.48%	60.97%	64.79%	64.71%
Average result	51.09%	51.73%	54.93%	55.86%
Worst result	44.80%	44.75%	45.81%	47.36%
Responses	2875	3117	2447	3104

Q6d I can approach my immediate manager to talk openly about flexible working.



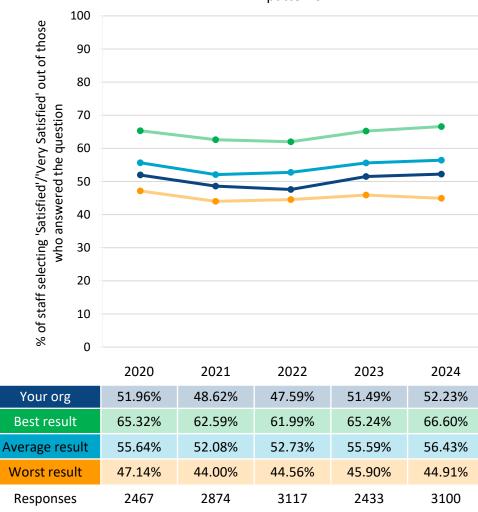
	2021	2022	2023	2024
Your org	62.23%	64.70%	68.05%	70.42%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	2881	3122	2446	3098





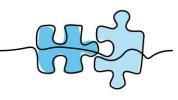


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.





People Promise element – We are a team



Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Line management – Q9a, Q9b, Q9c, Q9d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

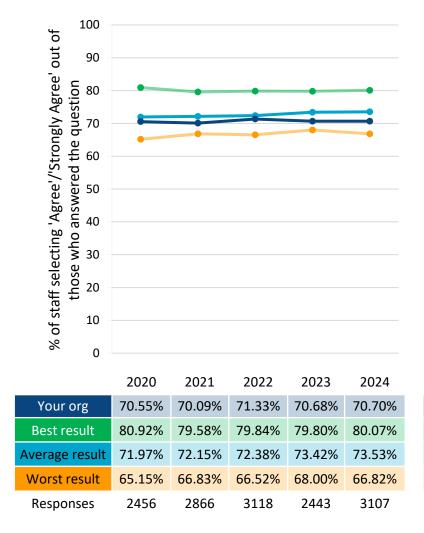
People Promise elements and theme results – We are a team: Team working



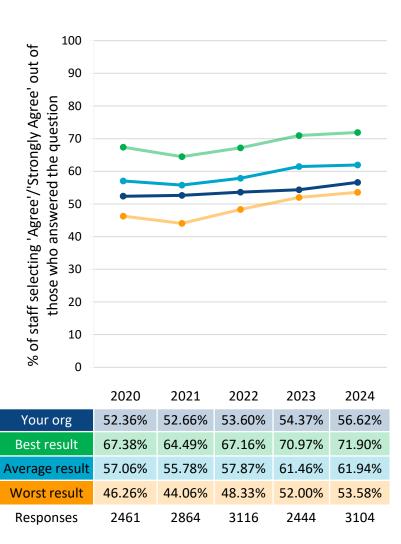




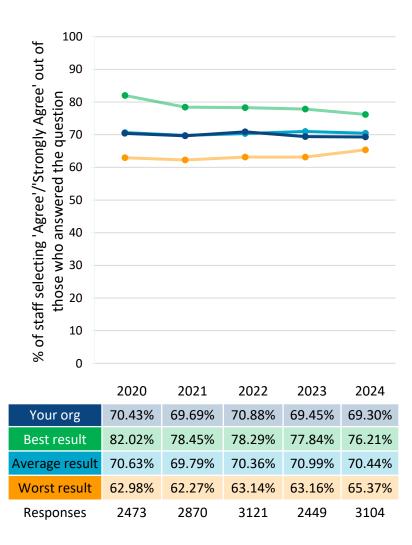
Q7a The team I work in has a set of shared objectives.



Q7b The team I work in often meets to discuss the team's effectiveness.



Q7c I receive the respect I deserve from my colleagues at work.



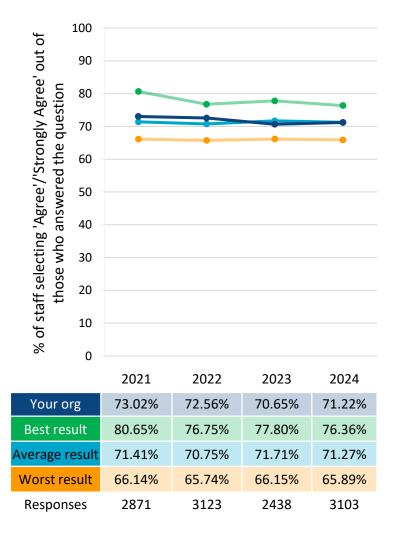
People Promise elements and theme results – We are a team: Team working



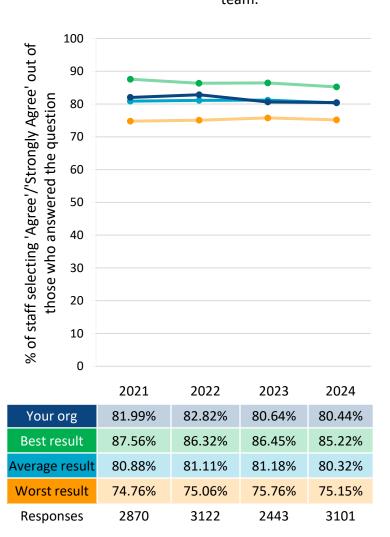




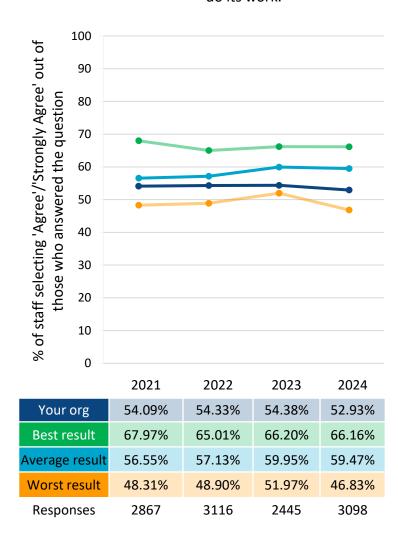
Q7d Team members understand each other's roles.



Q7e I enjoy working with the colleagues in my team.



Q7f My team has enough freedom in how to do its work.



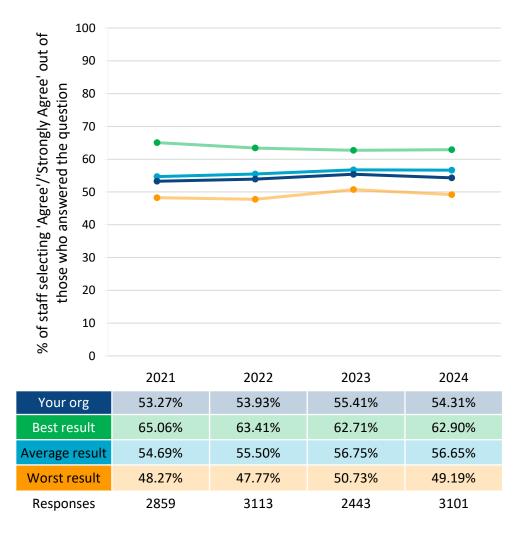




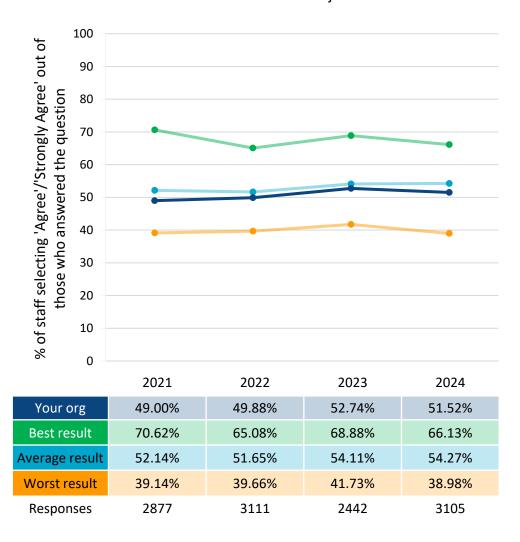




Q7g In my team disagreements are dealt with constructively.



Q8a Teams within this organisation work well together to achieve their objectives.



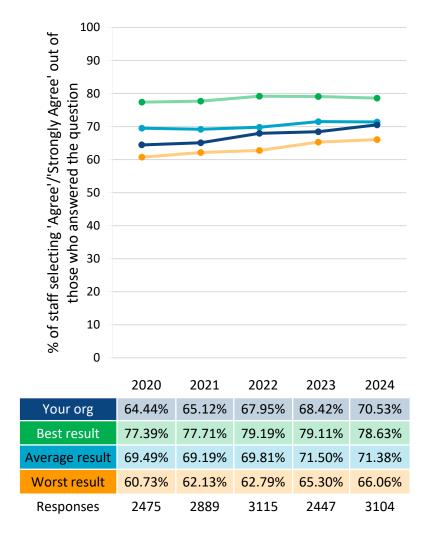
People Promise elements and theme results — We are a team: Line management



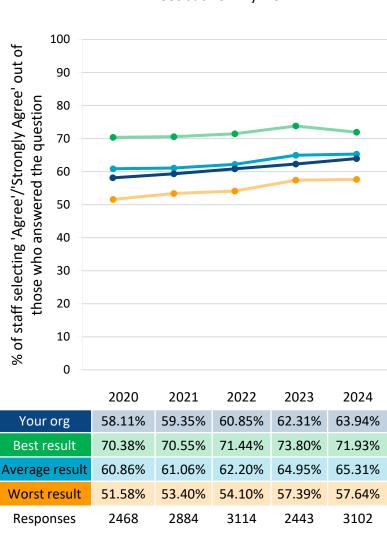




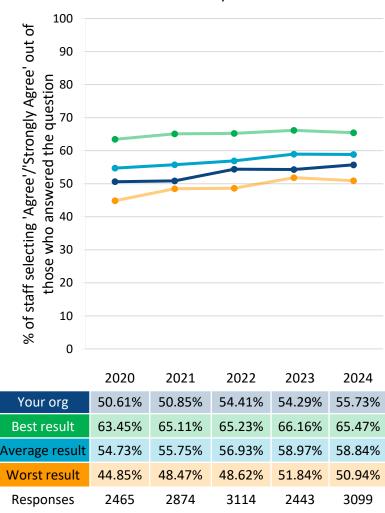
Q9a My immediate manager encourages me at work.



Q9b My immediate manager gives me clear feedback on my work.



Q9c My immediate manager asks for my opinion before making decisions that affect my work.

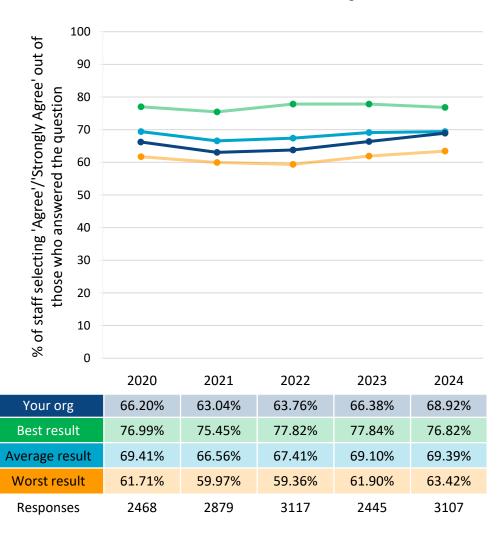








Q9d My immediate manager takes a positive interest in my health and well-being.





Theme – Staff engagement



Questions included:

Motivation – Q2a, Q2b, Q2c Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

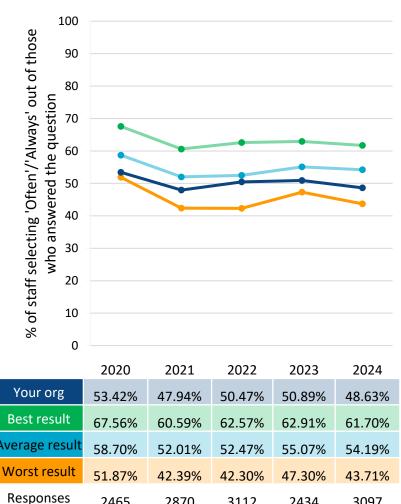
People Promise elements and theme results – Staff engagement: Motivation







Q2a I look forward to going to work.



2465

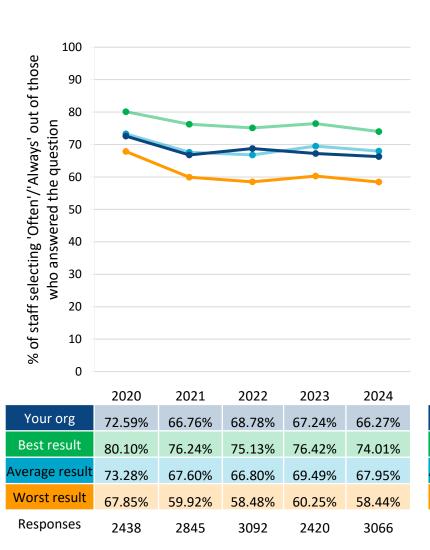
2870

3112

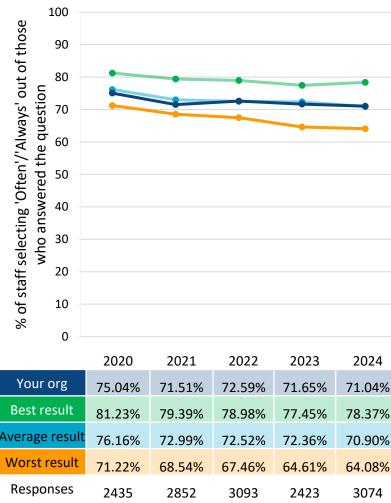
2434

3097

Q2b I am enthusiastic about my job.



Q2c Time passes quickly when I am working.



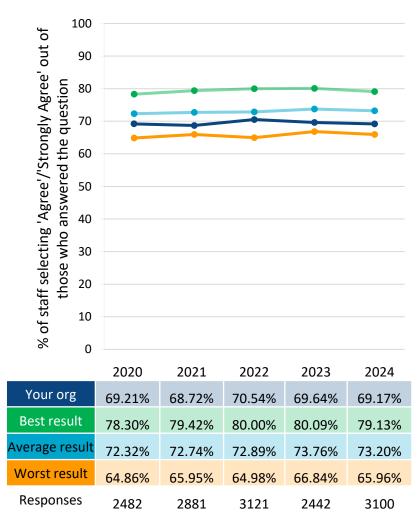
People Promise elements and theme results – Staff engagement: Involvement



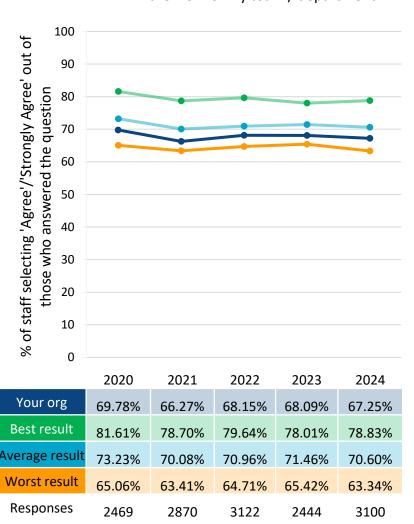




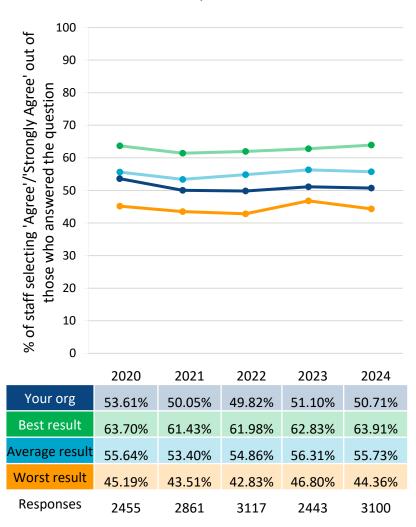
Q3c There are frequent opportunities for me to show initiative in my role.



Q3d I am able to make suggestions to improve the work of my team / department.



Q3f I am able to make improvements happen in my area of work.



People Promise elements and theme results - Staff engagement: Advocacy







Responses

2461

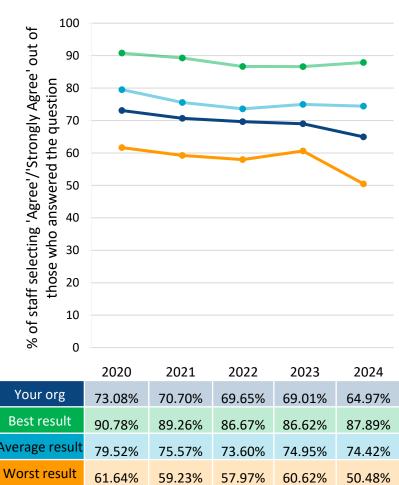
2875

3109

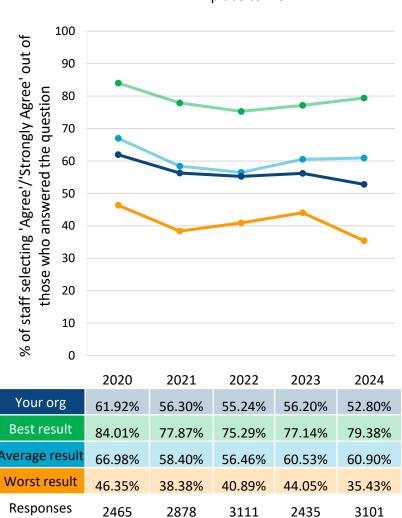
2440

3099

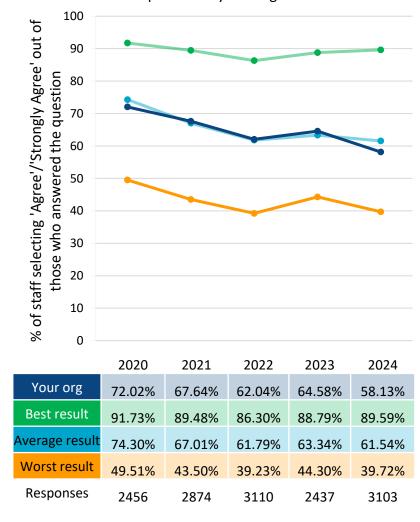
Q25a Care of patients / service users is my organisation's top priority.



Q25c I would recommend my organisation as a place to work.



Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.





Theme - Morale



Questions included:

Thinking about leaving – Q26a, Q26b, Q26c Work pressure – Q3g, Q3h, Q3i Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

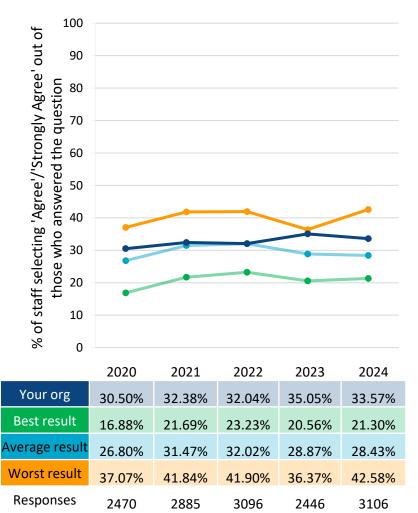
People Promise elements and theme results - Morale: Thinking about leaving



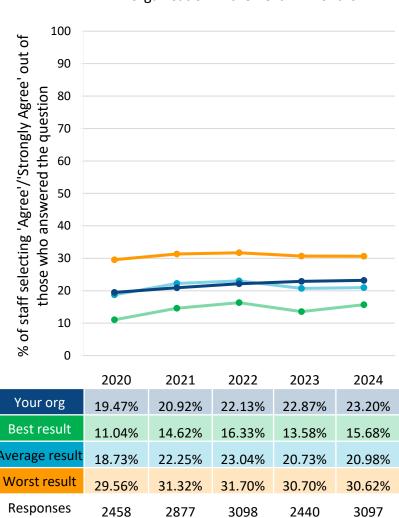




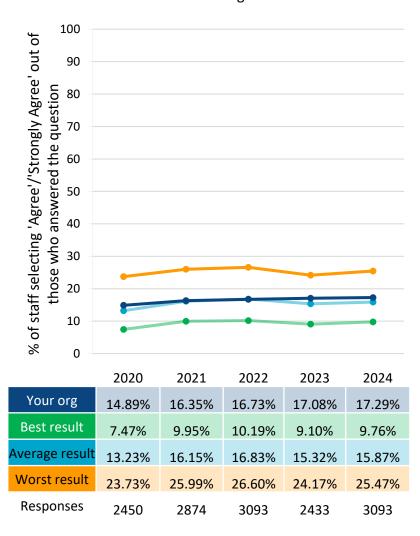
Q26a I often think about leaving this organisation.



Q26b I will probably look for a job at a new organisation in the next 12 months.



Q26c As soon as I can find another job, I will leave this organisation.



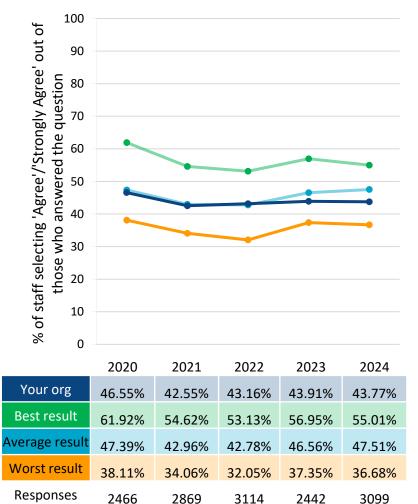
People Promise elements and theme results – Morale: Work pressure



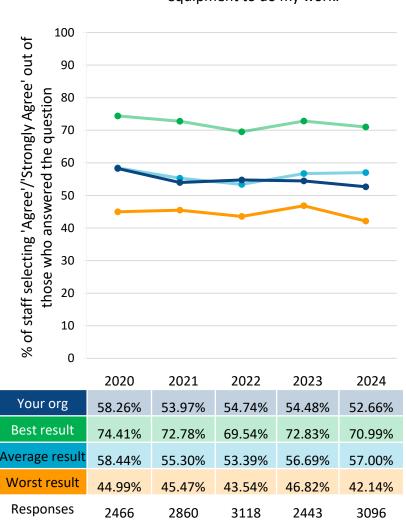




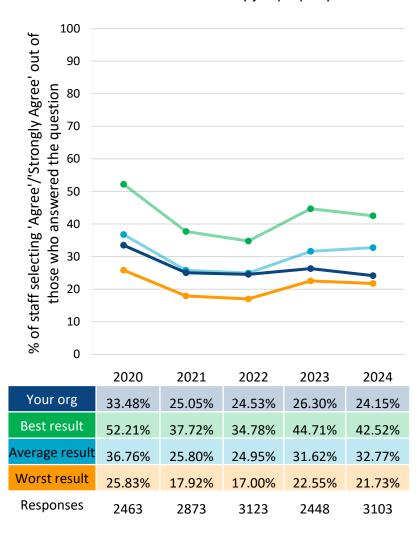
Q3g I am able to meet all the conflicting demands on my time at work.



Q3h I have adequate materials, supplies and equipment to do my work.



Q3i There are enough staff at this organisation for me to do my job properly.



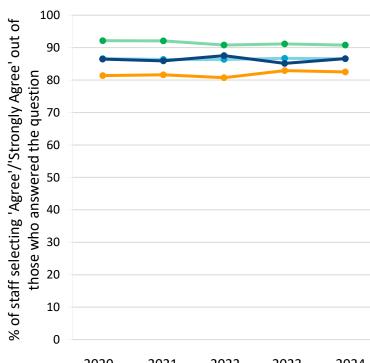
People Promise elements and theme results - Morale: Stressors





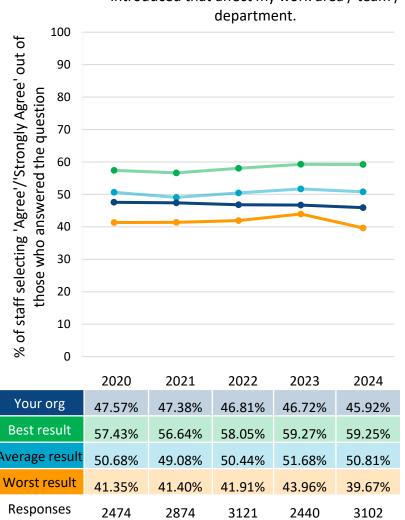


Q3a I always know what my work responsibilities are.

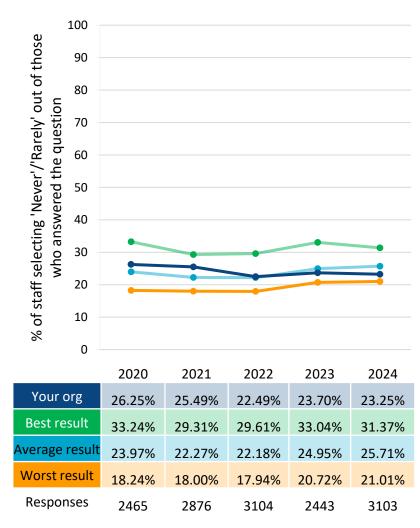


2020 2021 2022 2023 2024 Your org 86.45% 85.90% 87.53% 85.14% 86.61% Best result 92.13% 92.08% 90.80% 91.12% 90.77% Average resu 86.62% 86.35% 86.35% 86.70% 86.55% Worst result 81.40% 81.65% 82.92% 82.51% 80.73% Responses 2475 2893 3117 2450 3117

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



Q5a I have unrealistic time pressures.



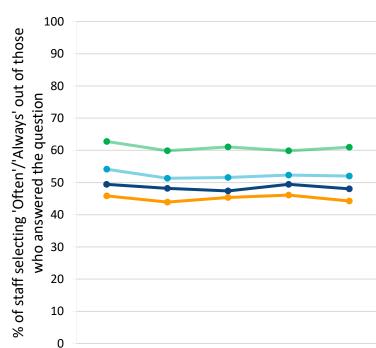
People Promise elements and theme results – Morale: Stressors





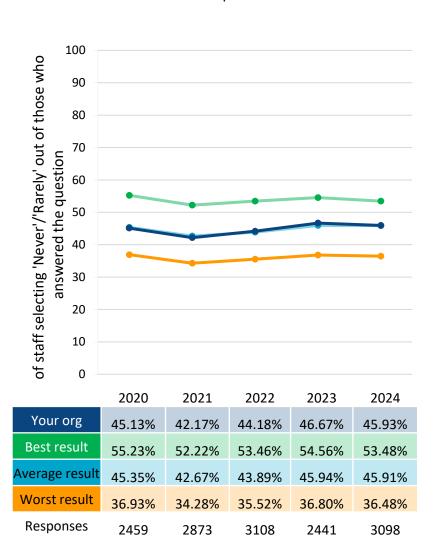


Q5b I have a choice in deciding how to do my work.

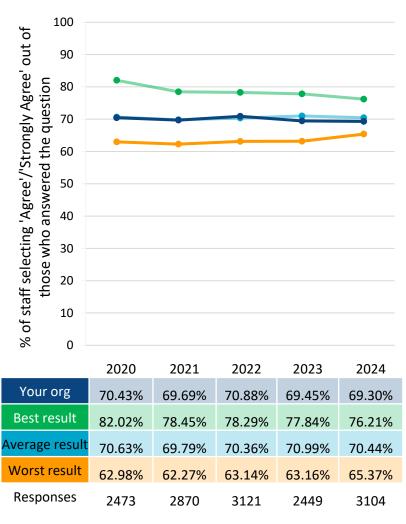


	2020	2021	2022	2023	2024
Your org	49.42%	48.17%	47.39%	49.44%	48.03%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	2467	2874	3108	2444	3106

Q5c Relationships at work are strained.



Q7c I receive the respect I deserve from my colleagues at work.



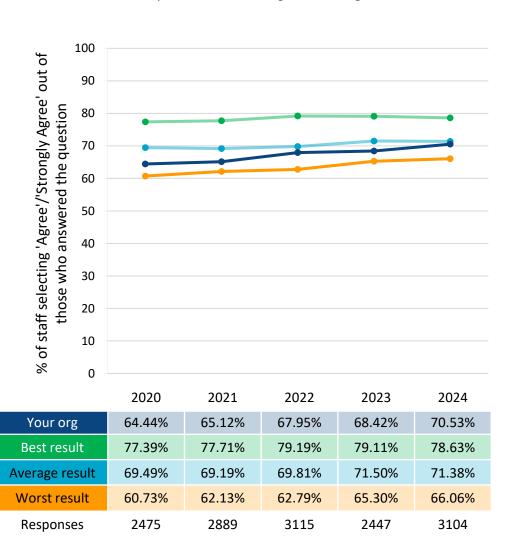








Q9a My immediate manager encourages me at work.





Questions not linked to People Promise elements or themes

Questions included:*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

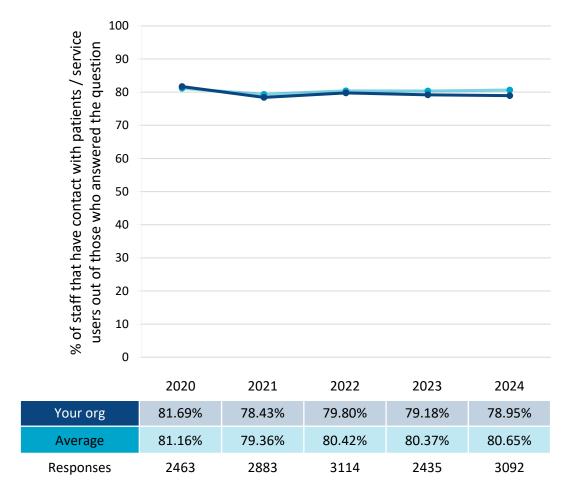
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



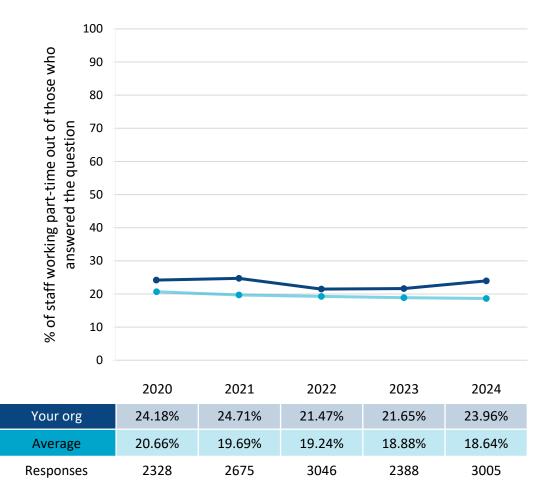




Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



Q10a How many hours a week are you contracted to work?

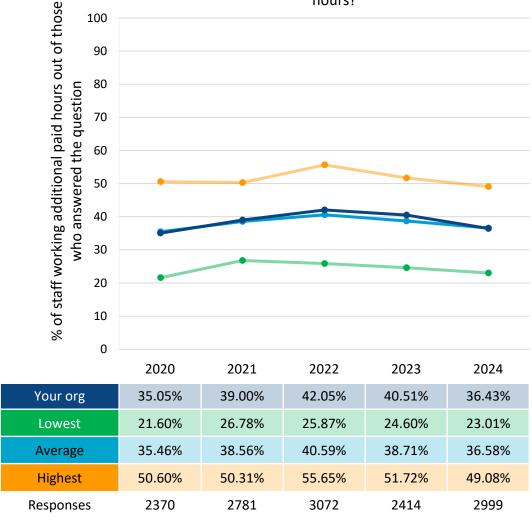




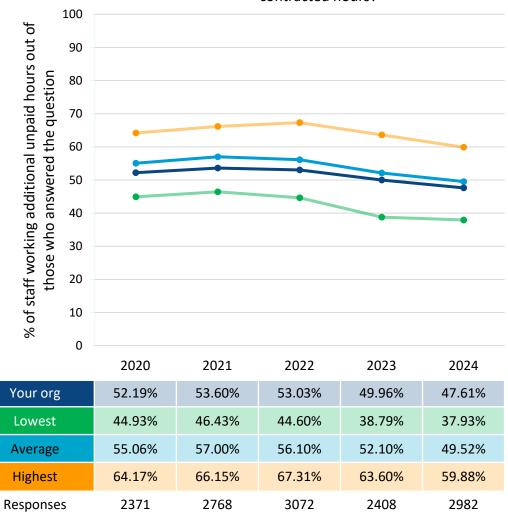




Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

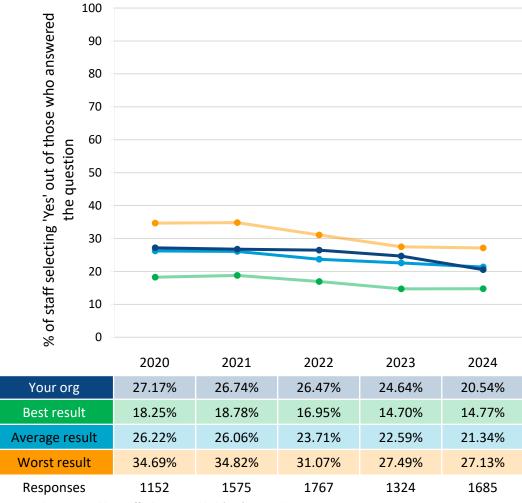




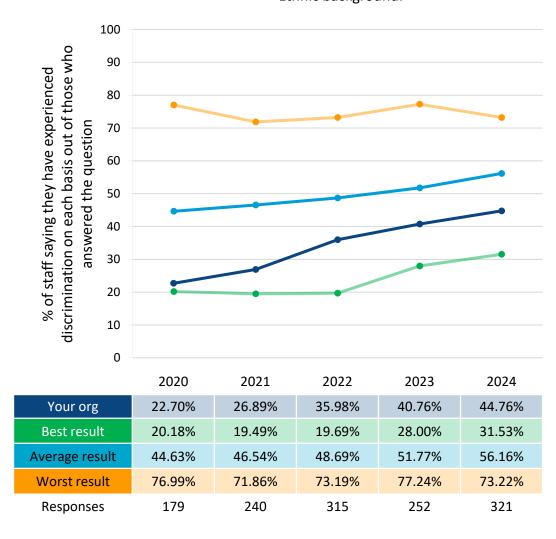




Q11e* Have you felt pressure from your manager to come to work?



Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.



^{*}Q11e is only answered by staff who responded 'Yes' to Q11d.

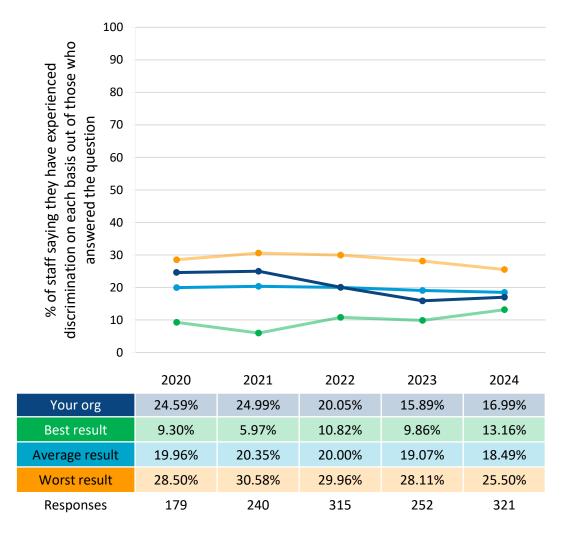






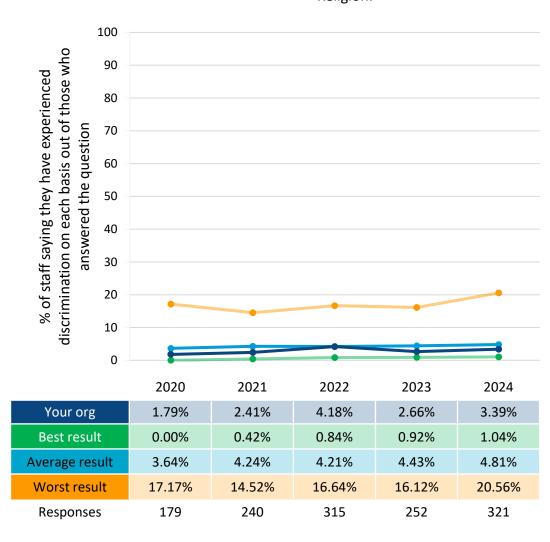
Q16c.2 On what grounds have you experienced discrimination?

— Gender.



Q16c.3 On what grounds have you experienced discrimination?

— Religion.



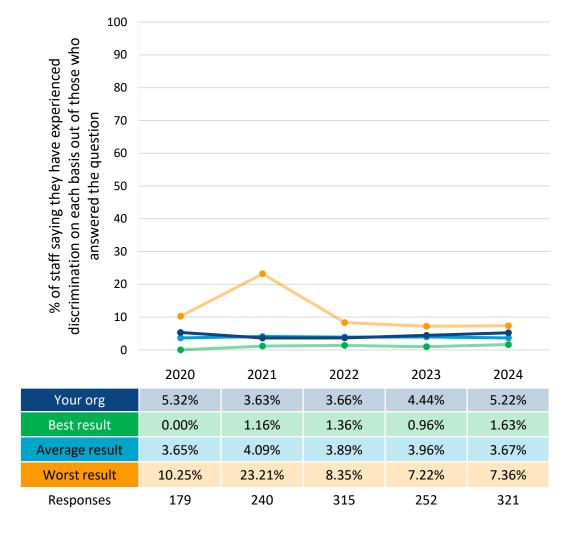






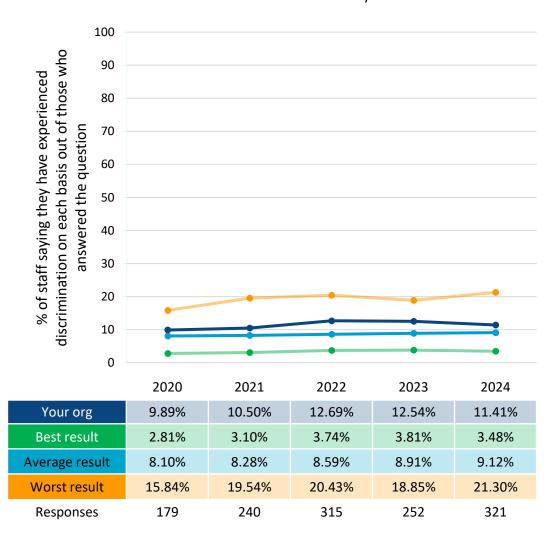
Q16c.4 On what grounds have you experienced discrimination?

— Sexual orientation.



Q16c.5 On what grounds have you experienced discrimination?

— Disability.



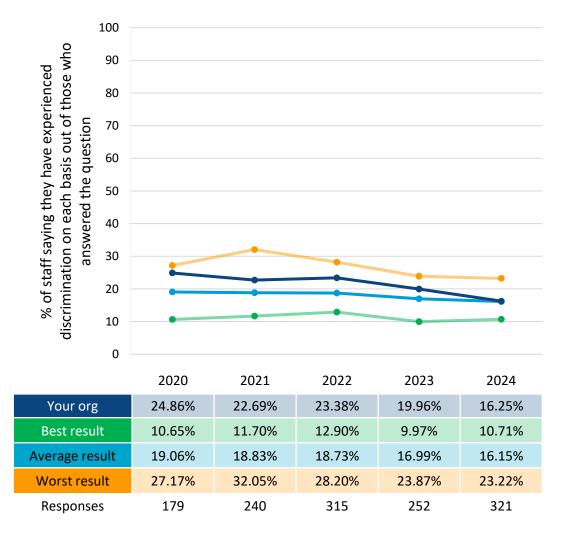






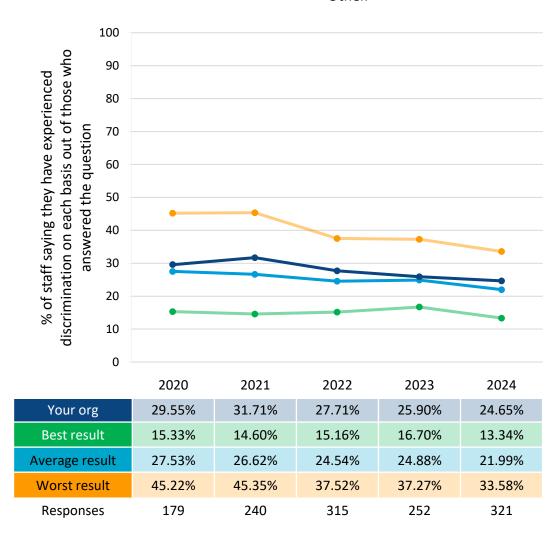
Q16c.6 On what grounds have you experienced discrimination?

— Age.



Q16c.7 On what grounds have you experienced discrimination?

– Other.

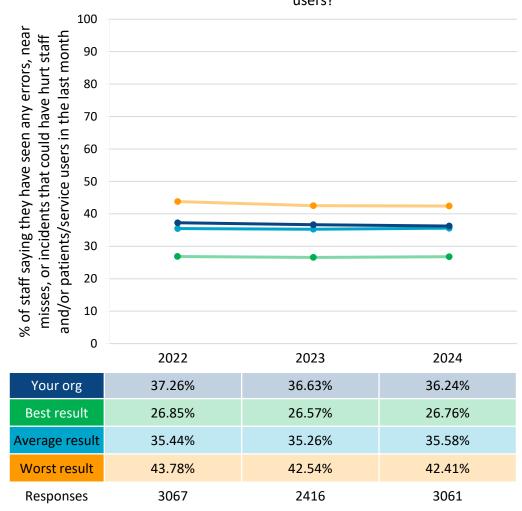




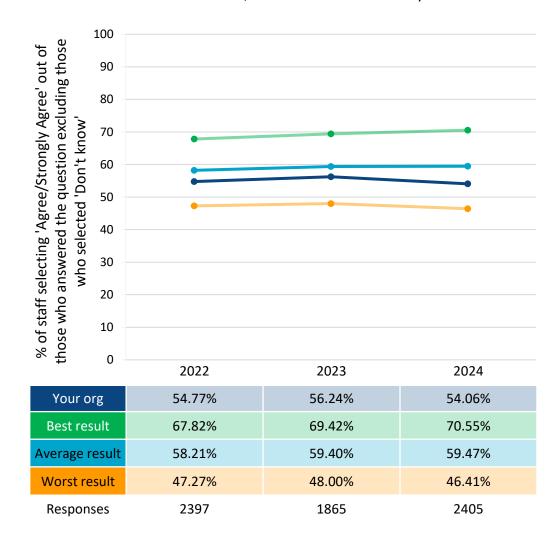




Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.

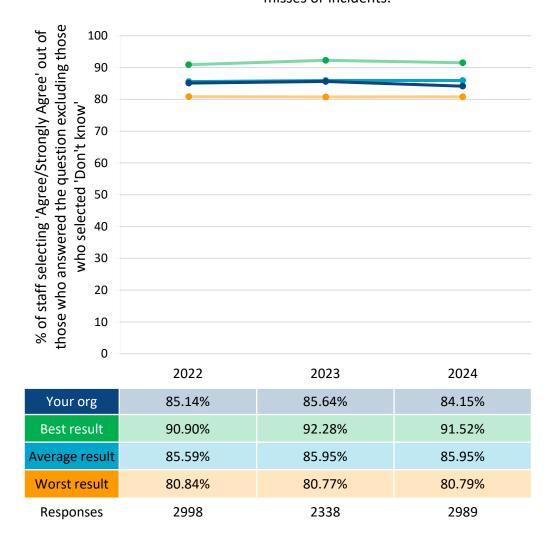




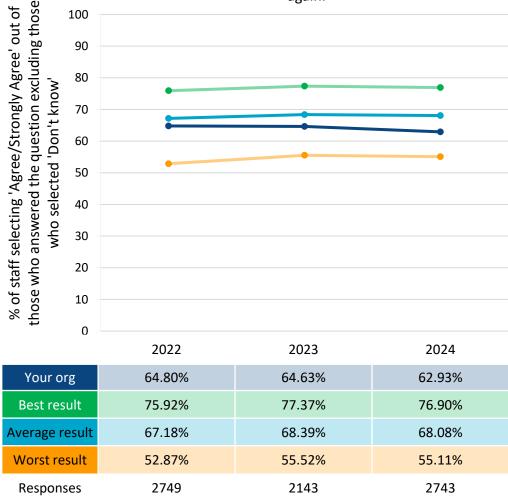




Q19b My organisation encourages us to report errors, near misses or incidents.



Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.

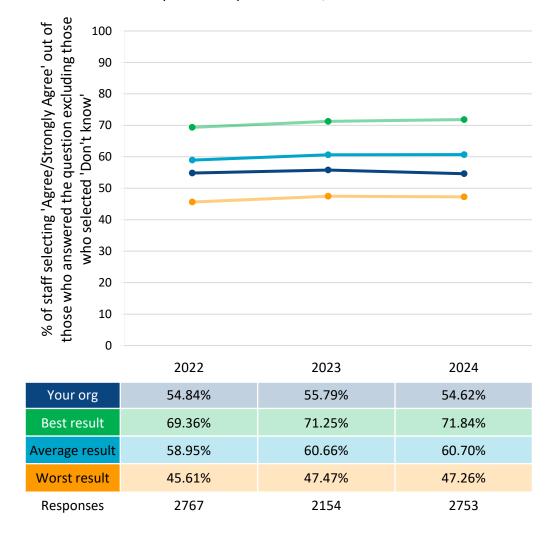




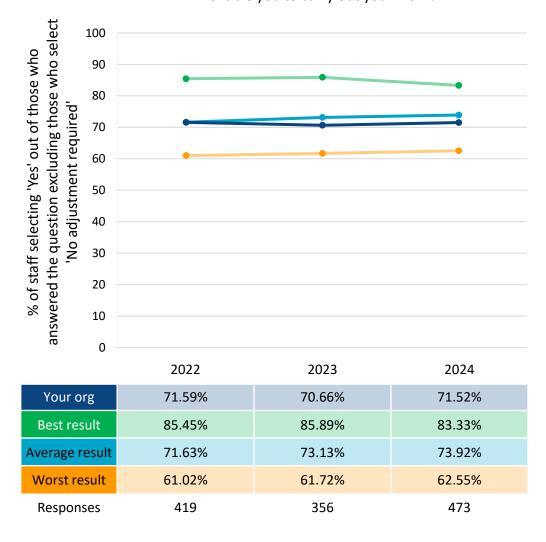




Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?

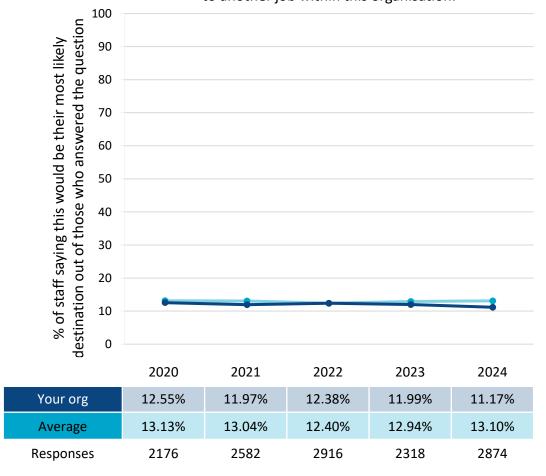




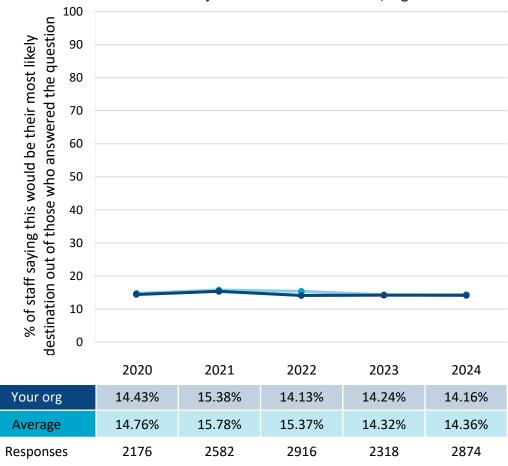




Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.

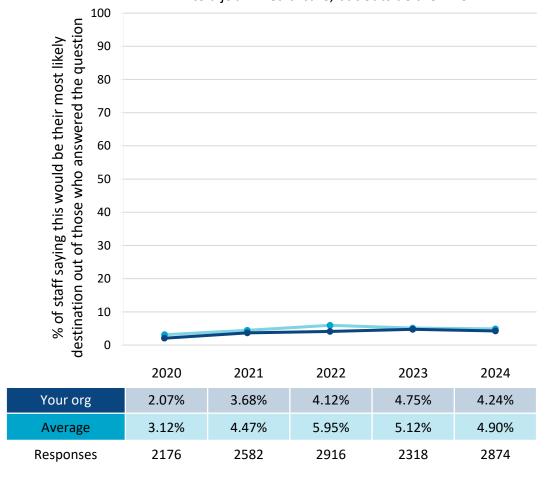




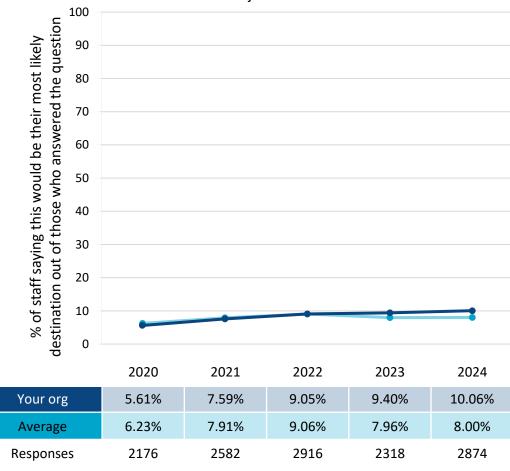




Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.

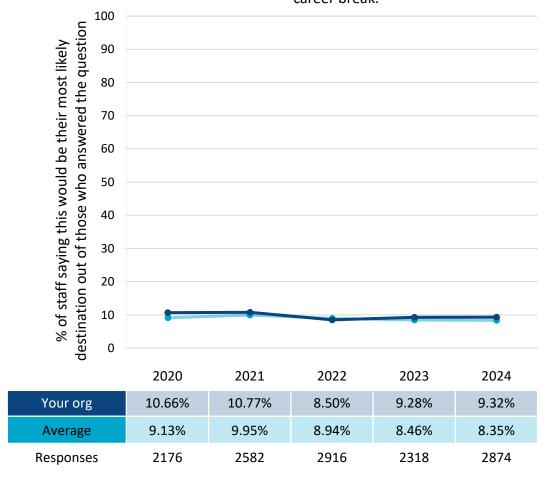




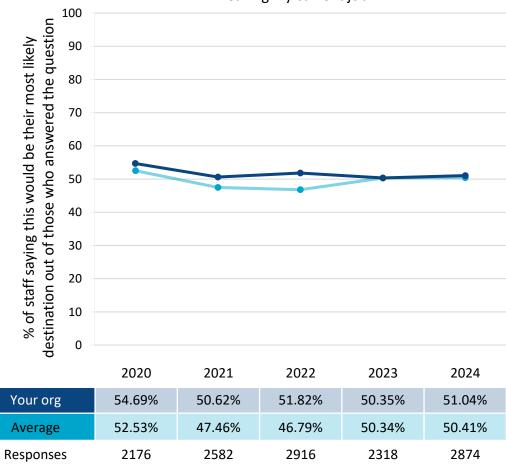




Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



Survey Coordination Centre



Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.



Workforce Equality Standards





Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2020-2024 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2020-2024 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Workforce Equality Standards





This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard		
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined				
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion		
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues		

Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard			
	For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness				
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public			
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers			
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues			
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it			
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion			
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties			
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work			
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work			
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness			

^{*}Staff with a long term condition

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Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

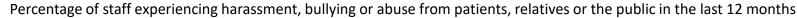
Averages are calculated as the median for the benchmark group.

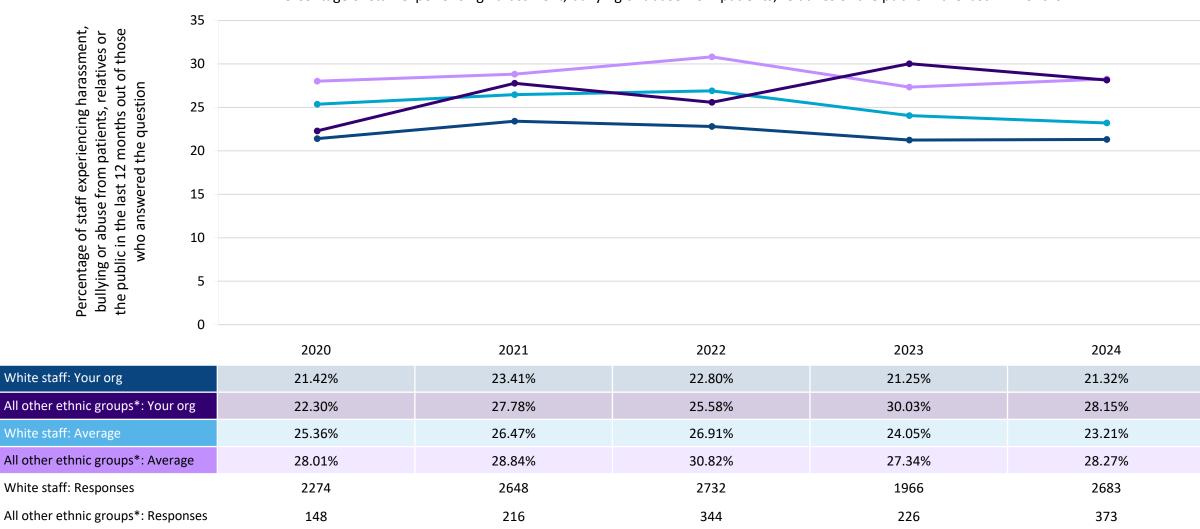
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.











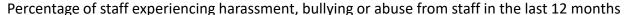
^{*}Staff from all other ethnic groups combined

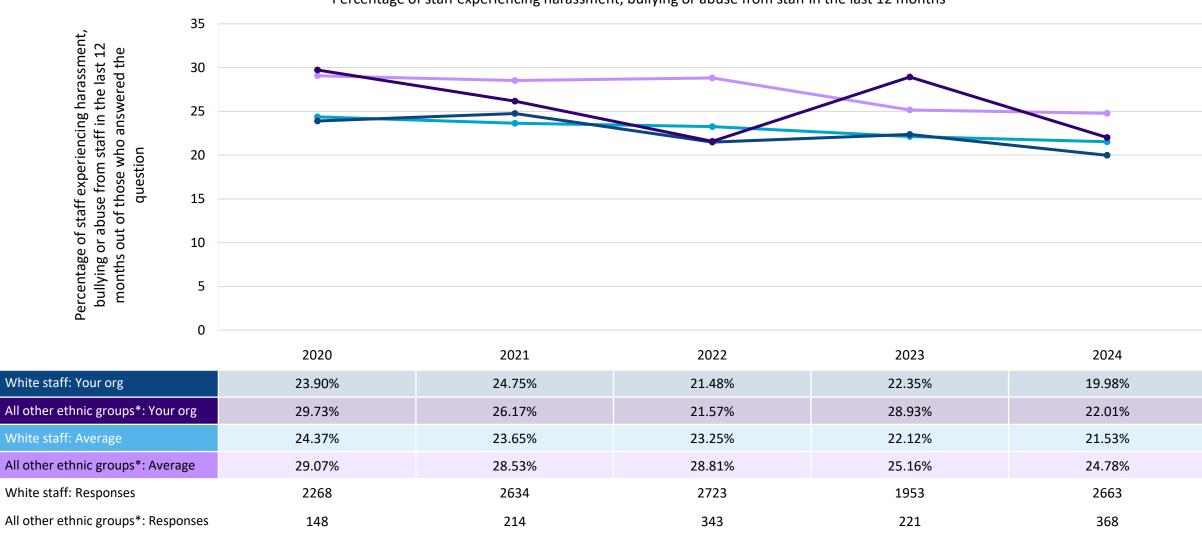
Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.











^{*}Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

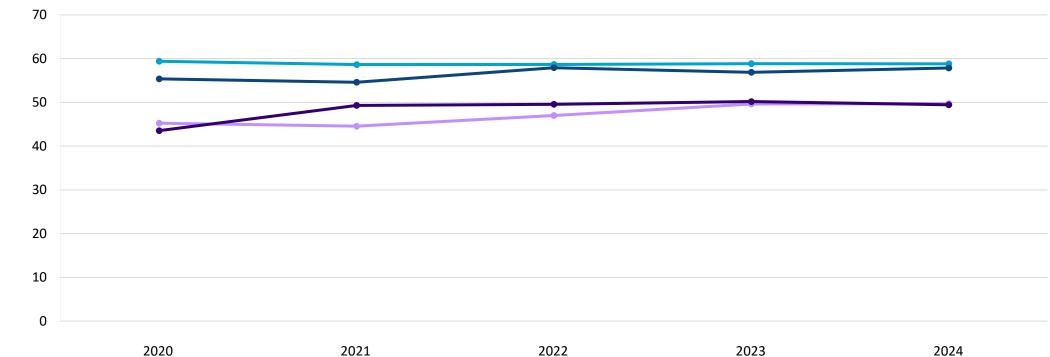






Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.





	2020	2021	2022	2023	2024
White staff: Your org	55.35%	54.59%	57.92%	56.86%	57.86%
All other ethnic groups*: Your org	43.54%	49.30%	49.56%	50.19%	49.46%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	2289	2625	2716	2137	2667
All other ethnic groups*: Responses	147	213	341	263	368

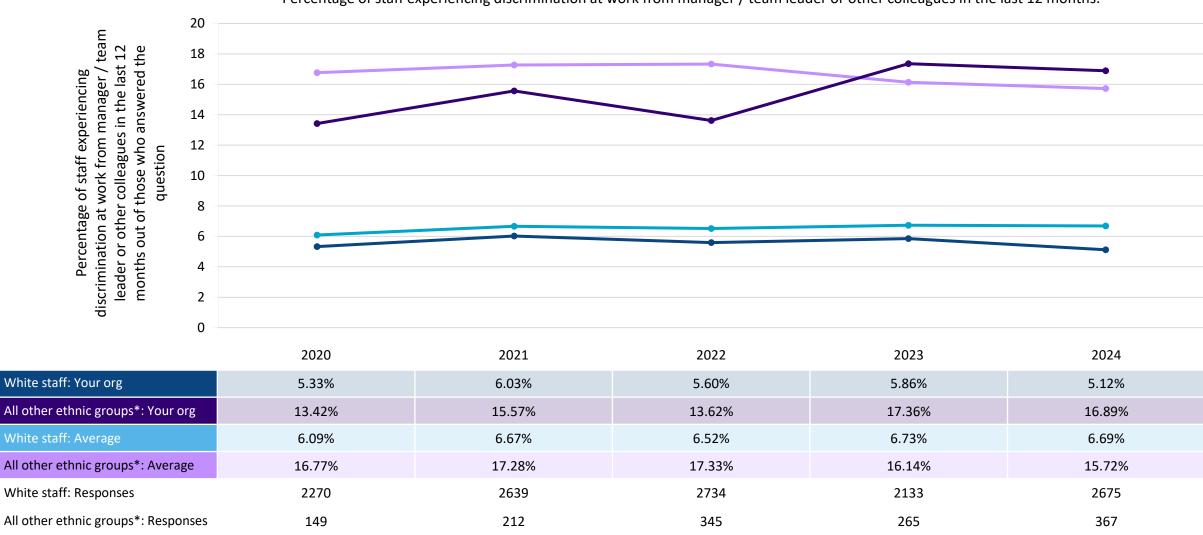
^{*}Staff from all other ethnic groups combined







Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



^{*}Staff from all other ethnic groups combined

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Workforce Disability Equality Standards (WDES)

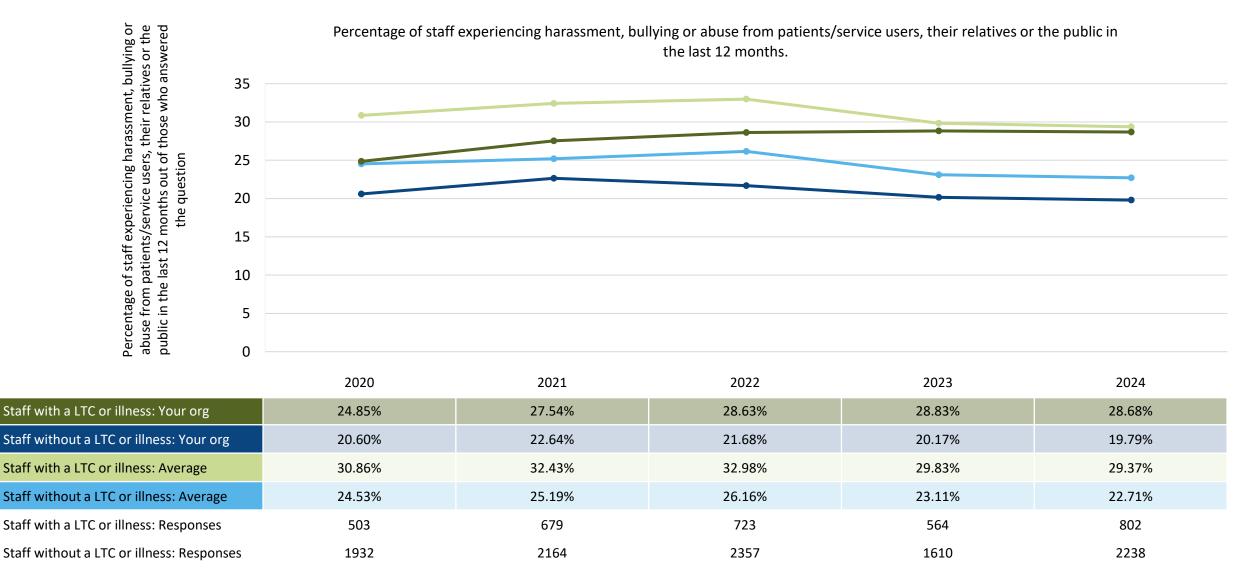
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WDES charts are unweighted.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



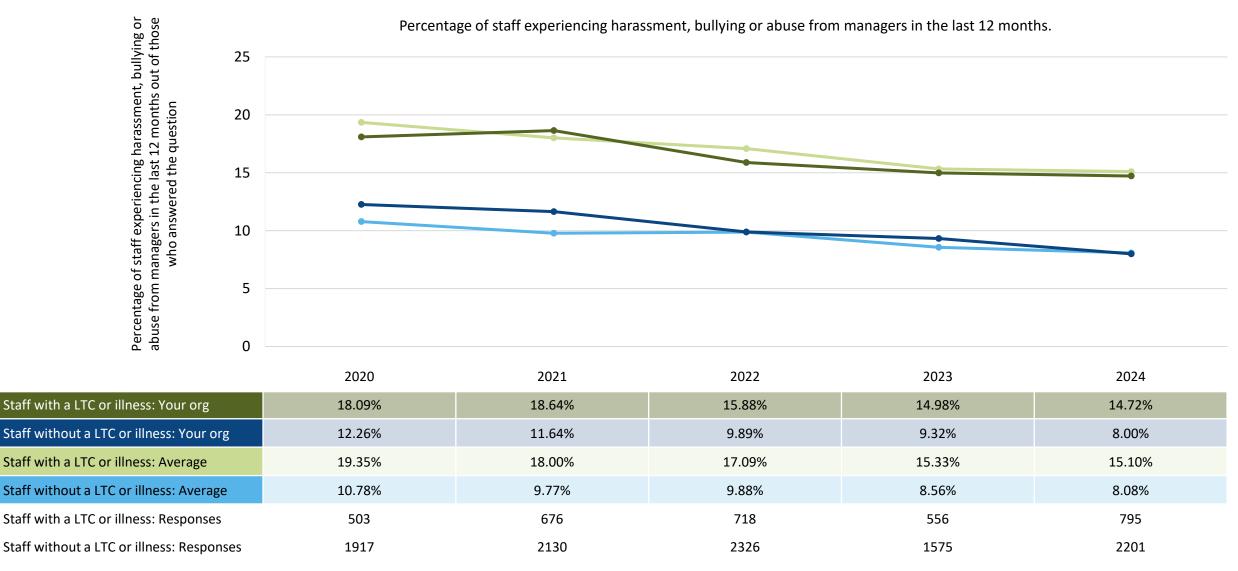




Note: 2023 results for WDES metric 4a (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



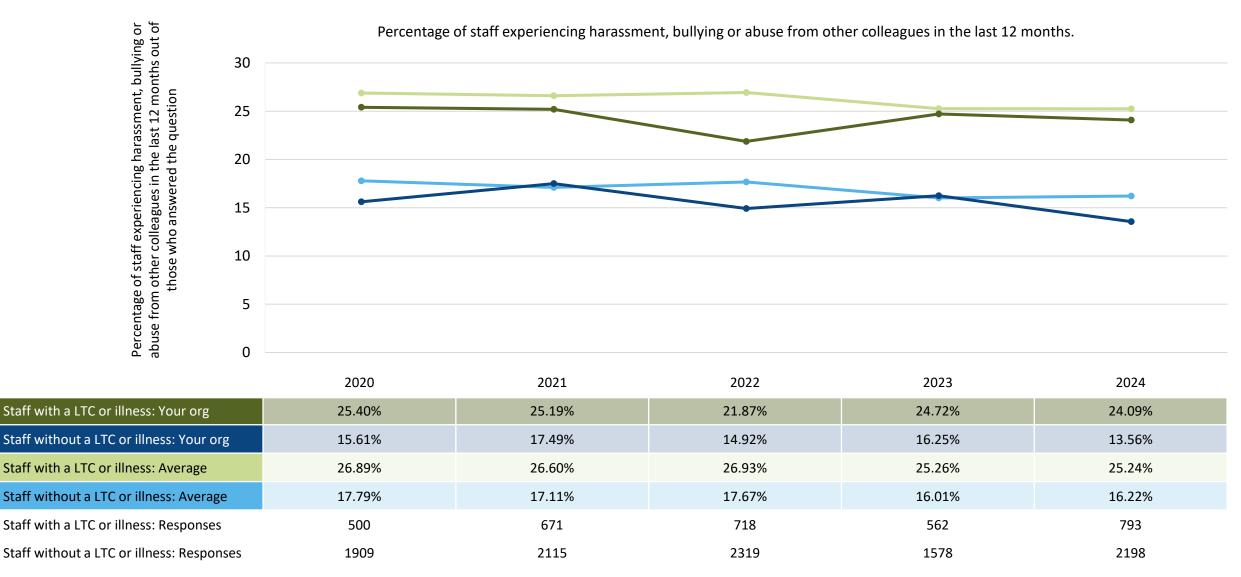




Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



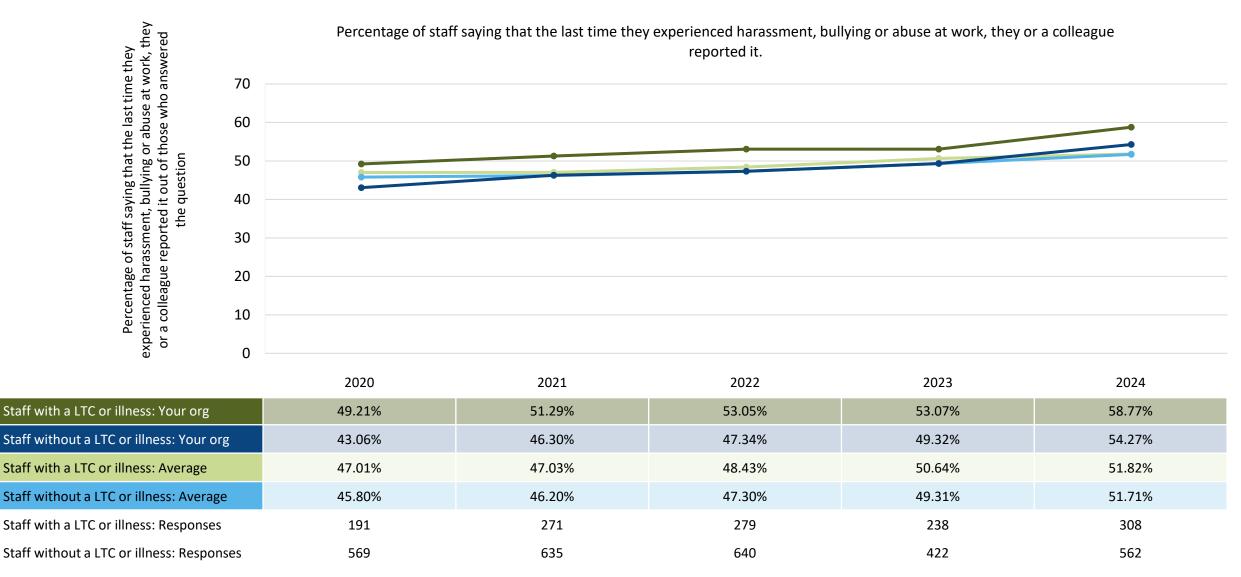




Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



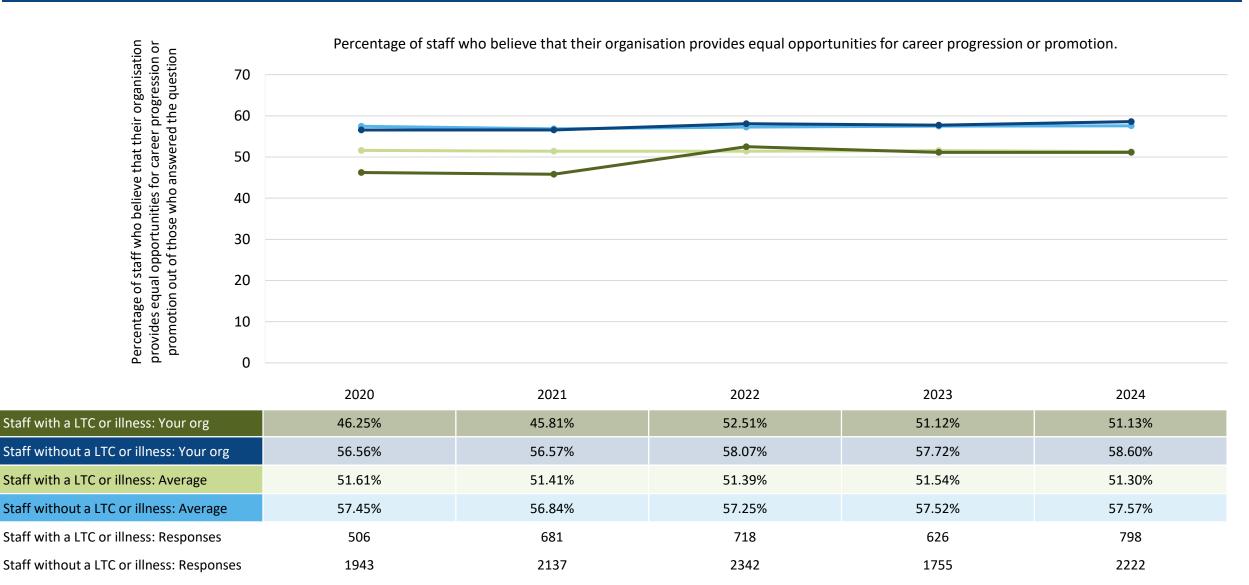




Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

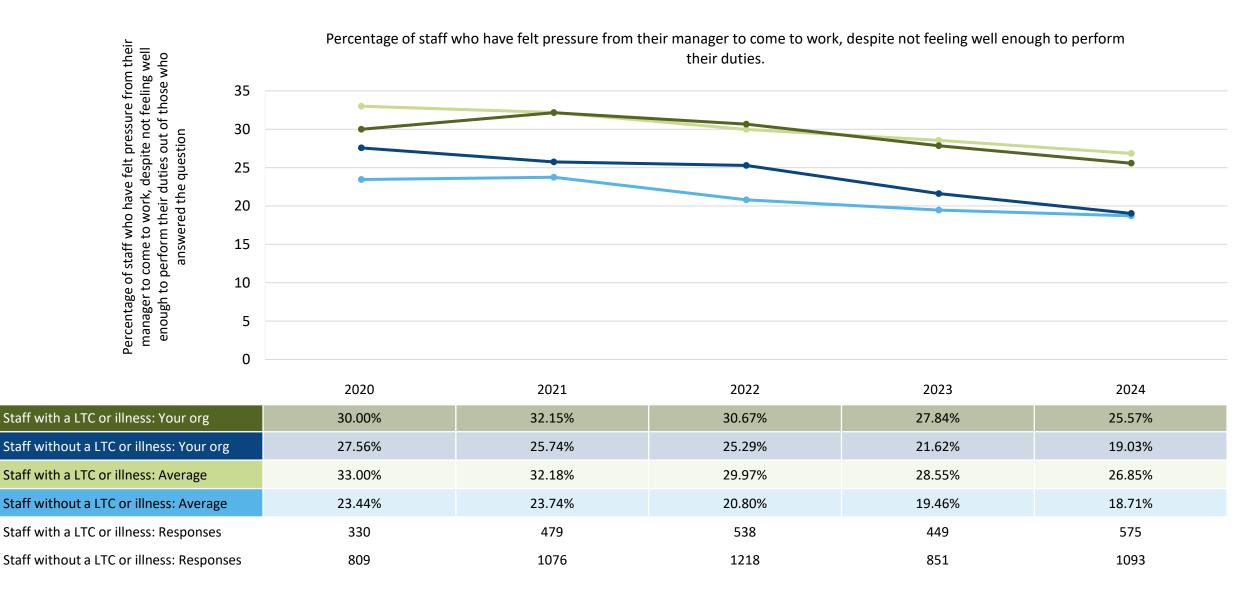






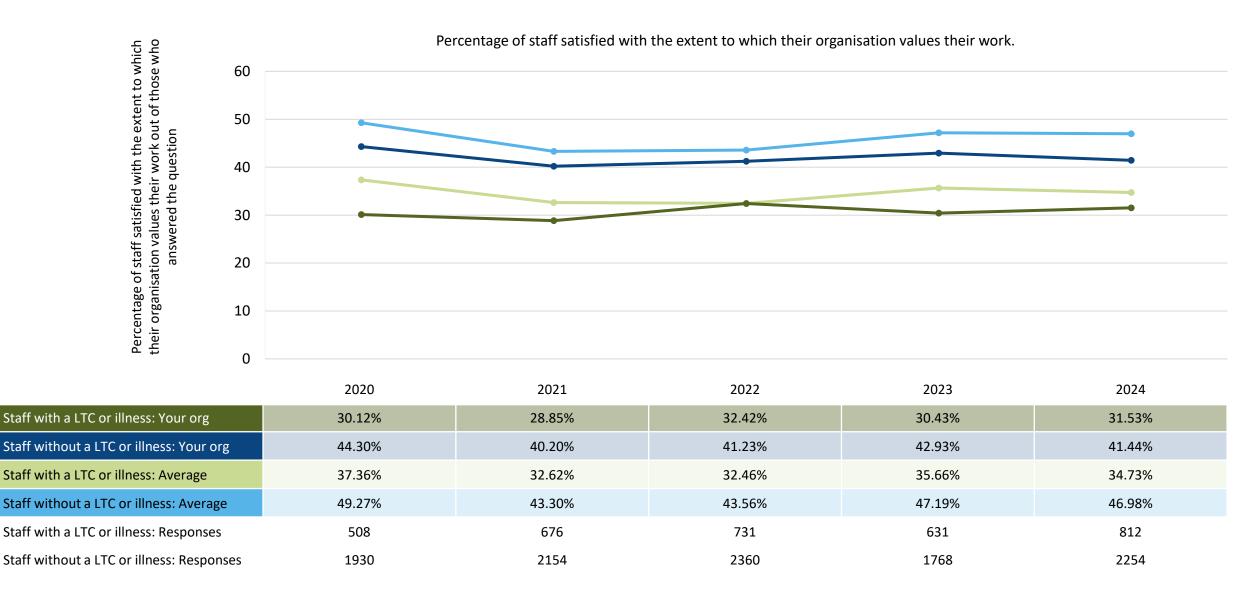








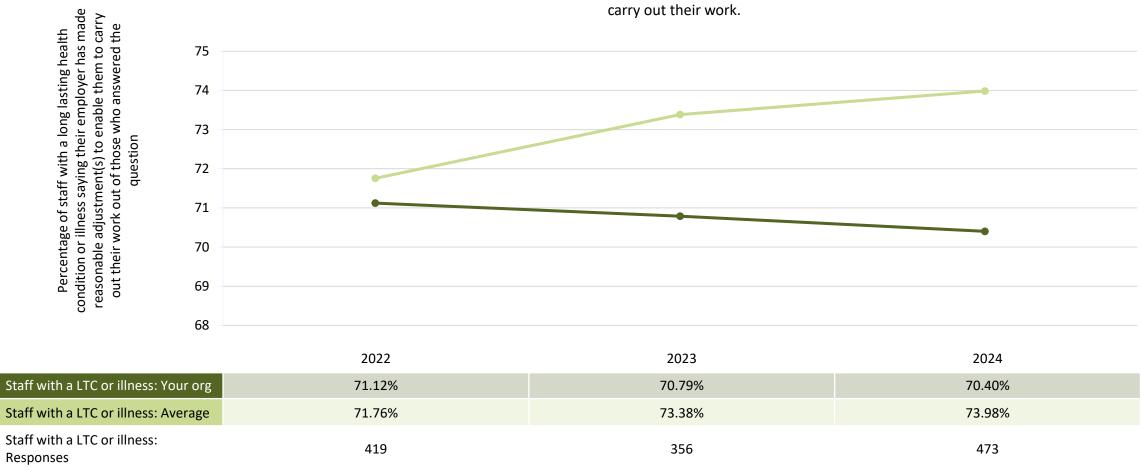








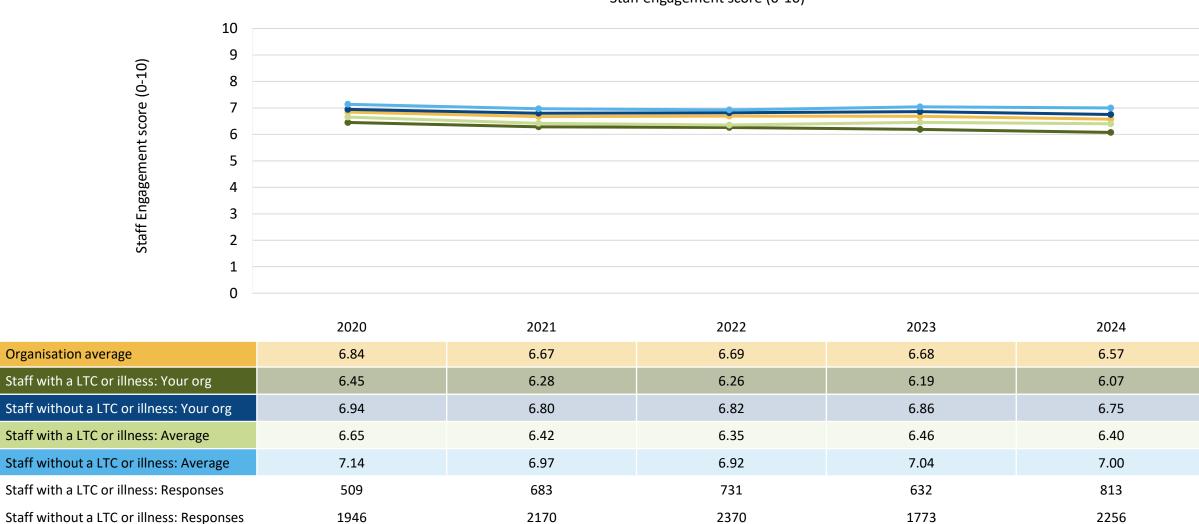
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.







Staff engagement score (0-10)



Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.





About your respondents

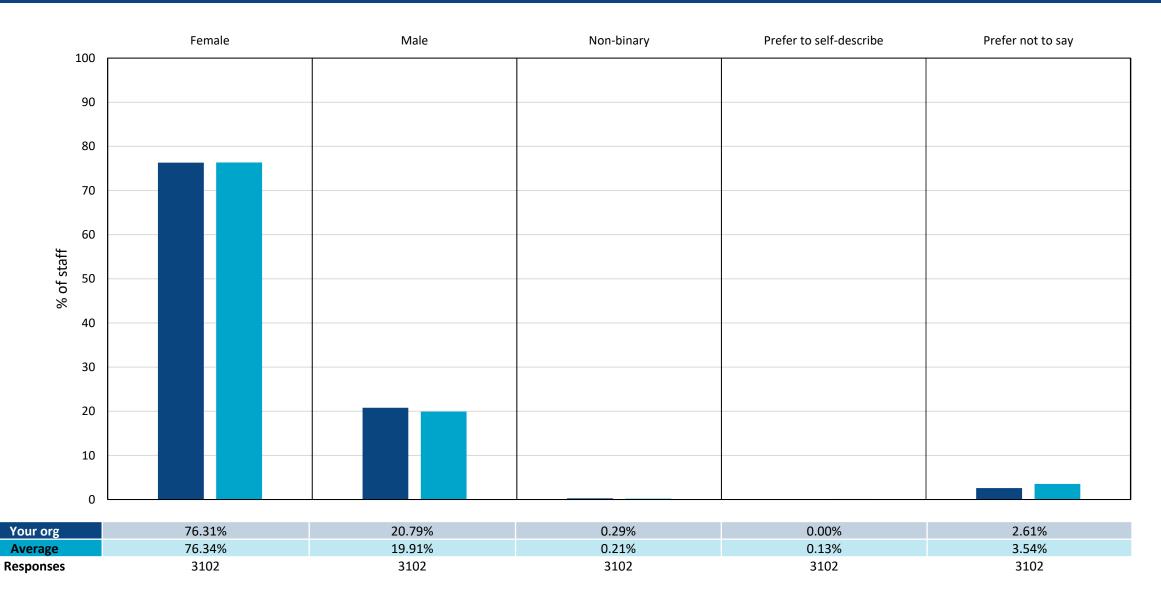
This section shows demographic and other background information for 2024.

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Background details - Gender



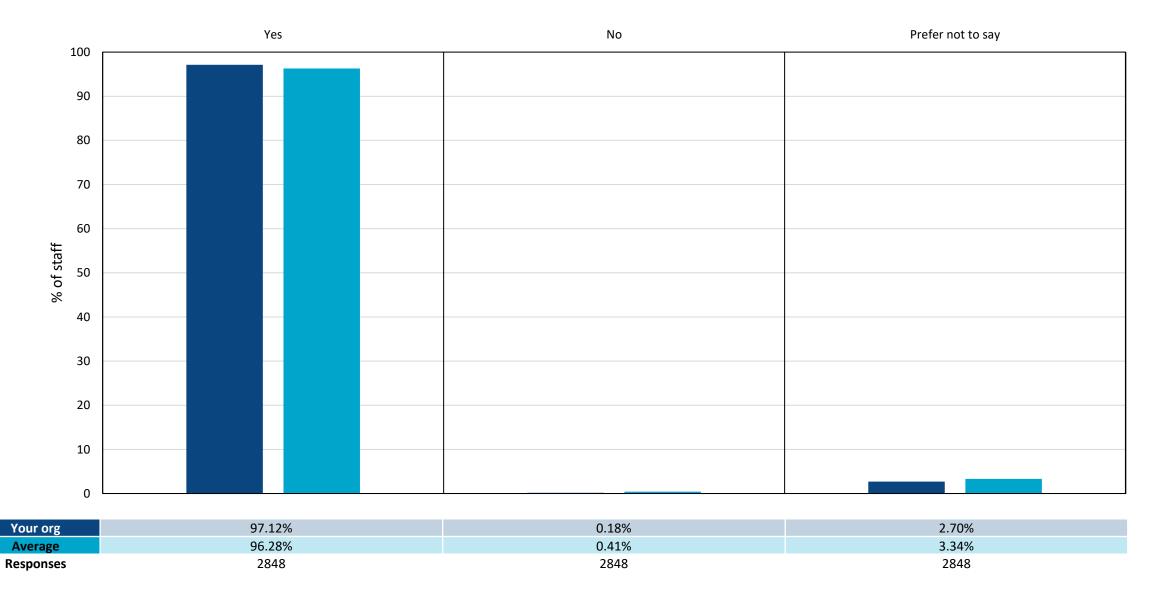




Background details — Is your gender identity the same as the sex you were registered at birth?



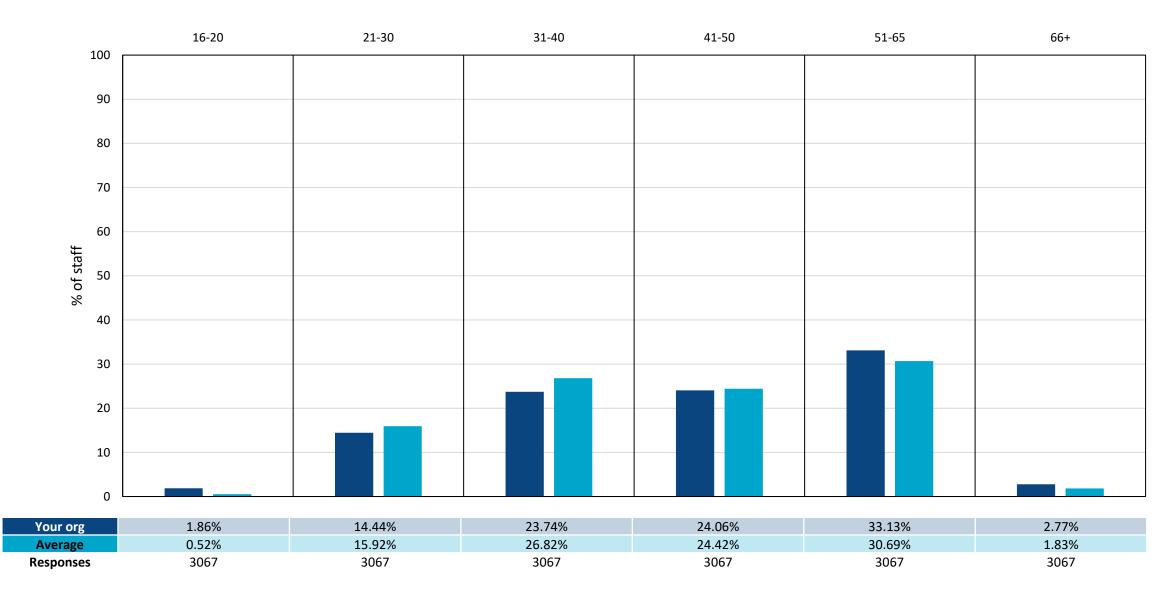




Background details - Age





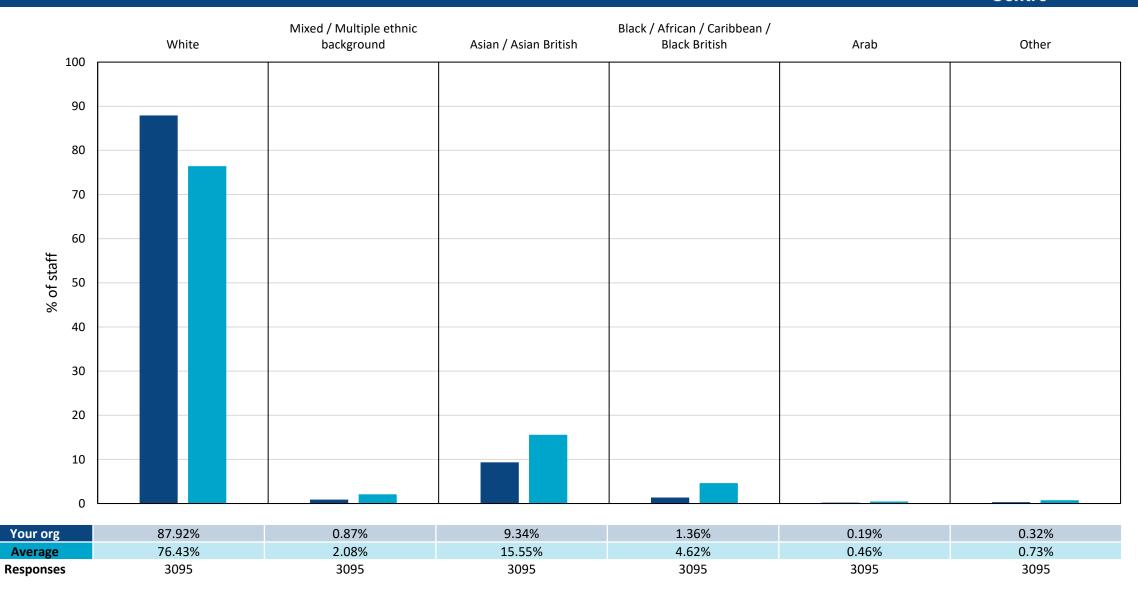




Background details - Ethnicity





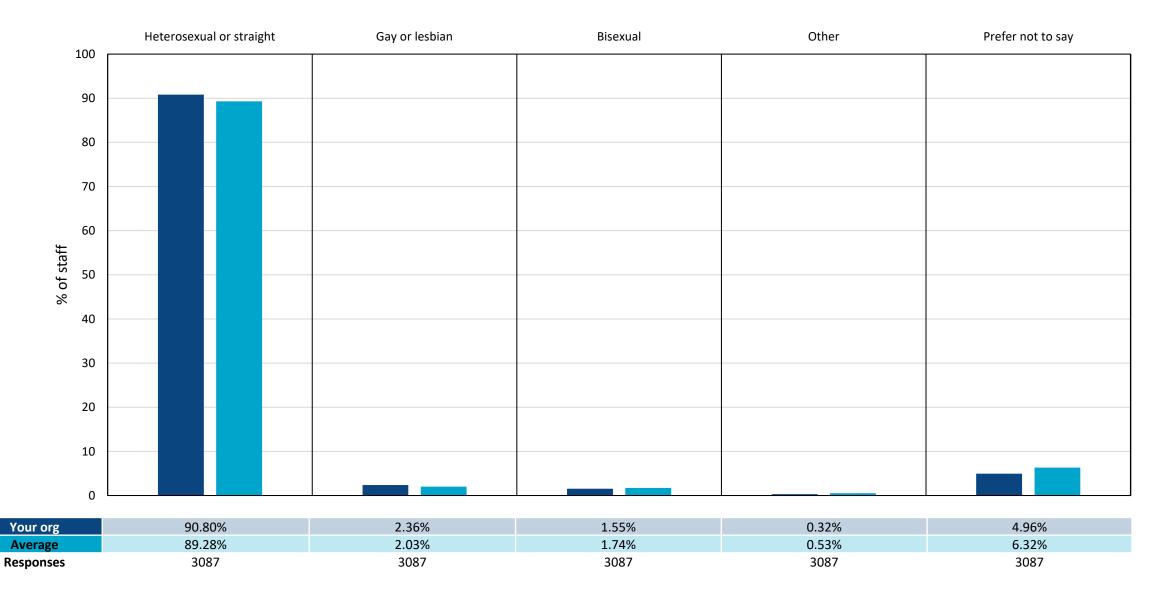




Background details – Sexual orientation



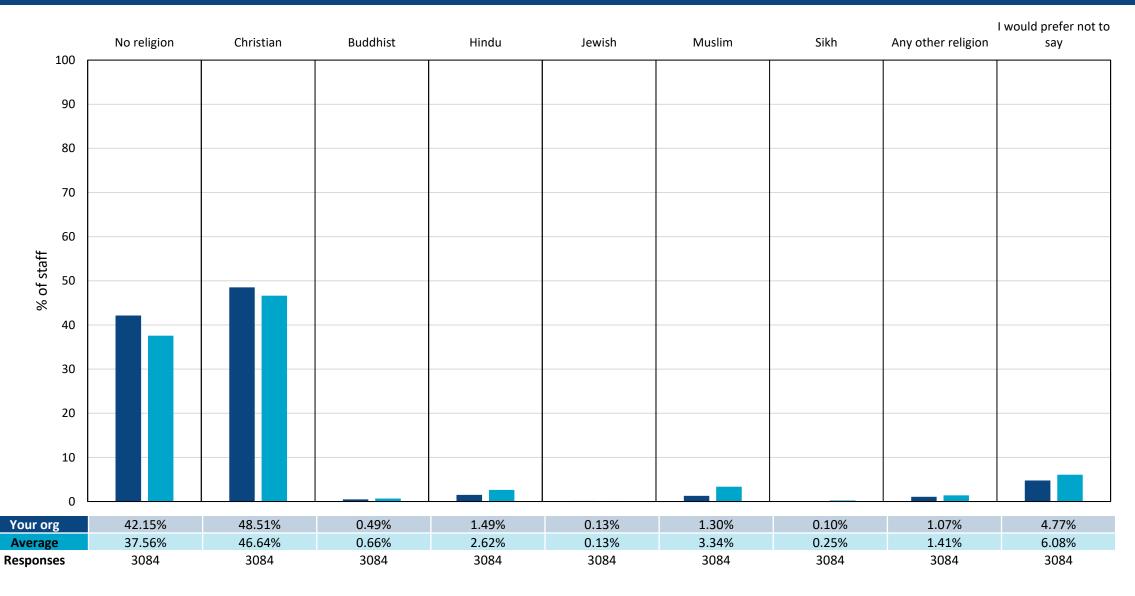




Background details - Religion





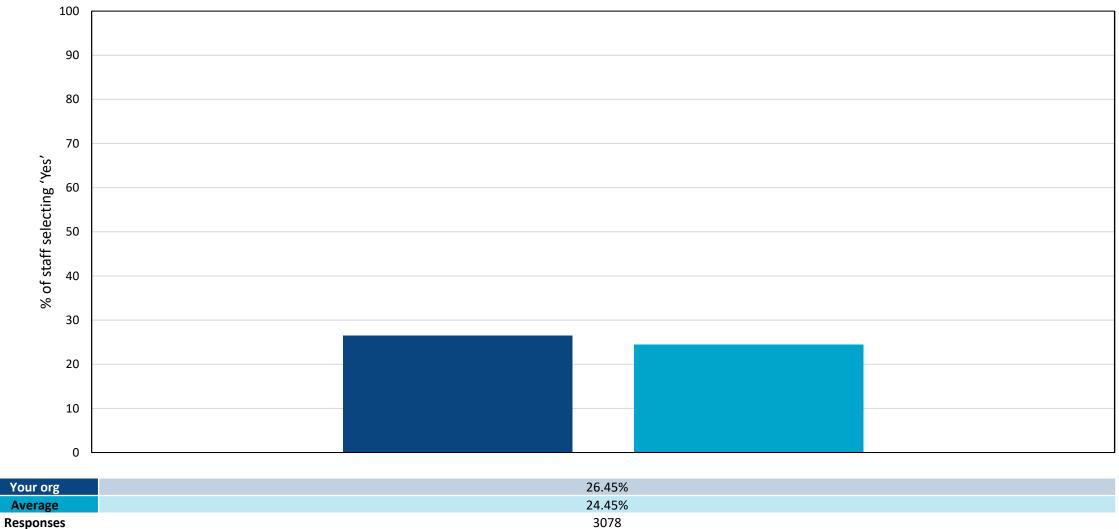


Background details — Long lasting health condition or illness





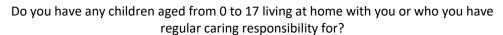




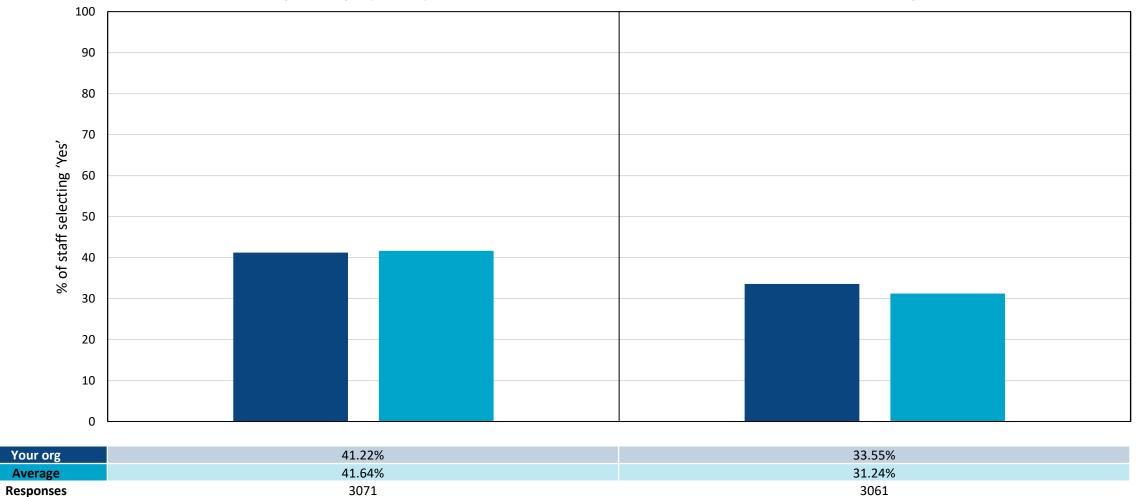
Background details — Parental / caring responsibilities







Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.

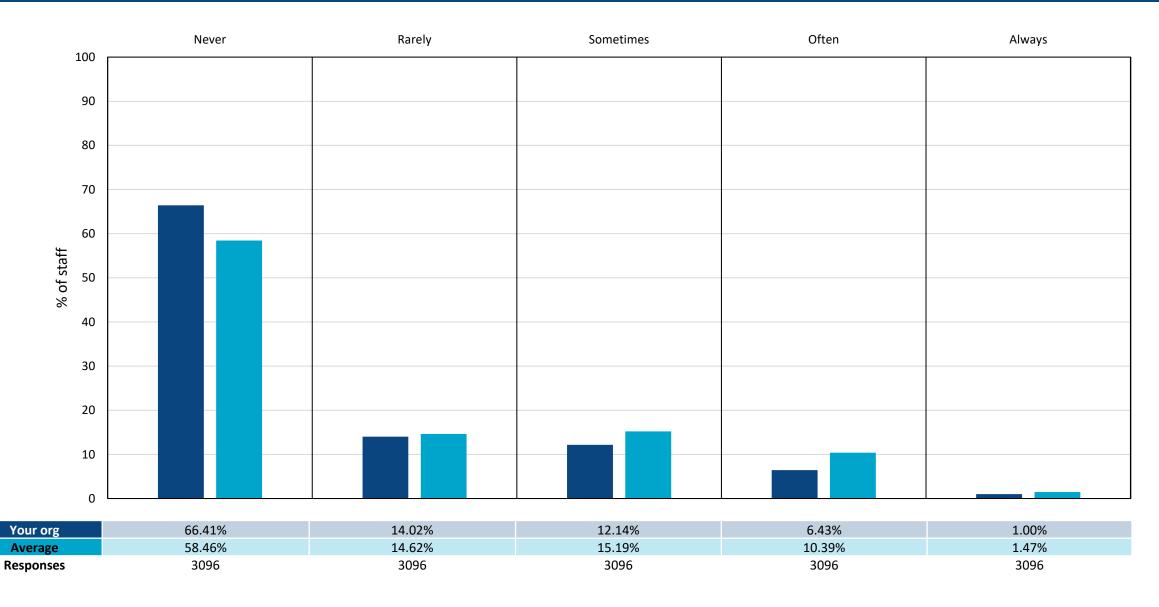




Background details – How often do you work at/from home?





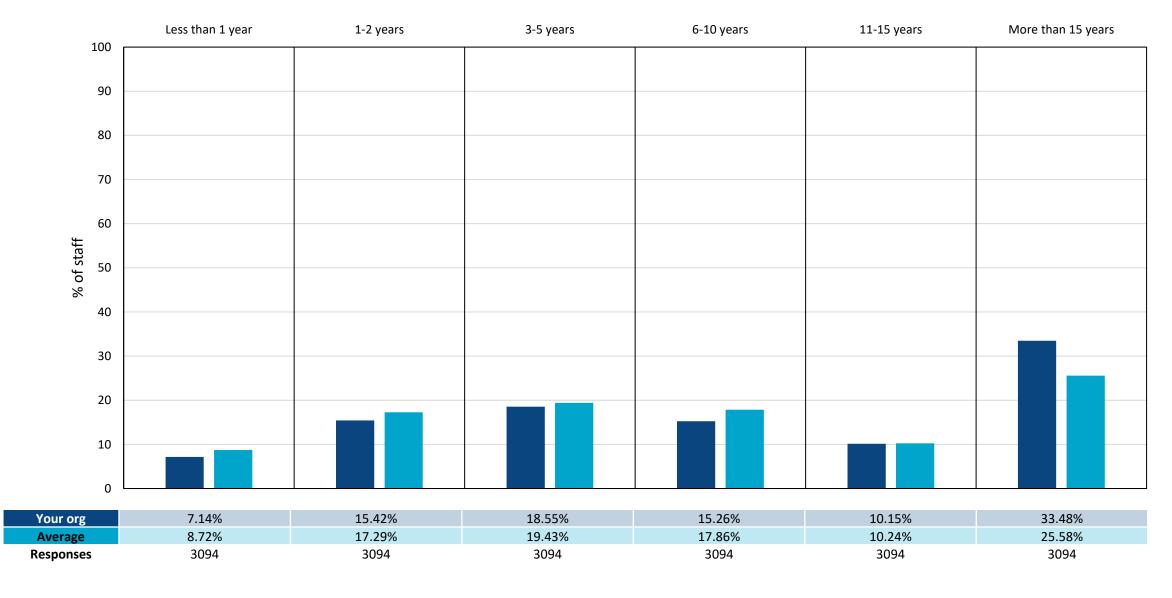




Background details – Length of service



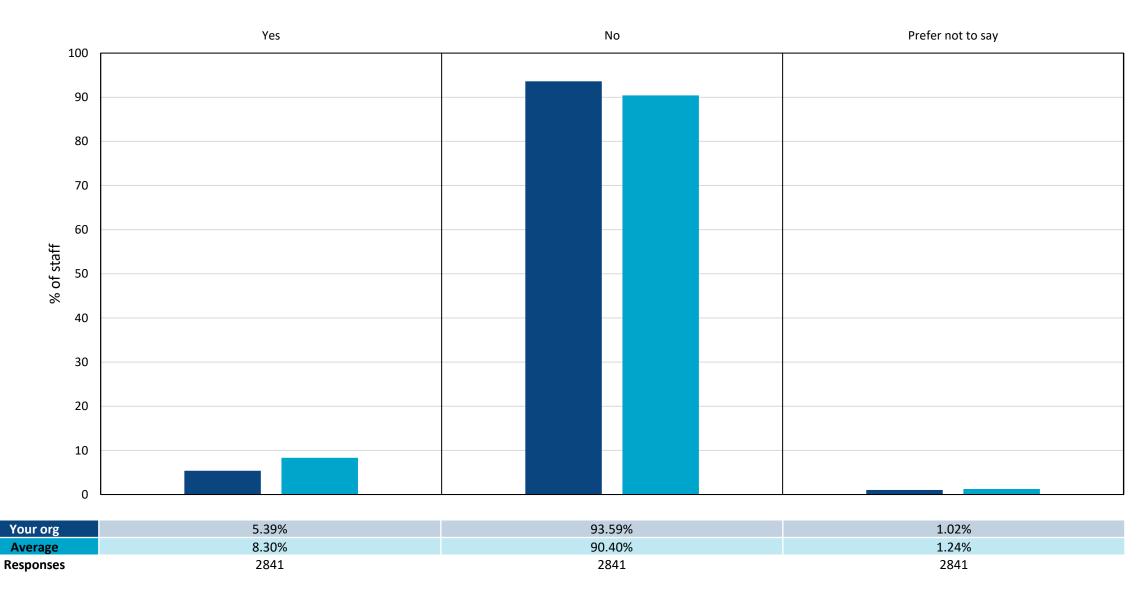




Background details — When you joined this organisation, were you recruited from outside of the UK?





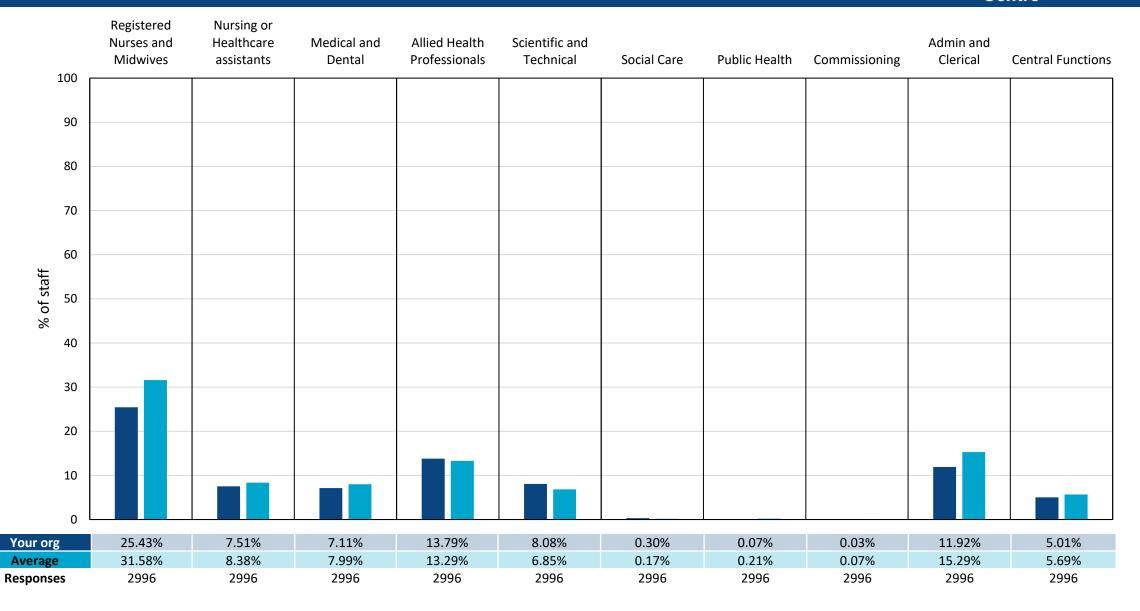




Background details – Occupational group





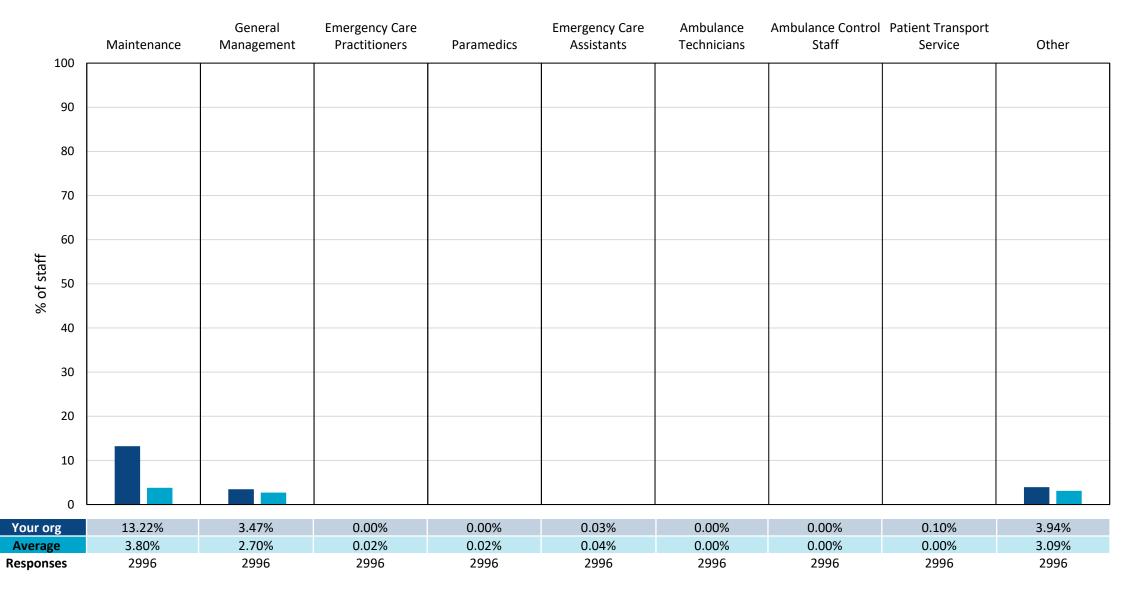




Background details – Occupational group







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Appendices

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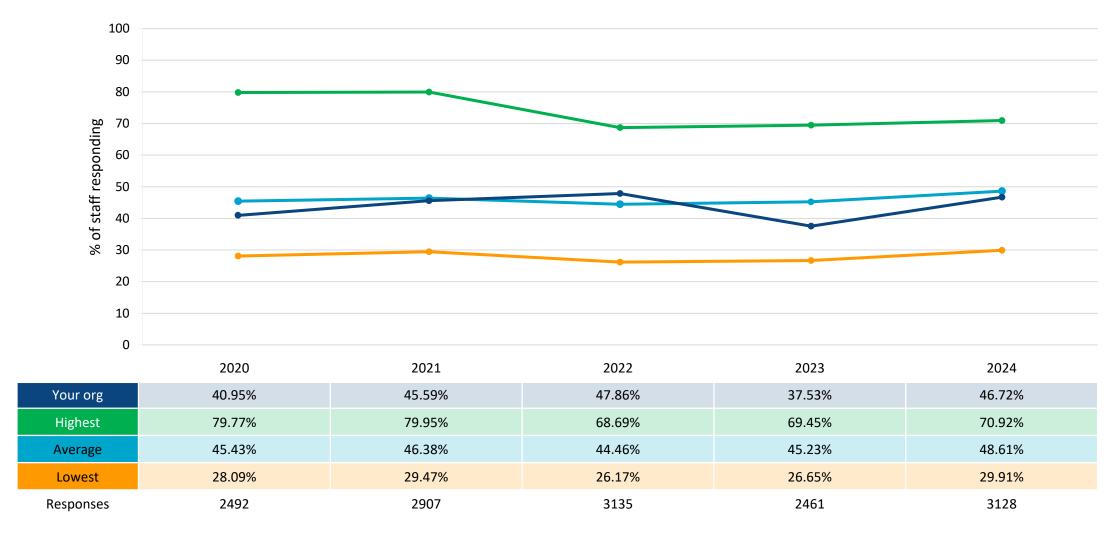
Appendix A: Response rate







Response rate



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Appendix B: Significance testing 2023 vs 2024



Appendix B: Significance testing – 2023 vs 2024





Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024*. For more details, please see the <u>technical document</u>.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.18	2448	7.14	3111	Not significant
We are recognised and rewarded	5.73	2445	5.71	3113	Not significant
We each have a voice that counts	6.50	2428	6.46	3090	Not significant
We are safe and healthy	6.00	2208	5.91	3061	Not significant
We are always learning	5.32	2275	5.38	2910	Not significant
We work flexibly	6.00	2430	6.07	3083	Not significant
We are a team	6.56	2441	6.62	3099	Not significant
Themes					
Staff Engagement	6.67	2448	6.56	3113	Significantly lower
Morale	5.70	2451	5.66	3113	Not significant

 $[\]ensuremath{^*}$ Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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Appendix C: Tips on using your benchmark report



Appendix C: Data in the benchmark reports





The following pages include tips on how to read, interpret and use the data in this report. The suggestions are aimed at users who would like some guidance on how to understand the data in this report. These suggestions are by no means the only way to analyse or use the data but have been included to aid users.

Key points to note



The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. The People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the Staff Survey website.



A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer-term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.



Appendix C: 1. Reviewing People Promise and theme results





When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

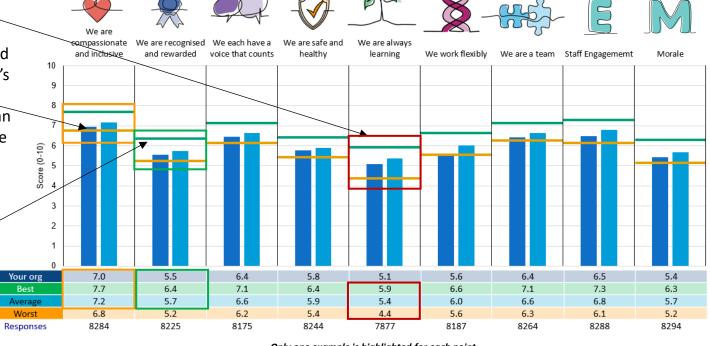
It is important to consider each result within the range of its benchmarking group 'Best result' and 'Worst result', rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

- By checking where, the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.



Only one example is highlighted for each point



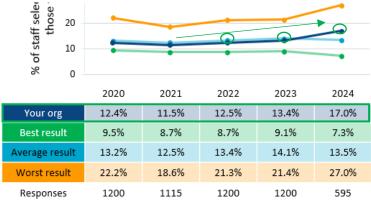
Appendix C: 2. Reviewing results in more detail





Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can help establish if there is genuine change in the results (if the results are consistently improving or declining over time), or whether a change between years is just a minor year-on-year fluctuation.

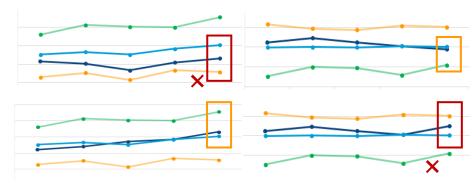


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the 'Question results' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the questions which are driving your organisation's People Promise element and theme results can be identified.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions** where the organisation's results fall between the benchmarking group average and worst results. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



= Negative driver, org result falls between average and worst benchmarking group result for question

Appendix C: 3. Reviewing question results





This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

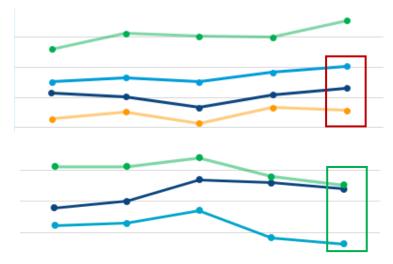
Identifying questions of interest

> Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

> Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome (see details on the 'Using the report' page in the 'Introduction' section).



- To identify areas of concern: look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- When looking for positive outcomes: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

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Appendix D: Additional reporting outputs

Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



Appendix D: Additional reporting outputs





Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents



Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



<u>Technical Guide:</u> Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs



Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.



<u>Breakdown reports:</u> Reports containing People Promise and theme results split by breakdown (locality) for Wirral University Teaching Hospital NHS Foundation Trust.



<u>National Briefing Document:</u> Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.



<u>Detailed spreadsheets</u> Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.



Item No 9.1

Report Title	Chairs Report – Charitable Funds Committee	
Date of Meeting	23 May and 18 June	
Author	Sue Lorimer, Chair of Charitable Funds Committee	
Alert	 The Committee agreed to keep the Tiny Stars appeal open until 31/3/26 due to the continued fundraising in the community, the donations being received and the shortfall in funding to cover the cost of the Neonatal development. No further fundraising will be initiated by the Trust's Charity Team. Fund balances increased by £0.361m during 24/25 and the Charity held funds of £1.443m at the year end. Of this sum the Tiny Stars appeal accounted for £0.647m. Balances increased by a further £0.304m to May 2025 due principally to the receipt of a donation of £0.300m from the Incubabies Charity in respect of the Tiny Stars appeal. The Committee received a proposal setting options for future activity and potential income. After a discussion on the options and risks the Committee agreed the addition of an additional admin and clerical post to support growth in fundraising with a view to increasing charity income in 2027/28. 	
Advise	 A presentation was received from Jo Garzoni, Divisional Director – Medicine, regarding items that patients would benefit from if the Charity was able to support with funding. These related to Heart, Stroke and Respiratory. Jo herself and her family engage in fundraising activities for the Charity and the Committee were impressed by her engagement and enthusiasm. The Committee received a report on fundraising activity and noted that fundraising income for 24/25 had surpassed plan despite the team being in transition. The Committee noted that fundraising events yielded a good margin and costs were kept to a minimum. 	
Assure	 The Committee reviewed the Charity risk register and found no items for escalation. The Committee considered the Annual Effectiveness Review and were happy to support the statement of effectiveness. 	
Review of Risks	The Committee accepted that there is a risk in agreeing to an additional member of staff but agreed that the current team is too small to be sustainable and that the risk of not covering the additional cost by fundraising income can be managed.	
Other comments from the Chair	 The Charity Team are doing a good job in a difficult environment and the Committee will continue to support them as they develop. 	



Report Title

Item No 9.2

Date of Meeting	2 June 2025	
Author	Dr Steve Ryan, Chair of Quality Committee	
Alert	 It noted a risk around the workforce capacity of the ophthalmology clinic and the potential impact to lengthen waiting times and treatment intervals for patients receiving repeated injectable therapy regimens. A mitigating plan to reduce the risk to an acceptable level is in place, pending development of a new workforce model. It noted it had been necessary to reduce manufacturing capability of the pharmacy aseptic unit, resulting in the cessation of production for other organisations. Preparation continues for "in-house" medicines but will need to be suspended when the unit is closed for upgrade works which will allow all provision to recommence. Mitigating plans are being developed for the provision of in-house medicines in that case. Partner organisations are being kept informed. Two never events were reported in May in separate areas. Both have been subject to immediate and ongoing investigation. Neither patient has suffered significant harm. In one case all correct procedures at the Trust were followed and are consistent with procedures adopted regionally. 	
Advise	 There has been further progress with long-standing CQC action planning. On must-do action relating to the refurbishment of the neonatal unit is expected to be completed towards the end of 2025. Two remaining should-do actions are reliant on working with external providers. The Committee will continue to monitor these. The draft Quality Account was noted and minor suggestions for amendments of clarification and amplification and context were recommended, and the draft will be amended prior to submission to the Trust Board. The Committee welcomed the quality of the report, the benefit of amplifying areas of success for communication to internal and external stakeholders and noted that the report was a fair, accurate and complete account of the Trust's approach to quality. It commended the team responsible for its preparation. Next (this) year's quality objectives were noted. An external review of paediatric audiology service identified no immediate safety issues and gave good assurance on clinical care. Several actions were recommended and are in progress. There has been further and consistent improvement in timeliness of complaint responses with the number of complaints in the system approximately halving and response 	

Chairs Reports – Quality Committee

	times improving. The Committee asked for an update and
	outline trajectory for getting to our target response time.
Assure	 In a recent audit of WISE ward accreditation, all 6 audited wards reached level 3. (The highest level). Never-the-less the WISE accreditation system and approach is being reviewed to improve it. The Trust is working with an external Trust who the CQC identified as having a particularly outstanding accreditation system. The Trust noted a report on continued assurance around the mortuary compliance with the Human Tissue Authority (HTA) standards for the maintenance of the HTA license for this activity. An external inspection by the National Accreditation Organisation of the United Kingdom (UKAS) assessment of the mortuary undertaken in March 2025. There were pleasingly no findings and recommendations focused on staff welfare and psychological support. Previous staffing risks noted at the last report have been dealt with following a business case and staffing is at expected levels. The Committee particularly thanked for the HTA Designated Individual for an excellent report and the leadership that led to it. The Committee noted an Internal Audit report that reviewed 7 areas of practice from policy and procedures through to embedding and further development of the PSIRF system at the Trust. The review found a good system of internal control. Three medium and two low-risk recommendations will help augment the Trust's continued implementation and improvement of its approach. The Committee were assured that the Trust had an appropriate Quality Impact Assessment policy in place which had been updated following collaboration with the Wirral Community
Review of Risks	 Health and Care Trust who had a well-regarded policy. No new or more significant risks were noted during the meeting and no changes were recommended for the Board Assurance Framework. The high risks of the pharmacy aseptics unit and the ophthalmology outpatient capacity and mitigations and action planning were noted.
Other comments from the Chair	 The Committee confirms that it is properly comprised with the appropriate skills and has met enough times to conduct its business. The Committee has reviewed its work it has discharged its duties in line with the authority delegated to it by the Board via its Terms of Reference and is therefore operating effectively.



Item No 9.3

Report Title	Chairs Reports – Audit and Risk Committee	
Date of Meeting	5 June & 16 June 2025	
Author	Steve Igoe, Chair of Audit and Risk Committee	
Alert	Nothing to report on this heading	
Advise	 The previously approved 2025/26Anti Fraud plan and 2025/26 Internal Audit plan and Audit Tracker were ratified. The Committee discussed the External Audit ISA 260 report noting the findings and expectation of a positive set of outcomes to be discussed with the Board in due course. Work was still ongoing so the Committee noted the positive position and agreed to re- convene on 16th June to review a near final document. 	
Assure	 The 2024/25 draft quality account was discussed in detail following its earlier discussion at Quality Committee. The Audit Committee welcomed the report noting some minor amendments from the Quality Committee discussion and approved the account for release to the Board for final approval. The Committee re-convened on 16th June to consider the final version of the 24/25 accounts, Annual Report including Governance statements and finalized External Audit findings report. The Committee were encouraged by these positive reports, particularly the external audit outcome and agreed to recommend all of them along with the Auditors letter of Representation for approval by the Board. The Committee discussed the current position of the Trust in relation to the Provider Self Certification. The Committee noted that self-certification against CoS7 was still a requirement and after discussion agreed to approve the statement of compliance against condition CoS7 and recommend its approval by the Board. 	
Review of Risks	N/A given the specific accounts focus for these meetings	
Other comments from the Chair	An excellent Audit outcome and congratulations to the finance team for an excellent and high-quality year-end process.	



Item No 9.4

Report Title	Chairs Reports – People Committee	
Date of Meeting	12 June 2025	
Author	Lesley Davies, Chair of People Committee	
Alert	 It was noted that a number of reports raised potential new risks, and these are identified at the end of this report 	
Advise	 Following the Committee's deep dive into work being undertaken to reduce bullying and harassment at the Trust, a report was provided which clearly identified the actions planned and those undertaken. It was agreed that a further progress report would be brought back to the Committee in six months Workforce Integration Workstream - an update was provided on the progress being made with workforce integration. It was good to see the outcomes from both the WUTH and WCHC Staff Surveys presented side-by-side. Common themes were evident, and staff are now working on an action plan, coordinating this work across both Trusts. The Committee noted feedback from the People Committee Effectiveness Review, which was positive with no considerations or issues raised 	
To address where both Assure	 The Committee discussed the Chief Nurse's Safe Staffing Report and took assurance that the Trust fulfils the regulatory requirements in line with Developing Workforce Safeguards (NHSI 2018), Fundamental Standards (CQC 2022) and the Safe Sustainable and Productive Staffing Guidance (National Quality Board's 2016). The positive fill rates for CSWs and RNs were also noted as was the reduction in Red Shifts for February-March 2025 The Committee took good assurance and thanked the GOSW for her report and presentation which provided data, detailed information and trends on exceptional reporting across the Trust and the actions taken, where appropriate, to ensure doctors are supported. 	
Review of Risks	 Although the Trust continues to focus on the effective management of employee relation cases it was noted that there is an increased risk of the Trust falling outside of its timescales for managing cases. Pressure points include the resource requirement to implement CWS prospective organisational change and the national review of job matching profiles for Nursing and Midwifery. The Committee discussed the proposed changes in rates of pay for bank staff, in the context of the Safe Staffing Report. There is concern that reduction in rates may negatively impact bank fill rates. The Chief Nurse has led the completion of a Quality Impact Assessment, to identify specific risks and mitigations. 	

	• It was highlighted that as part of the Doctors in Training contract negotiations there has been an agreed change to the Exception Reporting process which will come into force from September 2025. There are still some outstanding issues on how this process will work in practice and further guidance is expected. One of the main changes is a move away from Supervisor signing off Exception Reports with this process. In the future, all education exception reports will go to the Director of Medical Education and all other exception reports will go to the HR Team. This change will mean that there will be no direct involvement of the Trust's Educational Supervisors. Presently Education Supervisors provide valuable support where training issues are identified via the exceptional reporting process. There is an increased risk that this good practice will be more difficult to implement and that early intervention opportunities will be missed. It should be noted that the Guardian of Safe Working will maintain oversight of all exception reports. In addition, fines will be imposed across a greater number of situations, which could increase in the number of situations that will carry a fine will potentially impact on the Trust's finances. Work is being undertaken by the GOSW and HR to implement the changes and mitigate the risks associated. Mitigation will also include a communication strategy with relevant staff to ensure the potential of fines are minimised.
Other comments from the Chair	The Committee had wide-ranging discussions on a number of issues and reviewed the recent audit report on the Transitional Report for the New Payroll System. This was Chris Clarkson's last People Committee meeting, and the Chair thanked him for his valuable contribution



Report Title

Committee

Item No 9.5

Performance

Report Title	Committee	
Date of Meeting	18 June 2025	
Author	Sue Lorimer, Chair of Finance Business Performance Committee	
Alert	 The Trust ended month 2 with a deficit of £ 1.2m which is in line with plan. However, that is after the inclusion of £4.1m non-recurrent mitigations to compensate for variances relating to CIP, vacancy factor and the elective plan. The full year value of CIP identified to date has increased to £29.5m against a target of £32m. After adjusting for risk the expected level of CIP reduces to £22.6m recurrently and £20.1m in year. Although the CIP identified and achieved continues to improve it is critical that the situation is recovered in full and the outstanding £11.9m is achieved. The executive team is fully engaged in this and continue to provide challenge and support across the organisation to provide new schemes. The Committee received the quarterly financial forecast. Financial risk on approval of the plan was originally assessed as £25m. The primary risks relate to the CIP programme spanning the internal and ICS programme. After inclusion of non recurrent mitigations and an action plan proposed by the CFO, £7.6m of risk remains. This relates mainly to the stretch target agreed across the ICS. The Committee received an update on Head and Neck Cancer and elective performance. This has deteriorated significantly during 2025 resulting in suspected cancer patients waiting 5-6 weeks for their first appointment and elective patients waiting over 65 weeks. The situation is causing detriment to patients and breaching national standards. After reviewing the evidence regarding increase in demand, staff absence, consultant job plan content and medium-term divisional plans to improve access, the Committee approved short term outsourcing of activity. In view of financial constraints, the Committee did not approve the addition of an agency consultant. The Board will note that the cost of the outsourcing is not currently in financial plans or forecast. The Committee agreed to seek Board review and support for this decision. The Trust ended M2 with a positive cash balance of £4.2m	
Advise	 a further CIP workshop arranged for 20th June. Helen Walker, the Divisional Director of Women's and Children's Division presented to the Committee on how the 	

Chairs Reports - Finance Business

divisional CIP programme is developed and managed. The division has achieved 76% of its CIP plan to date. In addition to CIP the division is improving financial literacy and encouraging wide engagement. The Committee noted that in the past the division had struggled with achievement of CIP and were pleased to note the new approach and how this aligned to the finance strategy.

- The Committee received an update on the Procurement Strategy. This set out key objectives for procurement and how the team was working with internal and external stakeholders to deliver quality, efficiency, transparency and effective governance. The Committee sought assurance that there was clinical engagement and that the team was collaborating with external organisations wherever it was beneficial to do so.
- The Committee approved a business case for an additional 2 consultant posts in the Emergency Department to be funded by vacant consultant PA's and a reduction in the Tier 2 establishment. This change will contribute to in-year and recurrent CIP delivery.
- The Committee approved a business case for 2.7 General Internal Medicine consultants to be funded from agency and non-core medical staffing expenditure. This change will contribute to in-year and recurrent CIP delivery.
- The Committee approved a case for the refurbishment of the Aseptic Unit for onward approval by the Board of Directors. The capital cost will be funded by external NHS funding and a contribution from the Trust's own capital budget. There is a revenue pressure during the scheme mobilisation driven by the loss of external sales, this is included in current financial forecasts. The Committee was keen to see the potential for enhanced income from drug sales once the unit is complete and the team undertook to revisit projections and provide for additional clarity on capital expenditure for the Board meeting paper.
- The Committee expressed a wish to see quality KPI's improving as a result of the business cases approved for permanent staff. The team agreed to provide this at a future meeting.

Assure

- The Committee received a report on progress in ED nurse recruitment resulting from the approved business case and noted that registered staff recruitment is progressing well with 4 vacancies remaining but there are still 15 vacancies for unregistered staff. The team is considering skill mix changes in addition to recruitment events.
- A report on Trust productivity was received which demonstrated good performance on both productivity and real terms cost growth where the Trust has performed better than any other acute trust in the Cheshire and Mersey ICS. This

	triangulates with performance on CIP in recent years where the Trust has delivered significant recurrent savings.
Review of Risks	 There is a significant risk to the achievement of the financial plan driven by CIP and a shortfall in elective performance and pressure on service targets. The plan to manage this is significantly progressed and needs to be finalised.
Other comments from the Chair	 The Committee emphasised the importance to the Trust of delivering both improved service performance and the financial plan.



Item 10

Title	Independent Assessor Actions
Area Lead	David McGovern, Director of Corporate Affairs
Author	David McGovern, Director of Corporate Affairs
Report for	Approval

Executive Summary and Report Recommendations

This report follows up on the recommendations raised as part of the Independent Assessor review during John Taylor-Brace's removal process.

It is recommended that the Council of Governors:

- Note the update against the three recommendations; and
- Approve the revised code of conduct.

Key Risks

This report relates to these key risks:

No direct key risks

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	No
Better quality of health services for all individuals	No
Sustainable use of NHS resources	No

Contribution to WUTH strategic objectives:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

1	Narrative
1.1	Independent Assessor Recommendations

As part of the process undertaken to remove John Taylor Brace as a Governor, an independent assessment of the investigation was completed by Daniel Scheffler at Liverpool University Teaching Hospital. His report raised three recommendations to further strength governance procedures. The report stated:

"While the investigation process was robust, the following recommendations are made to further strengthen future governance procedures:

- enhance Governor induction training to reinforce awareness of access protocols and reporting requirements;
- consider improvements in communication regarding restrictions imposed on individuals to avoid ambiguity;
- develop a more explicit protocol for Governors regarding their roles, responsibilities, and access privileges to prevent misunderstandings. Any changes to access privileges should be confirmed with the Trust's Site Security Service."

To address these, a paragraph has been added to the Governor Code of Conduct at section 9. The revised Code is attached at the appendix for Governors' review and approval.

If approved, this same paragraph will be added to the induction handbook to ensure that communication is made clear in both places.

These changes will address the recommendations made and close this process.

2	Implications	
2.1	Patients	
	 This change to the Code of Conduct and the Governor Handbook will help to clarify the means by which Governors can visit the Trust in their role as a Governor to protect their safety as well as patients' safety. 	
2.2	2 People	
	 This change to the Code of Conduct and the Governor Handbook will help to clarify the means by which Governors can visit the Trust in their role as a Governor to protect their safety as well as patients' safety. 	
2.3	Finance	
	No direct financial implications.	
2.4	Compliance	
	No direct compliance implications.	



GOVENORS CODE OF CONDUCT

1. Introduction

The purpose of this code of Conduct ("the Code") is to provide clear guidance on the standards of conduct and behaviour expected of all Wirral University Teaching Hospital NHS Foundation Trust (WUTH) Governors, whether elected or appointed. The code applies at all times when Governors are carrying out the business of the Foundation Trust or representing the Foundation Trust.

Governors must recognise that the Trust is an apolitical public benefit organisation that seeks to promote social inclusion. The promotion of any personal or political view that is at odds with this principle will be grounds for dismissal from the Council of Governors. Given the confidential, and often sensitive nature, of the issues considered by the Council of Governors, Governors both individually and collectively must always act with total discretion and integrity, and in the interests of the greater good of the Trust and the people who use its services.

Elected Governors who are members or affiliates of any trade union body, political party, or other organisation that seeks to influence public opinion, must recognise that they will not be representing the views of such organisations: rather, they are elected to represent the views of their constituency's members.

The Code, together with the Code of Conduct for Directors and employees, and the NHS Constitution, forms part of the framework designed to promote the highest standards of conduct and behaviour within WUTH. The Code is intended to operate in conjunction with the Code of Governance, Guide for Governors, and the Trust's Constitution (and the standing orders contained within).

The Code applies at all times when Governors are (or might be seen) carrying out the business of WUTH or representing WUTH and will include all circumstances in which Governors are directly engaging with members of the public, Trust employees, and other key stakeholders.

2. Seven Principles of Public Life

WUTH strongly promotes the Seven Nolan Principles of Public Life, and expects that its Governors, in keeping the Board members and officers, will apply the principles at all times. The Seven Nolan Principles are:

Selflessness

Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit alone.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take; they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

3. Corporate Values

In addition to the Seven Nolan Principles, WUTH has four values that underpin everything it does:

- caring for everyone
- respect for all
- embracing teamwork
- committed to improvement

WUTH FT Governors should exhibit these values in delivering their statutory duties and when representing the Trust.

4. Council of Governors' Statutory Duties

The role of the Council of Governors is to:

- represent the interests of the members of the Trust as whole and the interests of the public;
- hold the Non-Executives individually and collectively to account for the performance of the Board of Directors.

In representing the interests of the members of the Trust as a whole and the interests of the public, Governors will actively engage with their constituents and will not seek to promote or pursue issues of personal interest. Governors also may not vote under instruction from the membership of their constituency and must make independent decisions.

The role of the Council of Governors, including their statutory duties, is set out in detail in the Trust Constitution (including standing orders), NHS England (formerly Monitor) Code of Governance, and NHS England's (formerly Monitor's) Guide for Governors.





In carrying out its work, the Council of Governors needs to take account of and respect the statutory duties and liabilities of the Board of Directors and individual Directors. This means recognising that the Executive Directors are responsible for the day-to-day running of the Trust, and that they are held to account by the Non-Executive Directors. The role of Governors is to then hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

5. Confidentiality

Governors must comply with the Trust's confidentiality policies and procedures. Governors must not disclose any confidential information, unless specifically permitted in writing from the Chair, Director of Corporate Affairs or Board Secretary, and must not seek to prevent a person from gaining access to information to which they are legally entitled.

In turn, the Trust will highlight whether any information provided to Governors is of a confidential nature and issue any specific instructions in terms of safe retention and disposal (linked to the Data Protection Act).

6. Declarations of Interest

Governors have a duty to avoid a situation in which they have a direct or indirect interest that conflicts or may conflict with the interests of the Trust ("interests" are defined in the Trust Constitution).

It is also important from a Governor's perspective that they are not seen to be conflicted or in a situation where, in delivering their statutory duties, their judgement is perceived as being impaired or inappropriately affected.

The requirement for Governors is set out in Section 7 of the Standing Orders for the Council of Governors (as included in the WUTH Constitution), and includes the following:

- Governors are required to register, via the Director of Corporate Affairs, all relevant interests on the Trust's register of interests in accordance with the Trust Constitution. It is the responsibility of each Governor to update the Trust if their interests change at the earliest opportunity.
- If a Governor has a pecuniary, personal or family interest, whether that is actual or
 potential, direct or indirect, in any proposed contract or other matter which is under
 consideration or is to be considered by the Council of Governors, the Governor shall
 disclose that interest to the members of the Council of Governors as soon as he/she
 becomes aware of it.
- Governors are expected to be fully mindful of any interests they have during
 meetings and in the delivery of their statutory duties. Governors should generally not
 be involved, either on an employed or self-employed basis, in any contractual
 arrangements with the Trust, linked to the supply of goods and services. Where
 there is a potential for this situation to arise, the Governor will discuss the issue with
 the Trust Chair to determine whether it is likely to conflict the governor in carrying out
 their role.

Linked to the Bribery Act 2010, Governors must neither accept/offer a benefit from / to a third party by reason of being a Governor for doing / not doing anything in that capacity.

Failure to comply with the arrangements for disclosing details of interests is likely to constitute a breach of this Code.





7. Meetings

Governors have a responsibility to attend formal meetings of the Council of Governors, and any meetings of sub-committees of which that Governor is a member and be appropriately engaged.

When it is not possible to attend a particular meeting, apologies should be submitted to the Director of Corporate Affairs in advance of the meeting.

A Governor's term of office may be terminated by the Council of Governors if he / she has failed to attend three consecutive meetings of the Council of Governors unless the Council of Governors is satisfied the absence was due to a reasonable cause and that the governor will resume attendance at meetings of the Council of Governors within such period as it considers reasonable.

8. Personal Conduct

Governors are expected to conduct themselves in a manner that reflects positivity on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

Specifically Governors must:

- Treat fellow Governors, staff, members, and those with whom Governors interact, with respect
- Adhere to good practice in respect of conduct at meetings, respecting the views of fellow Governors and channelling questions through the Chair so that business can be conducted in an orderly fashion
- Be mindful of conduct which could be deemed to be unfair or discriminatory (the Trust seeks to promote social inclusion and therefore Governors will not discriminate against any part of the communities they serve, on any grounds)
- Recognise the respective roles of the Board of Directors and the Council of Governors, and that both parties have a common interest in the success of the Trust
- Demonstrate and evidence to the Council of Governors that they are engaged with Trust members and members of the public, and, in the case of elected public Governors, can genuinely represent the wider views of the public rather that purely their own or those of a small circle (it is important in this respect that Governors do not have, and are not seen to have, a personal interest that conflicts them or inappropriately influences their judgement)
- Seek to ensure that the memberships of the public constituency, staff constituency, or partner organisation that they represent are properly informed and that their views are fed back to the Trust.
- Deliver the requirements, on an annual basis, set out in the Governors Charter of Expectation including in relation to duties, attendance at meetings (see also section 7 – meetings-above) and training. Governors must attend training, which is defined as mandatory, including in relation to induction.
- Demonstrate active commitment by attending and participating at meetings, or providing input to meetings by submitting view where a Governor is unable to attend a meeting
- Not seek to use their position improperly to confer an advantage or disadvantage on any person and must comply with the Trust's rules on the use of resources
- Comply with Trust policies which are applicable to the Governor role and duties





 Have due regard to advice provided by the Chair and Director of Corporate Affairs pursuant to their statutory duties.

9. Access to the Trust

When acting as a Governor (i.e. not in a personal medical capacity), Governors should not visit the trust in an unannounced visit. This is for both Governor and patient safety.

Governors are welcome to visit the Trust by participating in pre-arranged visits, which have been coordinated by, or authorised by the Corporate Governance team. Governors will be invited to all Public Board meetings, and to Board walkabouts where capacity allows. Other training sessions, assessments, or Governor specific walkabouts will be sent out from the Corporate Governance team.

If a Governor wishes to visit the Trust outside of a scheduled visit as described above, authorisation must first be provided by the Director of Corporate Affairs and/or the Chair.

10. Training and Development

WUTH is committed to providing appropriate training and development opportunities for Governors to enable them to carry out their role effectively. Governors are expected to participate in training and development opportunities that have been identified as appropriate for them. Governors are required to participate in any review processes both in terms of their own contribution and the wider effectiveness of the Council of Governors.

11. Dealing with the Media

Governors should not engage with the media, or make any comments, over matters relating to WUTH, and any Governor approached by the media for comment should immediately notify the Trust's Director of Corporate Affairs.

12. Liaison with NHS England (formerly Monitor)

NHS England has stated that in exceptional circumstances (for example, where they have concerns over the functioning of the Board of Directors) they may wish to make contact with the Council of Governors. The Governors have nominated a Lead Governor to take on the role of having any direct contact with NHS England, and this will be co-ordinated through the Director of Corporate Affairs. If the Council of Governors or a Governor is concerned that the Trust has failed or is failing to act in accordance with its Constitution, any proposed question and referral should be discussed first with the Director of Corporate Affairs who can advise on due process.

13. Interpretation and Concerns

Questions and concerns about the application of the Code should be raised with the Director of Corporate Affairs. At meetings the Chair will be the final arbiter of interpretation of the Code.

14. Review and Revision of the Code

This Code has been agreed by the Council of Governors. The Director of Corporate Affairs will ensure that the Code is reviewed periodically, although it is for the Governors to agree to any amendments or revisions.

15. Undertaking and Compliance

Governors are required to give an understanding that they will comply with the provisions of this Code and the provisions of the Trust's Constitution. Failure to comply with the Code





may result in action taken in accordance with Annex 5 of the Trust Constitution, including a written warning as to future conduct or potential termination of office.

6. Personal Declaration	
	(Please print full name) have read, understood, and of Conduct for the Council of Governors of WUTH FT
Signature	
Date	







Item 12

Title	Integrated Performance Report
Area Lead Executive Team	
Author	Executive Team
Report for	Information

Executive Summary and Report Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of May 2025.

It is recommended that the Council:

• Note performance to the end of May 2025.

Key Risks

This report relates to the key risks of:

- Quality and safety of care
- Patient flow management during periods of high demand

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

Contribution to WUTH strategic objectives:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

1	Narrative
1.1	Following further discussion with the Executive Team and the Board, the performance metrics for inclusion, format and title of the report have been amended. The metrics are grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric.

2	Implications
2.1	Implications for patients, people, finance, and compliance, including issues and actions undertaken for those metrics that are not meeting the required standards, are included in additional commentaries and reports.

3	Conclusion
3.1	Monitoring of the key performance metrics will be continued monthly within the Integrated Performance Report, and at the regular operational meetings with the Clinical Divisions.

Integrated Performance Report - June 2025

Approach

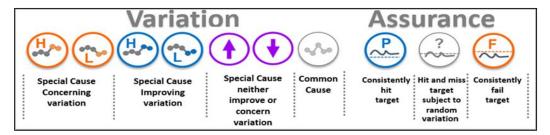
The metrics for inclusion have been reviewed with the Executive Director team.

Performance is represented in SPC chart format to understand variation, and a summary table indicating performance against standards.

The metrics are grouped into Executive Director portfolios, with individual metrics showing under their CQC Domain.

Commentary is provided at a general level and by exception on metrics not achieving the standards set.

Key to SPC Charts:



Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	6	17	23
Well-led	1	2	3
Use of Resources	2	3	5
All Domains	16	27	43

Issues / limitations

SPC charts should only be used for 15 data points or more.

SPC format does not support including a target where it is variable over time, eg a reducing trajectory for long waiters.

Alternative formats of charts are included where they are more appropriate.

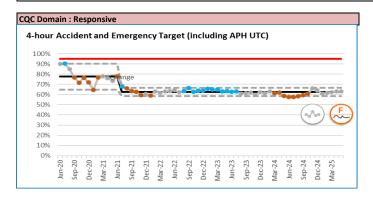
Changes to Existing Metrics:

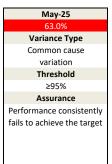
Metric Amendme

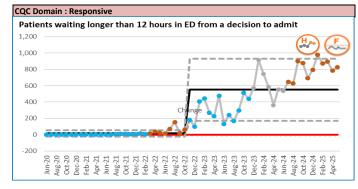
Clostridioides difficile (healthcare associated)

National threshold target for 2024/25 is not yet confirmed - internal maximum set at 108 cases for the year.

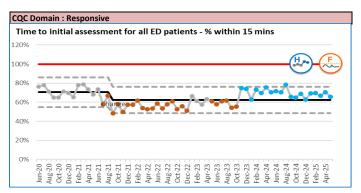
Chief Operating Officer (1)

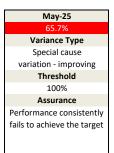


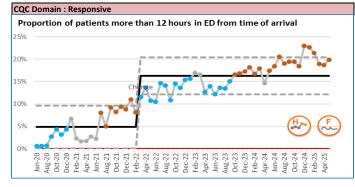




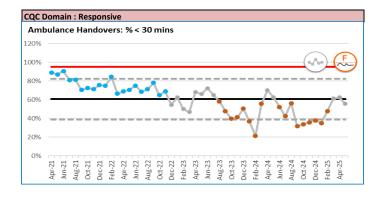




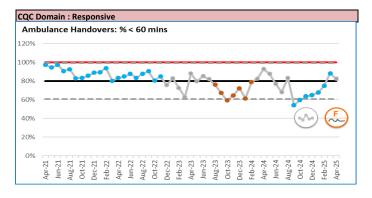


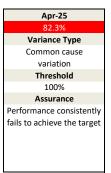


May-25		
19.9%		
Variance Type		
Special cause		
variation - concerning		
Threshold		
0%		
Assurance		
Performance consistently		
fails to achieve the target		

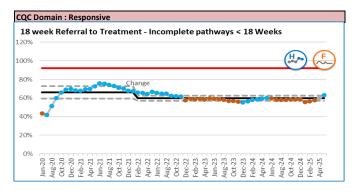




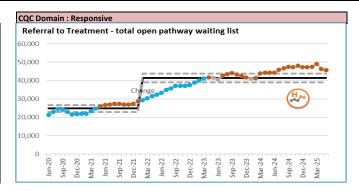


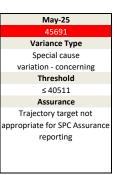


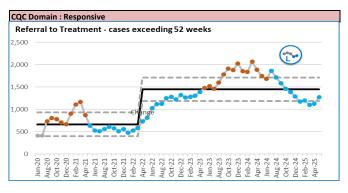
Chief Operating Officer (2)

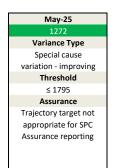


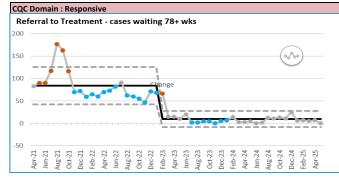


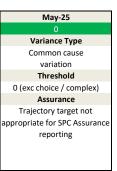


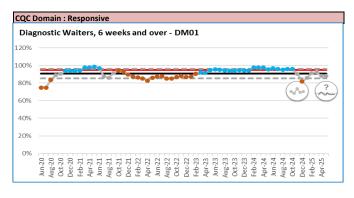


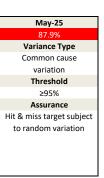




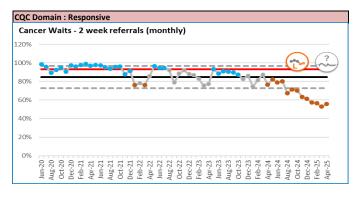


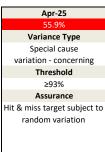


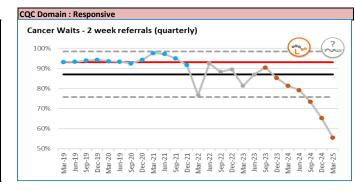


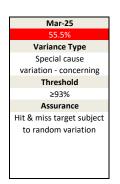


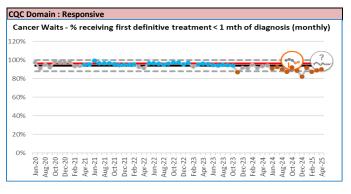
Chief Operating Officer (3)

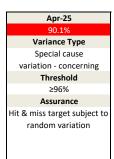


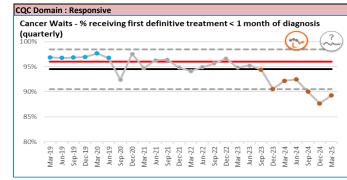


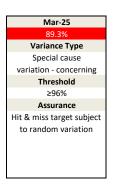


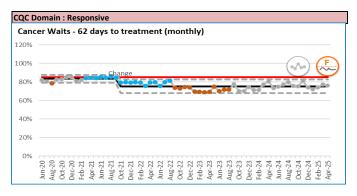




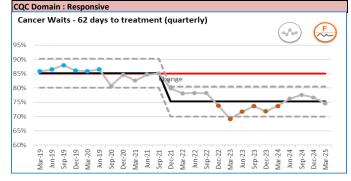






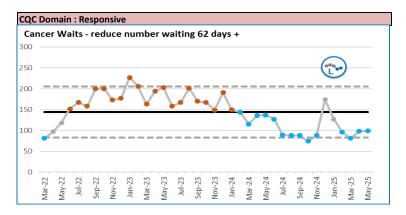


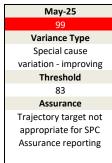


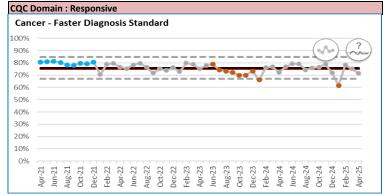


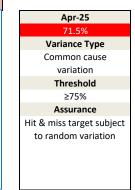


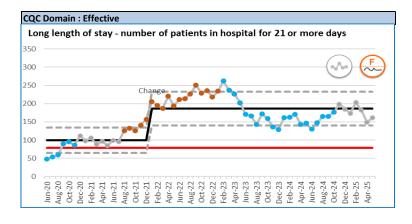
Chief Operating Officer (4)

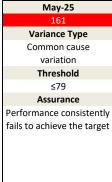




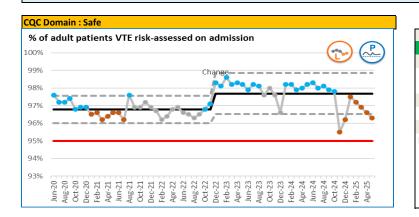


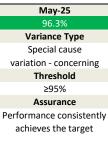


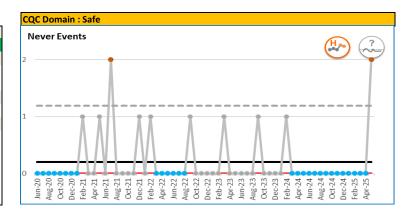


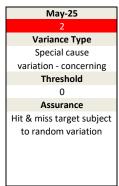


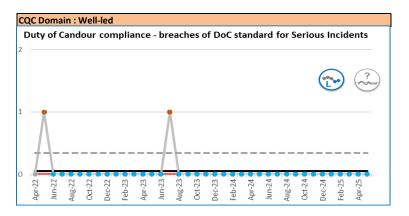
Medical Director

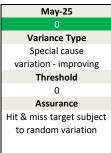


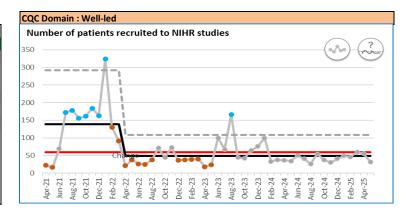


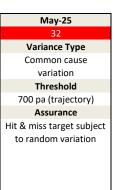




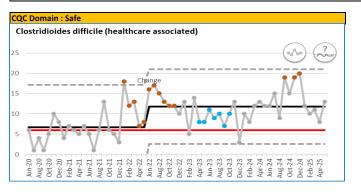


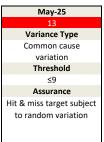


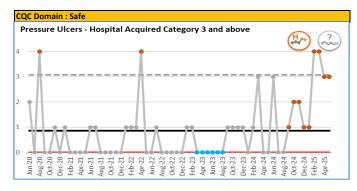


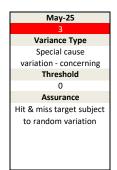


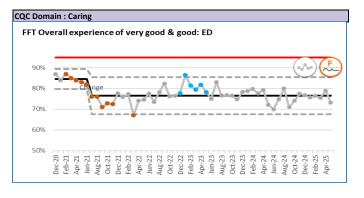
Chief Nurse (1)

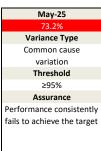


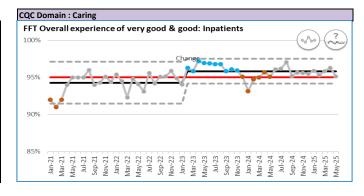


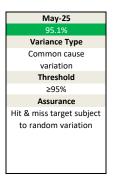


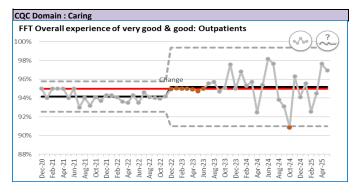


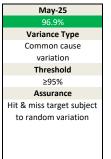


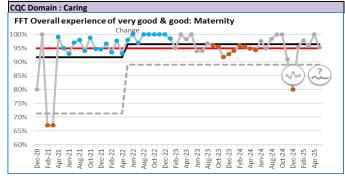


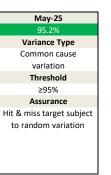




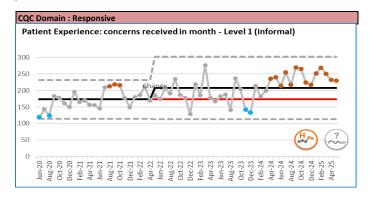


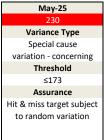


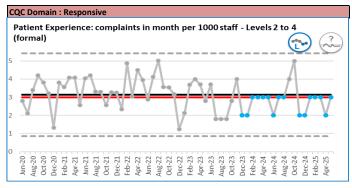


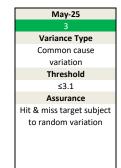


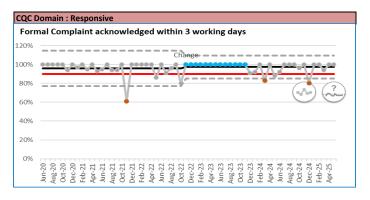
Chief Nurse (2)

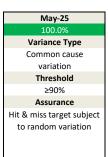


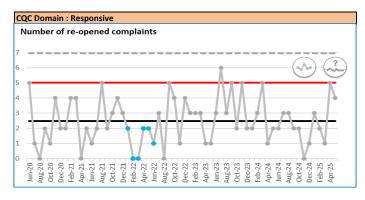


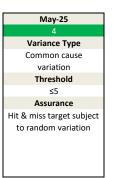




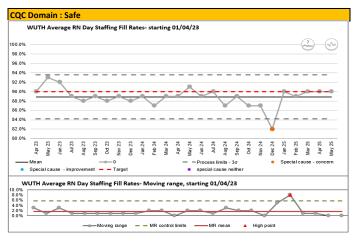


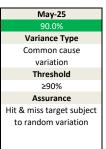


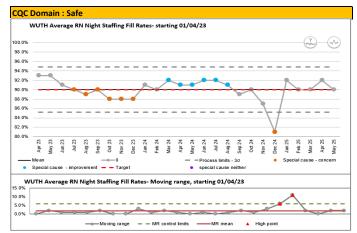


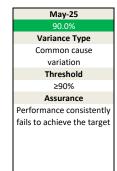


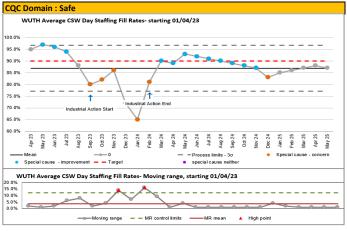
Chief Nurse (3)

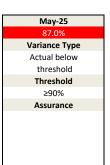


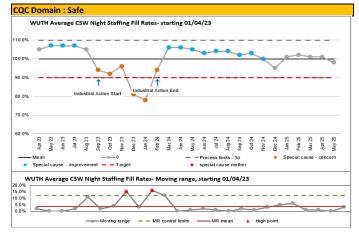


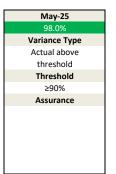












Chief Nurse

Overall position commentary

The Trust quality KPIs all demonstrate no significant variation in month.

C Difficile there were 13 incidents in May 2025.

There was 3 category 3> hospital acquired pressure ulcer in May 2025 against a target of 0.

Friends and family test for ED 73.2%, Outpatients, Maternity and inpatients exceeded the 95% of those that responded were either satisfied or very satisfied with the service.

The number of level 1 concerns raised with the trust exceeded the threshold of 173 in month and the number of formal concerns per 1000 staff was below the agreed threshold, 100% of complaints were acknowledged within 3 days of receipt.

With the exception of CSW day fill rates, RN and CSW staffing fill rates were above the threshold of 90%.

Infection Prevention and Control

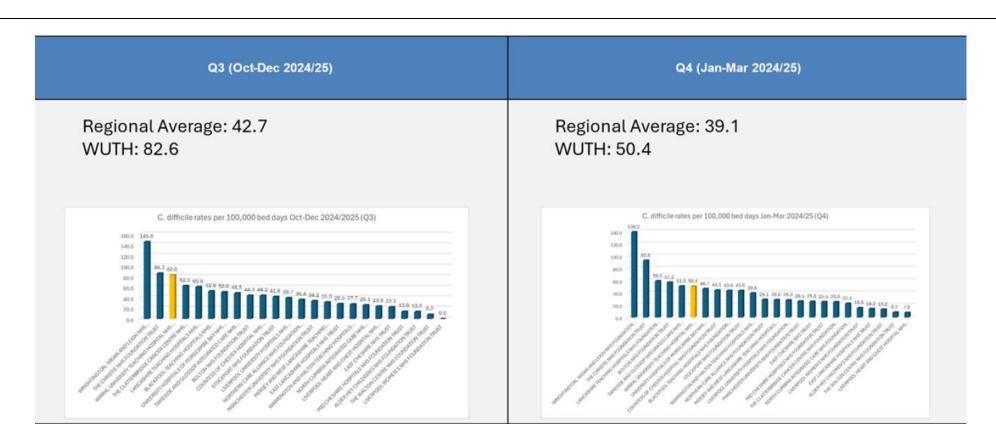
Narrative:

The trust diagnosed 13 patients with CDT in May, of those reported there were11 Hospital-onset health care associated (HOHA) and 2 Community onset healthcare associated (COHA). 5 patients had been nursed in areas where there were other patients identified with CDT/E previously, 1 of the patients had has 3 previous episodes of CDT diagnosed and 1 patient had previously been diagnosed with CDE. 6 of the patients were isolated at the time of sample collection.

Whilst this is an increase from the previous month it continues to show a downward trend since Dec 24

Infection Prevention & Control is one of the 3 quality priorities for the Trust in 2025/26 and the IPC plan going forward will further explore the key strategies to reduce patients diagnosed with *Clostridioidies difficile* and Gram negative bacteraemia.

Collaborative working with the Community Trust continues with further engagement with the ICB being explored. Infection control remains a quality priority for the organization with the aim of improving on last year's outcomes North west benchmark data demonstrates an improving position in Q4 24/25



Actions:

Completed or in place.

- Ongoing use of a decant ward to facilitate bay movements to allow for HPV to take place following a patient identified with CD Toxin/Equivocal results.
- Ongoing IPC visibility to wards and department offering expert advice and guidance.
- Robust process embedded to pick up weekend results.
- Senior nurse walk rounds focusing on IPC basics, including cleanliness, hand hygiene, bare below the elbows, decluttering and estates issues.
- Collaborative monthly meeting with WUTH IPC and the Community IPC team
- C&M IPC collaboration group focusing on CDT
- IPC daily review of all side rooms, including those with en-suite facilities in the medical division to identify who can be moved out should a side room with en-suite facilities be needed for a patient with loose stools.

- Place based AMR champion funded by public health being progressed.
- Review of patients that relapse to consider management plan

Risks to position

High site occupancy levels Patients with competing needs for isolation Patients with relapses of CDT Infection

FFT Overall experience of very good and good.

Narrative:

The NHS Friends and Family Test (FFT) was created to help service providers, and commissioners understand if patients are satisfied with the service provided, or where improvements are needed. It's a quick anonymous way for patients to provide their views. The trust monitors FFT across a range of care settings, with a target rating of a minimum 95% for good or very good.

ED score was 73.2%. Analysis of the patient comments for ED identifies waiting times and communication, as the main reasons for attributing negative ED response.

Actions:

- Proactively respond to feedback, making immediate rectifications when able to do so.
- Continued focus on providing people with access to provide feedback via FFT.
- Feedback to local teams' themes from FFT to identify areas of improvement.
- · Regular announcements on waiting times within ED.
- Introduce new ways of working to enable a smoother patient journey.
- Rounding the department to check patients' needs are met.

Risks to position and/or actions:

- Bed occupancy is impacting on the length of time patients remain within ED. Processes are in place operationally to enable earlier egress from ED.
- Reduction in administrative support to deliver the patient experience strategy, due to current vacancy controls. Work being priorotised to mitigate
 risks to the strategy

Complaints

Narrative (May 2025)

In May 2025, the Trust recorded 18 formal complaints (Level 2) and 229 informal concerns (Level 1).

This aligns with the 18-month monthly average of 18. The volume of Level 1 concerns remained consistent with April and below the 2024/25 monthly average of 240.

Divisional Breakdown

- Medicine received the highest number of both formal complaints (8) and informal concerns (80).
- Surgery followed with 7 formal complaints, then Emergency Care (5), Women's & Children's (4), and Diagnostics & Clinical Support (2). No formal complaints were received for Corporate Departments or Estates, Facilities & Capital.
- In terms of informal concerns, after Medicine, the next highest volumes were: Surgery (68), Women's & Children's (44), Emergency Care (31), Diagnostics & Clinical Support (30), Corporate Departments (11), and Estates, Facilities & Capital (5). These figures were broadly in line with April.

Key Themes

The most reported themes across all complaints and concerns were:

- 1. Access and Admission (33% of cases): Primarily related to delays and cancellations.
- 2. **Communication** (22%): Mostly due to communication breakdowns, rather than staff attitude.
- 3. Treatment and Procedure (12%): Largely concerning delays in the delivery of care.

The most frequently referenced departments were the Emergency Department (ED) and Community Child Health, followed by ENT, Urology, and the Cardiorespiratory Department.

Timeliness and Case Progress

We have seen significant improves over the last 3 months with response rates within 40 working days.

The average response time improved slightly, from 60 to 59 working days.

At the end of May, 47 formal complaints were in progress (up from 41 in April), of which 13 had exceeded the 40-working-day target – unchanged from April. While this represents a minor deterioration, the position remains significantly improved from the 2024/25.

Actions

- Daily performance reporting and weekly divisional meetings with the Complaints Team continue to provide oversight, structured support, and escalation when required.
- PALs office now reliably open between the hours of 09:00 and 16:30.
- Complaints line refreshed and information on the call for concern (Marthas rule) line regarding how to raise a less urgent concern.
- Matrons daily visibility in areas to address concerns immediately.
- Monthly training sessions remain in place to support staff undertaking complaint investigations and to improve consistency and quality.

Risks to Position and/or Actions

- Ongoing operational pressures continue to impact the capacity for timely complaint handling.
- Variability in investigation quality persists, with some responses reflecting gaps in skill and experience.

Nurse Staffing Fill Rates

Narrative:

Registered nurse and care support working fill rates should be reported to the board on a monthly basis to ensure compliance with NHSE developing workforce safeguards 2018 and the national quality board safe sustainable and productive staffing 2017. A ward level dashboard should also be available to demonstrate safe effective care is being delivered. Fill rate threshold is currently set at 90% day and night CSW and RN. March saw adequate fill rates for RN day and Night and CSW night shift. Agency ceased in April in both ED and Theatres.

Actions:

Review of vacancies across the organisation, to fully understand the risk and impacts and determine the most effective recruitment process ie; speciality based recruitment events. Including ED.

Second acuity review completed with new safer nursing care tool, data currently being analysed.

Assurance re effectiveness of absence management.

Weekly roster oversight review meetings undertaken by DCN/CN to review use of bank and agency, and roster KPI's

Roster/establishment/ESR alignment project under way.

Proposal regarding the approach to maternity leave backfill in development.

ED recruitment to new establishment underway, staff being temporarily redeployed to ED from wards to maintain safety, impacting on the wards.

Retention group reinitiated.

Risks to position and/or actions:

- High sickness absence rates.
- Staffing temporary escalation areas ie; ED corridor.

Pressure ulcers Hospital Acquired Category 3 and above

Narrative:

WUTH has a zero tolerance on Hospital Acquired Pressure Ulcers (HAPU) category 3 and above.

During May we have had 3 x Category 3 pressure ulcers on 3 patients which have all been validated by the tissue viability team.

Breakdown:

Medicine

Category 3 to right buttock (Ward 21).

Acute

Category 3 to coccyx (Emergency Department)

Category 3 to left heel (Acute Frailty Unit)

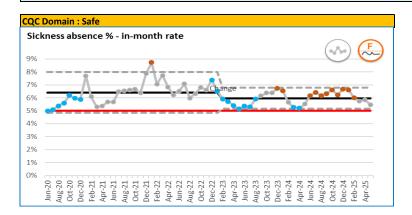
Actions:

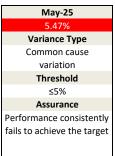
- Development of tissue viability guides on classification of wounds, management plans and wound assessments to support clinical staff in decision making.
- Monthly pressure ulcer training arranged for all staff by Tissue Viability Team on classification of pressure ulcer and aSSKINg model
 of care.
- Ad hoc ward training.
- Continued divisional harms meetings arranged weekly and monthly.
- New fleet (350) high specification low air loss mattresses awaiting delivery.
- Service review concluded with a series of recommendations.
- Strengthening of service could be achieved through integration opportunities currently being reviewed.

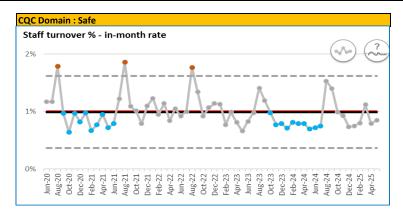
Risks to position and/or actions:

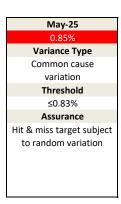
• Part time leadership within the tissue viability team.

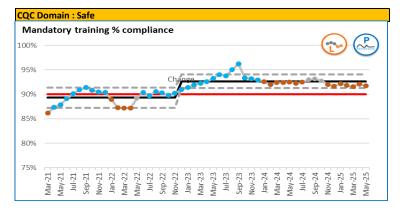
Chief People Officer



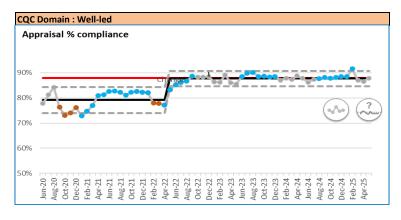


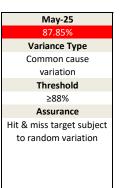












Chief People Officer

Overall position commentary

- The Trust's People KPIs for mandatory training is on target at 91.74%.
- Sickness absence has further improved but remains above target at 5.47%.
- Turnover is above target in May at 0.85% however is not a cause for concern. The Trust is in line with it's plan to reduce WTE.
- Appraisal compliance has increased to 87.75%.

Sickness absence % in month rate

Narrative:

The Trust threshold for sickness absence is ≤5%. For May 2025 the indicator was 5.47% and demonstrates common cause variation.

The majority of absences relate to short term sickness. Gastrointestinal illnesses remains the highest cause of sickness followed by anxiety/depression and Cold/Flu, these three reasons account for 52% of all absences in May 2025. Focus remains on supporting the health and wellbeing of our workforce, as well as close management of absences in line with the revised Attendance Management Policy.

Actions:

Proactively supporting Physical Health & Wellbeing

- Wellbeing surgeries have taken place in May
- EAP uptake has increased following wide promotion and is higher than other Trusts in C&M
- Proactive promotion of the Active Care Support (EAP) for stress-related absences
- One Wirral Health CIC Health checks have begun in Estates, Facilities and Capital division.
- International nurses and midwives' day celebration events
- Burn out sessions lead by the Trusts psychotherapist begun in June with session planed for throughout the year including WCNT colleagues

Managing Absence

- HR Drop-In sessions running each weekday for managers to have direct access to 1:1 support from HR team
- HR team implemented a targeted approach to sickness absence management, enabling more effective resource allocation and focused support where it is most needed.
- Audits of application of policy remain ongoing; reports shared with divisional triumvirates as part of improvement measures and ensuring consistent application of policy.

- Monitoring of the sickness absence KPI and associated actions are ongoing via Divisional Management, Divisional governance infrastructure and via Divisional Performance Reviews. Managers continue to be supported by HR.
- Additional training dates provided with good uptake from managers.

Risks to position and/or actions:

The local risk (397) score is 15 and BAF risk is 12, the increased risk position remains in month to reflect the impact that current sickness levels are having upon the organisation.

The management of sickness absence is primarily management led as they are responsible for monitoring and addressing sickness absence through consistent application of the policy with advice and support by the HR Team. Sickness is multifaceted and adversely impacted by a range of factors including vacancy levels, financial controls and staff morale / engagement. Effective attendance management is critical and contributes to productivity and patient care. Impact on quality patient care from sickness absence and presenteeism in the workforce are well known and understood across the Trust. Work to ensure consistent and robust application of the policy continues to be led by HR Team together with targeted work to address areas of high prevalence.

Appraisal % compliance

Narrative:

The threshold for Appraisal compliance is 88% and for the month of May 2025 compliance has risen to 87.75%.

Only Emergency and Corporate Support Divisions remain non-compliant, all areas except for Emergency and Medicine have seen an increase in compliance for May.

The OD team have been working with representatives from the divisions to review the appraisal and check-in paperwork, which had been identified as a barrier to completion. To inform improvements, a focus group was held on 29th May and recommendations on improvements to the appraisal and check in paperwork are tabled for presentation at Workforce Steering Board in June.

In addition to streamlining the appraisal documentation, appraisal audits will be developed and conduced monthly to drive improved quality of appraisals within divisions. This process will mirror attendance management audits which are positively received and are showing signs of having positive impact on sickness absence practices.

Actions:

- Review of appraisal and check-in paperwork conducted and new streamlined appraisal paperwork to be presented to Workforce Steering Board in June for approval
- Introduction of appraisal audit processes
- Divisional leaders and HR business partners continue to identify areas of lower performance and work with service leads to address compliance gaps
- Reporting now includes appraisals and check-ins which have been incorrectly recorded on ESR, together with guidance on how this should be resolved
- The Learning and Development Team continue to contact all individuals that are out of compliance and due to become out of compliance with details about the appraisal process.
- Contact is also made with all line managers each month to actively highlight gaps in compliance and provide information and guidance on the process, note this is in addition to ESR automatic messages which are also issued.
- Development for managers continues with online resources and guidance made available together with formal management training.
- The intranet has a comprehensive suite of guidance and 'on-demand' learning resources that brief staff and managers on the new process.
- The appraisal portlet makes recording appraisals easier for managers with a short step by step video to assist them in recording appraisals.

Risks to position and/or actions:

 Ongoing system pressures continue to be a risk to capacity for managers and staff to have quality appraisal discussions. To help mitigate this, the OD Team work in collaboration with HR to provide targeted awareness, in a format and at a time which works around operational commitments, for teams / services that are particularly lower in compliance.

Staff Turnover % compliance

Narrative:

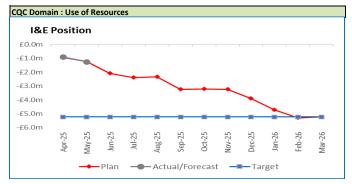
The Trust threshold for turnover is 0.83%. In May the indicator increased to 0.85% from 0.79% in April. This demonstrates a common cause variation.

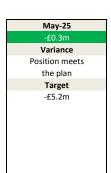
The current level of turnover in the Trust is not a cause for concern. The Trust is achieving it's planned WTE reduction.

Risks to position and/or actions:

It is anticipated that Turnover will increase further in coming months following delivery of the Mutually Agreed Resignation Scheme.

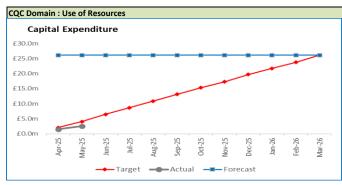
Chief Finance Officer



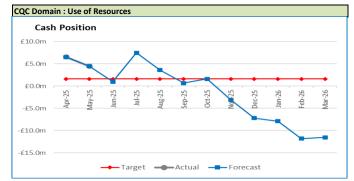




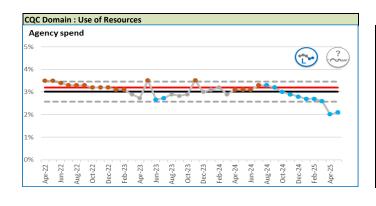


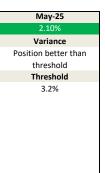












Chief Finance Officer

Executive Summary

At the end of May 2025 (M2) the Trust is reporting a deficit of £1.24m which is in line with the M2 plan. At M2 £4.1m (out of £7.0m identified) non-recurrent mitigations have been utilised to support delivery of plan and offset the key risks outlined below.

The Trust identified 4 key risks to the plan which are:

- Full CIP delivery This is the primary risk to achieving the 2025–26 financial position. The risk adjusted annual forecast is below the required target. This risk includes the delivery of the ICS schemes (£14.5m).
- Activity / Casemix Elective income is below plan at M2.
- Aseptic Pharmacy This risk is materialising with a significant reduction in income resulting from production compliance changes.
- Run-rate 80% of targeted run-rate reductions have been identified.

The deficit continues to place significant pressure on both the Trust's cash position and compliance with the Public Sector Payment Policy (PSPP). The cash balance at the end of M2 was £4.216m however, this level of cash balance will not be sustained. The Trust should be able to progress through to Q3 without the need to request additional cash support. NHSE has announced stricter controls in relation to the allocation of deficit support which could bring forward the requirement for cash support to as early as the end of Q2. Note that NHSE expectation is that cash positions are managed without national revenue support.

Management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance plan (MTFP). The MTFP for 2026/27 to 2028/29 is now being developed.

The risk ratings for delivery of statutory targets in 2025/26 are:

Statutory Financial Targets	RAG (M2)	RAG (Fore cast)	Section within this report / associated chart
Financial Stability			I&E Position
Agency Spend		•	I&E Position
Financial Sustainability			N/A (quarterly update)
Financial Efficiency	0	•	Cumulative CIP
Capital		0	Capital Expenditure
Cash			Cash Position

Note – Financial stability is an in-year measure of achievement of the (deficit) plan whereas financial sustainability reflects the longer-term financial position of the Trust and recovery of a break-even position.

The Board is asked to:

- Note the report and agreed mitigations.
- Note that the Trust's most immediate finance risk remains the cash position.
- Note the risk of delivering the 25/26 plan, including the recurrent £32m CIP target and the ICS schemes of £14.5m.
- Endorse the revised capital budget of £26.071m.

I&E Position

Narrative:

The table below summarises the M2 position:

	Υ	ear to Date	e
Cost Type	Plan	Actual	Variance
Clinical Income from Patient Care Activities	£80.3m	£79.6m	-£0.7m
Other Operating Income	£5.7m	£5.1m	-£0.6m
Total Income	£86.0m	£84.7m	-£1.3m
Employee Expenses	-£63.5m	-£64.1m	-£0.6m
Operating Expenses	-£25.8m	-£25.2m	£0.6m
Non Operating Expenses	-£0.8m	-£0.7m	£0.1m
CIP	£2.9m	£0.0m	-£2.9m
Total Expenditure	-£87.2m	-£90.0m	-£2.8m
25-26 Position	-£1.2m	-£5.3m	-£4.1m
Non Recurrent Mitigations		£4.1m	
Mitigated Variance to Plan	-£1.2m	-£1.2m	-£0.0m

Key variances within the YTD position are:

<u>Clinical Income</u> – £0.7m adverse variance relates to underperformance across Surgery – (T&O) in respect of elective activity.

Employee Expenses - £0.6m adverse variance relates to use of bank, agency and undelivered vacancy factors.

Operating expenses – £0.6m positive variance relates to underspends on clinical supplies, drugs and other operating expenditure.

Cost Improvement Programme – £2.7m underdelivered at month 2 supported by non-recurrent mitigations.

The Trust's agency costs were 2% of total pay bill for the month, which is below the NHSE threshold of 3.2% of total staff costs.

Cumulative CIP

Narrative:

The Trust has transacted CIP with a part year effect of £16.6m at M2 however, as the £32m CIP target has been profiled in 12ths (£2.7m per month) this represents a £2.7 under delivery at M2. The Trust has identified recurrent CIP with a full year effect of £29.5m, a shortfall against target of £2.5m however, this identified figure reduces to £22.6m once risk adjusted, reflecting a risk adjusted shortfall of £9.4m recurrently and £11.4m in year.

Review of the CIP position is ongoing through weekly CIP Assurance, chaired by the COO and monthly Productivity Improvement Board, chaired by the CEO.

Elective Activity

Narrative:

The Trust delivered elective activity to the value of £17.2m at Month 2 (M2), reflecting an adverse variance of £0.5m. This underperformance is driven by the Surgical Division, primarily Trauma & Orthopedics (T&O).

Capital Expenditure

Narrative:

The table below confirms the Trust's final capital budget for 2025/26:

Description	Approved Budget at M1	Revision to budget M2	Revised Budget
CDEL	1		
Internally Generated	£9.765m		£9.765m
ICB/PDC/WCHC	£14.550m	£0.656m	£15.206m
Charity	£1.100m		£1.100m
Confirmed CDEL	£25.415m	£0.656m	£26.071m
Total Funding for Capital	£25.415m	£0.656m	£26.071m
Capital Programme			
Estates, facilities and EBME	£3.100m	£0.656m	£3.756m
Operational delivery	£8.440m		£8.440m
Medical Education	£0.080m		£0.080m
Transformation	£0.250m		£0.250m
Digital	£0.750m		£0.750m
UECUP	£7.800m		£7.800m
PDC commitments	£0.304m		£0.304m
ICB hosted	£3.591m		£3.591m
Charity	£1.100m		£1.100m
Approved Capital Expenditure Budget	£25.415m	£0.656m	£26.071m
Total Anticipated Expenditure on Capital	£25.415m	£0.656m	£26.071m
Under/(Over) Commitment	£0.000m	£0.000m	£0.000m

The Trust applied for and was successful in securing funding for solar projects in 2025-26. This funding is part of a £100 million NHS solar programme, delivered in partnership by the Department for Energy Security and Net Zero, DHSC, Great British Energy and NHSE. The Trust has been allocated £0.656m of PDC to support the planned projects which can be seen in the proposed revision to budget of the above table.

Spend at M2 totals £2.465m which is £1.548m below plan.

Cash Position

Narrative:

The cash balance at the end of M2 was £4.216m. Currently the Trust forecasts that, with working capital mitigations, revenue support can be deferred until Q3. NHSE has announced stricter controls in relation to the allocation of deficit support so this is a risk which could bring forward the requirement into Q2. In addition, where Trusts are in receipt of system capital support there is a separate approval process to complete. This may mean delays in receipt of PDC funding which would negatively impact on cash flow.

Mitigations include:

- Management of payments continued daily management of payments to and from other organisations both NHS and non NHS.
- <u>Analysis/CFO oversight</u> Continued daily monitoring and forecasting of the Trust cash position and our Public Sector Payment Performance metrics.
- <u>Debt recovery</u> Monitoring and escalation of any aged debt delays.
- Support Negotiations with ICB and NHSE around mitigations for cash position and the process for applying for cash support.

The reduction in the cash balance is presenting difficulties daily with a direct impact on the Better Payment Practice Code (BPPC) target by volume and value.



Meeting	Board of Directors in Public
Date	Wednesday 2 April 2025
Location	Hybrid

Members present:

DH Sir David Henshaw Non-Executive Director & Chair

SI Steve Igoe SID & Deputy Chair
SR Dr Steve Ryan Non-Executive Director
CC Chris Clarkson Non-Executive Director
LD Lesley Davies Non-Executive Director

JH Janelle Holmes Chief Executive

JR Julie Roy Deputy Chief Nurse (deputising for SW)

RM Dr Ranj Mehra Deputy Medical Director
DS Debs Smith Chief People Officer
MS Matthew Swanborough Chief Strategy Officer
MC Mark Chidgey Chief Finance Officer

HK Hayley Kendall Chief Operating Officer & Deputy Chief Executive

In attendance:

DM David McGovern Director of Corporate Affairs

JC Jo Chwalko Director of Integration and Delivery JJE James Jackson-Ellis Corporate Governance Manager

CM Chris Mason Chief Information Officer

JL Jo Lavery Divisional Director of Nursing & Midwifery (Women's and

Children's Division) - item 11

SH Sheila Hillhouse Lead Public Governor
RT Robert Thompson Public Governor
TC Tony Cragg Public Governor

Apologies:

NS Dr Nikki Stevenson Medical Director & Deputy CEO

SW Sam Westwell Chief Nurse

SL Sue Lorimer Non-Executive Director

Minutes	Action
Welcome and Apologies for Absence	
DH welcomed everyone to the meeting. Apologies are noted above.	
Declarations of Interest	
	Welcome and Apologies for Absence DH welcomed everyone to the meeting. Apologies are noted above.

	No interests were declared and no interests in relation to the agenda items were declared.	
3	Minutes of Previous Meeting	
	The minutes of the previous meeting held on the 4 March were APPROVED as an accurate record.	
4	Action Log	
	The Board NOTED the action log.	
5	Staff Story	
	The Board received a video story highlighting the approach taken by the Trust in relation to the 2024 NHS Staff Survey through the "it starts with you" campaign. The video story described how 47% of staff completed the survey, noting this was an increase of 9% compared to 2023 and thanked the work of Divisional leads and Divisional connectors for driving this increase.	
	Members welcomed the video story and acknowledged the 9% increase was extremely positive.	
	DS agreed and stated the Estates and Capital Division were the most improved with a 59% turnout. DS added the Board would be provided with a full presentation at the next meeting on the results.	
	The Board NOTED the video story.	
6	Chair's Update	
	DH provided an update on recent matters and highlighted the Cheshire and Merseyside financial position was a concern and that it was important for the Trust to have a strong improvement journey to highlight.	
	DH made a reference to a telephony company in Birkenhead who were keen to support the Trust in the development of a one Wirral number for patients. MS agreed this was a good opportunity to explore.	
	DH stated shortlisting had taken place for the Joint Non-Executive Director position between WUTH and WCHC and interviews were planned for late April.	
	The Board NOTED the update.	
7	Chief Executive Officer Report	
	JH reported in February there was two Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive. No Patient Safety Incident Investigations were opened under the Patient Safety Incident Response Framework.	

JH referenced the Prime Minister's announcement on NHS structural reforms, noting NHS England will be abolished and brought back into the Department for Health and Social Care which will take up to two years to complete.

JH explained during March NHS England published the annual NHS staff survey results and the Trust achieved a 47% response rate - an increase from 38% last year which reflects the commitment to our staff.

JH stated on 9 March the Trust commemorated the COVID-19 day of reflection with two wreath laying ceremonies at Arrowe Park Hospital and Clatterbridge Hospital, marking the fifth anniversary of the pandemic.

JH summarised the recent meeting of the Wirral Place Based Partnership Board on 27 March, referencing the Wirral Place Governance Manual, noting this would return in July 2025 with inclusion of the Wirral Provider Collaborative Terms of Reference.

LD queried about the Cheshire and Merseyside dental improvement plan discussed at PBPB.

MS stated he attended the PBPB meeting and there was a discussion regarding the lack of dental provision across Wirral and the limited number of dentists offering NHS dentistry to new patients.

JH stated the Wirral Provider Collaborative will bring all NHS providers on Wirral together to work collectively together to address these types issues.

The Board **NOTED** the report.

8 Integrated Performance Report

RM highlighted the number of patients recruited to NIHR studies had not been met, RM explained the Research and Innovation Team continued to focus on attracting commercial studies and a review of the key performance indicators had been undertaken and presented to Research and Innovation Committee.

JR stated C Diff remains above the target of 6 per month, with 10 incidents in February and the second month of reduction. JR added there was 3 category 3 hospital acquired pressure ulcers against a target of 0.

JR explained the friends and family test for ED was 76.4%, Outpatients was 92.6%, Maternity and inpatients exceeded the 95% of those that responded were either satisfied or very satisfied with the service.

JR explained the number of level 1 concerns had increased and exceeded the threshold of 173 in month, however the number of formal concerns per 1000 staff was below the agreed threshold.

JR reported Registered Nurse and Clinical Support Worker staffing fill rates were above the threshold of 90% at nighttime and slightly below during the day.

SR queried about the long term plan for a tissue viability nurse.

JR stated this role was not currently in place at the Trust and opportunities were being explored through the integration with WCHC.

CC queried about the continued increase in informal concerns and if this was a precursor for the formal complaints.

JR indicated senior nurse visibility had been increased in order to address informal concerns promptly before a formal complaint was submitted.

DS explained sickness absence had improved by 0.7% in February however it remained above target at 5.99% and was an area of concern and focus. DS stated a range of measures continued to remain in place to proactively support the physical health and wellbeing of staff as well as robust line management of managing absences.

DH queried about the sickness absence trajectory in 6 months.

DS stated she predicted sickness absence would sit slightly above 5% and that achieving below 5% would be challenging in light of the wider structural regional sickness absence context.

DH also queried what else could be done to improve the sickness absence position.

DS explained the management of sickness absence in line with the Attendance Management Policy was not always applied consistently and further work was required to standardise application.

CC commented about the importance of return to work interviews and providing coaching to line managers to ensure proactive prevention.

DS proposed to provide at a future Board Seminar the different approaches to address sickness absence, taking examples from internal and external to the NHS.

Debs Smith

Members agreed with the proposal.

	The Board NOTED the report.	
9	Committee Chairs Report – Charitable Funds Committee	
	LD alerted members that the Charity is carrying out preparatory work to launch a new appeal in early 2026 and some fundraising events will continue until December 2025. LD added the Committee requested an impact analysis on other funds, events, and operational costs for the period April 2025 to December 2026.	
	LD further summarised the various advise and assure matters from the Committee meeting on 28 February.	
	The Board NOTED the report.	
10	Committee Chairs Reports – Research and Innovation Committee	
	DH alerted members that current recruitment to studies remains below the target of 700 and this puts the Trust at risk of reduction/loss of funding from the Regional Research Delivery Network once the new funding model begins from March 2026	
	DH added there is also a risk of underutilisation of the Wirral Research and Innovation Centre at Clatterbridge. However, there were three studies currently in set up that will utilise this space once open.	
	DH further summarised the various advise and assure matters from the Committee meeting on 6 March 2025.	
	The Board NOTED the report.	
11	Monthly Maternity and Neonatal Services Report	
	JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise for February.	
	JL added there were no Patient Safety Investigation Incidents (PSII's), or Newborn Safety Incidents (MNSI) declared in February for maternity services.	
	JL provided an update on the Maternity Incentive Scheme, noting the declaration for year 6 was submitted on time and the Trust is awaiting external verification for Safety Action 1. JL added year 7 was due to be launched in early April.	
	JL reported the position in relation to Saving Babies Lives, noting the Trust achieved 91% compliance against the 6 elements based on evidence as of 31 December 2024. JL added the Trust continues to work towards full implementation.	

JL referenced the Maternity Programme Online Portal and the gap analysis of this, noting the Trust remained in the same RAG rated position as fully compliant.

SR commented about the MBRACE perinatal mortality report, indicating the Trust had previously been an outlier in regard to still births and neonatal deaths and this position had improved and queried if there were any emerging issues form the recent report.

JL stated this year the Trust was not an outlier and there were no emerging issues. JL recapped the previous year those expectant mothers experienced a longer latent stage of labour and had been at home for longer periods of time.

Members thanked JL and the team for their continued hard work.

The Board:

- **NOTED** the report.
- NOTED the Perinatal Clinical Surveillance Assurance report.
- NOTED the summary of Maternity Incentive Scheme Year
 7.
- **NOTED** the progress of the Trust's position with Maternity Incentive Scheme and Saving Babies Lives v3.
- NOTED the position with the MPOP and NETS feedback report.

12 Learning from Deaths Report Q3 2024/25

RM summarised the report, highlighting the Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) continued to be within the expected range of mortality data for the reporting period.

RM stated there had been a rise in HSMR from the previous quarter and this was due to a new methodology HSMR+ being used and this increase was expected.

RM explained the Medical Examiner had escalated 41 cases during quarter 3 and gave an overview of the specific learning and themes identified. RM added learning from mortality reviews is fed back to clinical areas by the Divisional Mortality Leads and via Divisional Quality Boards.

SR queried about the medical examiner service examining community based deaths and if death certificates were being provided promptly to families.

RM stated the timeliness of community based deaths had been challenging and this was under review. RM added inpatient deaths were carried out promptly.

The Board **NOTED** the report.

13 Chief Finance Officer Report

MC reported at the end of February, month 11, the Trust was reporting a deficit of £13.1m, an adverse variance against plan of £6.6m.

MC set out the key drivers of the original forecasted variance and the internal risks to achievement of plan, indicating these related to the cost and lost income associated with the cyber incident, full delivery of elective activity plan, the Cost Improvement Programme (CIP), maintaining expenditure on urgent care within planned levels and delivering planned integration benefits.

MC indicated the deficit position continued to place significant pressure on both the Trust's cash position and compliance with the Better Payment Practice Code. MC confirmed that the Trust's request for additional cash in March was not approved and therefore working capital measures have been significantly escalated in M12.

MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency, cash and agency spend were amber and capital was green.

Members thanked MC and the wider Finance team for their continued hard work and commented that the Board had continued to focus on maintaining strong quality and performance despite the financial pressures.

The Board:

- **NOTED** the report.
- **APPROVED** a revision to reporting to reflect the forecast £3.1m variance to plan.
- NOTED that the Trust request for cash support in M12 was declined and that the agreed escalated working capital plan has been implemented.

14 Chief Operating Officer Report

HK highlighted in February the Trust attained an overall performance of 94.13% against plan for outpatients and an overall performance of 99.25% against plan for elective admissions.

HK indicated the Trust overachieved planned level of outpatient new appointments within Medicine, Women's and Children's Divisions, with underperformance in Surgery. Underperformance on elective inpatients was seen in Medicine and Surgery Divisions. HK summarised the referral to treatment standard and current performance against this, reporting the Trust had 63 65 week waiters at the end of February against a standard to have no patients waiting 65 weeks by March 2025. HK added there were 7 78 week waiters, noting these were due to either mutual aid patients or patient choice.

HK also summarised cancer performance against the trajectory, DM01 performance and the Faster Diagnostic Standard.

HK highlighted in February type 1 unscheduled care performance was 44.51% and continues to remain below the planned improvement trajectory. HK added challenges relating to staff shortages due to vacancies and sickness, and limited bed capacity continue to cause overcrowding, long waiting times, and treatment delays.

HK added urgent care improvement initiatives continued throughout February, with the focus remaining on optimising patient flow, improving timely access to care, and reducing pressure on emergency department.

HK stated the number of patients not meeting the criteria to reside had remained stable throughout February, however there had been a rise in more complex discharges which required multi-agency collaboration and coordination.

DH queried about the implementation of the call before convey service.

HK explained this was being embedded as core offer and being made available to those aged over 18 instead of 65, however uptake remained lower than anticipated and work was ongoing to increase awareness and utilisation of the pathway among paramedics. HK added patients who had used the service had provided positive feedback.

LD queried about the transformation required within the Emergency Department to improve and maintain performance.

HK stated addressing the culture was a priority focus, including the provision for out of hours services and addressing the percentage of attendances who should not be presenting to the Emergency Department.

JH agreed and added it was also challenging for the clinical and operational teams to deliver a service in a building being rebuilt.

SR commented that it was positive regarding the stable number of patients with no criteria to reside, however queried the 200 patients in hospital for 21 or more days and if this was an issue.

	RM stated work was ongoing to reduce the number of patients waiting between 14 and 21 days to ensure patients were not deteriorating further while staying in hospital.	
	The Board NOTED the report.	
15	Board Assurance Framework (BAF)	
	DM summarised the key changes to the BAF including the direction of travel for each strategic risk, noting the score for risk 1 had increased from 16 to 20 and risk 4 had increased from 9 to 12.	
	DM also summarised the risk appetite statements for each strategic risk and indicated the BAF was undergoing an annual refresh, noting the final review will be presented to the Board Seminar in May.	
	Members discussed the BAF and agreed the risks and controls appeared accurate and reflected the current position.	
16	Questions from Governors and Public	
	RT queried about the call before convey approach and if GPs had access to this service.	
	JC stated call before convey was accessible to paramedics, however GPs had the option to submit an urgent referral for a patient to see a specialist.	
	RT also queried about the implementation of Martha's Rule and if the uptake was being monitored.	
	RM stated Martha's Rule was currently being piloted in a number of wards and was being monitored to understand the uptake.	
	SH queried about uptake of the Mutually Agreed Resignation Scheme (MARS) and the impact of this.	
	DS stated applications had opened on 1 April and the scheme was open to all staff groups with decision panels meeting in the next month. DS added the Chief People Officer and Chief Finance Officer would lead panel to ensure quality and patient safety was not significantly impacted.	
17	Meeting Review and BAF Review	
	Members commented it had been a good meeting with useful discussions and acknowledged the significant level of change during the last 12 months in regard to the integration.	
	Members had no further comments in relation to the BAF.	
18	Any other Business	
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	No other business was raised.	

(The meeting closed at 10:40)



Meeting	Board of Directors in Public
Date	Wednesday 7 May 2025
Location	Hybrid

Members present:

DH Sir David Henshaw Non-Executive Director & Chair

SR Dr Steve Ryan Non-Executive Director
CC Chris Clarkson Non-Executive Director
LD Lesley Davies Non-Executive Director
SL Sue Lorimer Non-Executive Director

JH Janelle Holmes Chief Executive

RM Dr Ranj Mehra Deputy Medical Director
DS Debs Smith Chief People Officer
MS Matthew Swanborough
MC Mark Chidgey Chief Finance Officer

HK Hayley Kendall Chief Operating Officer & Interim Deputy CEO

SW Sam Westwell Chief Nurse

In attendance:

JC Jo Chwalko Director of Integration and Delivery

CM Chris Mason Chief Information Officer
DM David McGovern Director of Corporate Affairs

CH Cate Herbert Board Secretary

JJE James Jackson-Ellis Corporate Governance Officer

TC Tony Cragg Public Governor

SLa Sharon Landrum Head of People Experience – item 14

Apologies:

NS Dr Nikki Stevenson Medical Director & Deputy CEO

SI Steve Igoe SID & Deputy Chair

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence	2
	DH welcomed everyone to the meeting. Apologies are noted above.	
2	Declarations of Interest	
	No interests were declared and no interests in relation to the agenda items were declared.	
3	Minutes of Previous Meeting	

	The minutes of the previous meeting held on the 2 April were APPROVED as an accurate record.	
4	Action Log	
	The Board NOTED the action log.	
5	Patient Story	
	The Board received a video story highlighting the experience of the emergency services and the experience of corridor care from the perspective of a patient's next of kin.	
	The video story described the difficult circumstances of corridor care, including the issues with communication, timeliness of care and dignity. Despite this the patient's next of kin praised the thoroughness of care provided by doctors and nurses.	
	SW stated corridor care had reduced since this patient's experience and ambulance handover times including waiting times had reduced. SW added privacy screens were now available in circumstances of corridor care to maintain patient dignity.	
	HK explained the ambition was to reduce corridor care by 50% this year and actions were in place to achieve this.	
	Members discussed the number of Emergency Department (ED) attendances and how this could be reduced by patients seeking appropriate treatment in another environment. Members acknowledged a number of urgent and emergency care initiatives were underway, including call before convey, identifying high intensity users, working with care homes and reviewing GP hours in the walk in centre to extend to out of hours.	
	After due discussion members agreed to hold a half day meeting, which would be expanded to include WCHC Board members and a Primary Care Network GP to discuss in more detail alternative methods for reducing the number of ED attendances.	Janelle Holmes/Jo Chwalko
	Members thanked SW for providing the video story, suggesting it should be shared more widely and thanked staff who continued to work in the challenging circumstances.	
	The Board NOTED the video story.	
6	Chair's Update	
	DH provided an update on recent matters and highlighted the interviews for the Joint Non-Executive Director position between WUTH and WCHC had taken place, and an applicant had been successful.	

DH added the appointment was subject to final checks and Nominations Committee and Council of Governors approval which would be sought imminently. The Board **NOTED** the update. 7 **Chief Executive Officer Report** JH summarised the recent meeting of the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board in April, referencing the work taken place by the ICB and providers in respect of 2025/26 planning. JH noted the 2024-25 Annual Report of the Director of Public Health for Wirral had been published and provided an in-depth look at the key health challenges facing the Wirral. JH highlighted Cathy Elliot had been appointed as the Chief Executive of Cheshire & Merseyside ICB to replace Graham Urwin who departs later this year. JH reported in March there were three Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive and one Patient Safety Incident Investigation opened under the Patient Safety Incident Response Framework.

JH referenced the new NHS England Chief Executive letter to all Trusts and ICBs on 1 April which provided an update on the 2025/26 planning and other priority areas of focus for the year ahead. JH also referenced the new Board member appraisal framework had been launched and would be used for this year's appraisals.

JH stated the ICB Associate Director of Nursing Care had carried out a site visit in March as part of the Paediatric Audiology Improvement Programme. No immediate concerns were raised and the clinical teams were praised for their hard work.

JH highlighted a ceremony was held on 11 April whereby IncuBabies, a charity dedicated to supporting the care of newborns, donated £300,000 to help refurbish the Neonatal Unit at Arrowe Park Hospital.

JH explained the Trust had been shortlisted for a prestigious National Institute for Health and Care Research West Coast Award and added that in April, Lisa Byrne and Switchboard Team won the Patient Care Award and Amanda Cook won the Named Employee of the Month – Patient Care.

The Board **NOTED** the report.

8 Integrated Performance Report

RM highlighted the number of patients recruited to NIHR studies was below trajectory, however the Research and Innovation Team were focussed on high quality research studies and commercial research opportunities.

SW stated C Diff remains above the target of 6 per month, indicating there were 11 incidents in March. SW added there were 3 category 3 hospital acquired pressure ulcers in March against a target of 0.

SR queried about the risk of patients experiencing pressure ulcers while waiting on the corridor to receive care.

SW stated patients were at a greater risk of pressure ulcers in this environment and stressed the importance of nursing staff having strong attention to detail.

SW highlighted the Friends and Family Test for ED was 75.5%, Outpatients 94.5%, Maternity and inpatients exceeded the 95% of those that responded were either satisfied or very satisfied with the service.

SW explained the number of level 1 concerns raised with the Trust exceeded the threshold of 173 in month and the number of formal concerns per 1000 staff was below the agreed threshold.

SW reported except for Clinical Support Worker (CSW) day fill rates, Registered Nurse and CSW staffing fill rates were above the threshold of 90%.

DS stated sickness absence had improved in March but remains above target at 5.76% and continues to be an area of concern and focus. Turnover had risen above target in March to 1.12%, which was due to an increase in retirements. Appraisal compliance had decreased to 87.06% and feedback suggests this decline is due to increased annual leave in March.

The Board **NOTED** the report.

9 Chairs Report – Quality Committee

SR alerted members that the Committee discussed the internal audit review into Local Safety Standards for Invasive Procedures, which gave limited assurance and understood the relevant recommendations from the review were being progressed at pace.

SR also alerted members that several patients had made direct complaints about the care they had received direct to the Care Quality Commission. Committee heard about the plans already underway to oversee a review of the governance of complaints.

SR further alerted members to the small number of long-standing actions from past Care Quality Commission inspections. The Committee has asked for an update at its next meeting outlining a clear plan to complete these actions or modify them appropriately, as well as understanding how any risks are mitigated.

SR summarised the various "Advise" and "Assure" matters from the Committee meeting on 26 March.

The Board **NOTED** the report.

10 Chairs Report – People Committee

LD alerted members that the Committee discussed exit interviews for staff leaving the Trust and that this continues to be an area for improvement particularly in the development of a central recording system.

LD explained due to other commitments taking priority it is unlikely that the team will be able to review why staff leave the Trust, beyond the standard information recorded in ESR until 2026 at the earliest.

LD summarised the various "Advise" and "Assure" matters from the Committee meeting on 3 April.

DH queried about the nursing staff group and the opportunities available regarding recruitment, retention, and turnover.

SW stated a workforce plan for this staff group had not been developed due to the establishment review being completed earlier this year, however acknowledged there were opportunities which would be explored. SW added this staff group also had a low turnover rate due to staff living and working locally in the area.

DS also advised that staff turnover was within planned levels and not an area of concern.

CC noted the issue regarding exit interview data and queried if exit interviews were taking place when a member of staff was leaving.

DS stated this was not being carried out consistently but acknowledged that generally when staff have a negative experience, they seek an exit interview with a HR representative.

The Board **NOTED** the report.

11 Chairs Report – Estates and Capital Committee

MS alerted members that the Trust cannot fully demonstrate that it is fully compliant in terms of periodic inspection and maintenance across its asset base.

MS also alerted members that matters relating to violence and aggression continue to be a concern and it was agreed that a report should come to Board to discuss how the Trust can improve in this area.

MS further alerted members that work is required in relation to fire safety training compliance, although work continues to resolve infrastructure issues such as the recent enhancement of dry risers.

MS summarised the various "Advise" and "Assure" matters from the Committee meeting on 10 April.

SL commented that the estates and facilities improvement presentation given to Committee had been well received by members.

DH agreed and requested this be communicated more widely across the Trust and suggested it be used at the Annual Members' Meeting later in the year.

DS agreed to ask Adam Doyle to liaise with Kathryn McDermott to progress this.

Debs Smith

SR queried about the progress to ensure the Trust was fully compliant regarding asset documentation.

MS stated the Trust had a CAFM system to document assets and as part of the 2025/26 capital programme a bid had been made to upgrade the system to give greater functionality for enhanced reporting.

The Board **NOTED** the report.

12 Chairs Reports – Finance Business Performance Committee

SL alerted members that the Trust ended the financial year with a deficit of £15.6m. After adjustments for items excluded from the control total, the deficit came down to £9.7m which is an adverse variance from plan of £3.1m. The Trust also made cost improvement savings of circa £20m during the year, this reflected continuous improvement and was £8m behind plan.

SL also alerted members that cash continues to be a very significant risk an area requiring focus and close management with payroll requirements remaining top priority. The Better Practice Payment Code has not been achieved.

SL further confirmed to members that the 25/26 plan Trust is now compliant for RTT performance through a 5% improvement as required in the national planning guidance and in line with other Acute providers in the North West.

SL summarised the various "Advise" and "Assure" matters from the Committee meeting on 23 April.

SL requested an update on the CIP workshop planned for the week following the Committee meeting and the progress that had been made.

HK confirmed that progress had been made and a further meeting was planned for this week. HK emphasised that Divisional teams were aware of the importance of transacting cost improvement programme schemes at pace.

The Board **NOTED** the report.

13 Monthly Maternity and Neonatal Services Report

SW provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise for March.

SW added there were no Patient Safety Investigation Incidents (PSIIs) declared in March for Maternity or Neonatal Services.

SR commented he took part in a walkabout of Maternity and Neonatal Services on 11 April and observed a positive team committed to improvement and heard of good feedback from patients.

The Board:

- NOTED the report; and
- NOTED the Perinatal Clinical Surveillance Assurance report.

14 Employee Experience Update

SLa gave a presentation summarising the 2024 NHS Staff Survey results, indicating the response rate was 47% compared to a median response rate of 49%.

SLa set out the response rates by Division, noting Acute declined by 8% and Estates and Facilities increased by 26%.

SLa highlighted overall the Trust scored broadly in line with the average results for each of the 9 People Promise elements.

SLa explained the key highlights and areas for improvement. The areas for improvement identified improvement for all, staff safety and reporting concerns.

DS commented about the questions relating to the care of patients being the organisation's top priority, explaining the Board had agreed patient care was a priority despite the financial challenges and questions whether this message has been received by staff which was a concern.

LD commented it was disappointing to see that staff did not feel after having an appraisal it helped them improve how to do their job, noting the Trust scored below the average result for this. LD suggested this implied the appraisal framework was not impactful enough or development led.

DS stated a review of the appraisal framework was underway and explained there were enhanced controls in place regarding staff development due to the financial position.

SL commented it was also disappointing to see that staff would not be happy to recommend this Trust to friends or relatives for treatment, noting the Trust also scored below the average result for this as well.

DS agreed and proposed in the biannual People Experience Report provided to Workforce Steering Board and People Committee include a focus on questions 25a, c and d.

Sharon Landrum

SR suggested it may be beneficial in the appraisal meeting for managers and staff to discuss the results of appraisal to prompt further discussion.

CC queried about the 8% reduction in the response rate for the Acute Division, adding this was disappointing given the continued focus on health and wellbeing in this area.

The Board **NOTED** the report.

15 Chief Finance Officer Report

MC reported at the end of March, month 12, the Trust was reporting a deficit of £15.6m which included an impairment of the Trust estate of £5.8m and which was excluded from the Trust's control total.

MC advised after adjusting for this impairment, the Trust was reporting a deficit of £9.7m, an adverse variance against plan of £3.1m. The variance was in line with forecasts previously shared with the Board and advised to the ICB earlier in the year.

MC set out the key drivers of the variance, indicating these related to underperformance in respect of the elective activity plan, expenditure on urgent care in excess of within planned levels and delivering planned integration benefits.

MC reported that the deficit position continued to place significant pressure on both the Trust's cash position and compliance with the

Better Payment Practice Code. This was the most immediate finance risk to the Trust and is driven by the continuation of an underlying deficit position.

MC confirmed that the request for additional cash in March was not approved but the Trust submission in April had been partially approved for £8m. As this is less than requested it will only partially mitigate the cash risk in quarter 1 2025/26.

MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency and cash were amber, and agency spend, and capital was green.

The Board:

- **NOTED** the report;
- NOTED the detailed mitigations implemented in year as described in the appendix; and
- **APPROVED** the £3.1m variance to plan.

16 Chief Operating Officer Report

HK highlighted in March the Trust attained an overall performance of 98.90% against plan for outpatients and an overall performance of 101% against plan for elective admissions. HK indicated the Trust underachieved plan for outpatient new appointments, however overachieved plan for both outpatient procedures and for elective/day case.

HK summarised the referral to treatment standard and current performance against this, reporting the Trust had 34 65-week waiters at the end of March against a standard to have no patients waiting 65 weeks by March. HK set out the 34 patients were due to either mutual aid patients, patient choice, or Ophthalmology graft patients.

HK explained the overall referral to treatment waiting list had increased from 47,438 to 49,009 during the month and the Trust was undertaking a 'validation sprint' in quarter 1 as part of the national initiative to reduce the overall waiting list size.

HK further summarised cancer performance against trajectories and the Faster Diagnostic Standard.

HK highlighted in March type 1 unscheduled care performance was 47.21% and remained below the planned improvement trajectory, however, acknowledged there had been a 3% improvement compared to the previous month. HK added the Trust was continuing to deliver a range of improvements across the urgent and emergency care pathways to support patient flow and improve the quality and timeliness of care.

20	Cycle of Business	
	 The Board: NOTED the report; and APPROVED the end of year position in relation to the BAF in 2024/25 	
	DM commented there was a Board Seminar in the afternoon to discuss risk appetite and to confirm the strategic risks for 2025/26.	
	DM highlighted of the 12 strategic risks 4 were high (red) and set out the rationale for this. DM summarised the remaining 8 risks and their relevant score changes throughout the year and commentary for each.	
	DM provided an update on the management of strategic risks through the BAF and the year-end position for each strategic risk for 2024/25.	
19	Board Assurance Framework (BAF) Annual Close Down	
	 APPROVED the statement of effectiveness found at section 1.3; and NOTED both the outcomes of the effectiveness survey, and the self-assessment against the Terms of Reference. 	
	DM provided an overview of the outcome following the effectiveness review, noting all responses to the survey returned positive results and the self-assessment of the Terms of Reference found no areas recommended for amendment.	
18	Annual Report of the Board of Directors, including Effectiveness Review	
	The Board NOTED the Register of Interests at Appendix 1 and 2, the Register of Gifts at Appendix 3 and Hospitality at Appendix 4.	
	DM provided the year-end updates on the register of interests, the register of gifts and hospitality, noting this had been provided to Audit and Risk Committee in April.	
17	Registers of Interest, Gifts and Hospitality Annual Update	
	The Board NOTED the report.	
	HK stated the number of patients not meeting the criteria to reside continued to reduce, currently at 13.9% against a trajectory of 10%.	
	HK reported the Trust had a 37-minute average ambulance handover time resulting in achieving the 50-minute target.	

	The Board NOTED the report.	
21	Questions from Governors and Public	
	TC commented it was disappointing the Acute Division experienced an 8% reduction in the staff survey response rate and queried this.	
	HK agreed that it was disappointing and stated there were several factors and these were in the process of being addressed.	
22	Meeting Review and BAF Review	
	Members had no further comments in relation to the BAF.	
23	Any other Business	
	No other business was raised.	

(The meeting closed at 11:20)



Meeting	WUTH Board of Directors in Public
Date	Wednesday 4 June 2025
Location	Hybrid

Members present:

DH	Sir David Henshaw	Joint Chair
SI	Steve Igoe	SID & Deputy Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
DS	Debs Smith	Joint Chief People Officer
RM	Dr Ranj Mehra	Interim Medical Director
MS	Matthew Swanborough	Chief Strategy Officer
SW	Sam Westwell	Chief Nurse
$\square \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	Haylay Kandall	Chief Operating Officer & Interim [

Chief Operating Officer & Interim Deputy CEO Hayley Kendall HK

Mark Chidgey Chief Finance Officer MC

In attendance:

Apologies:

Medical Director & Deputy CEO, WUTH NS Dr Nikki Stevenson

SL Non-Executive Director, WUTH Sue Lorimer

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence	

	DH welcomed members to the meeting, which was held jointly with the WCHC Board of Directors. Members of that Board are listed as attendees. Apologies are noted above.	
2	Declarations of Interest	
	No interests were declared and no interests in relation to the agenda items were declared.	
3	Minutes of Previous Meeting	
	The minutes of the previous meeting held on the 7 May were APPROVED as an accurate record.	
4	Action Log	
	The Board NOTED the action log.	
5	Patient Story	
	The Board received a video story highlighting the experience of a patient who received care as part of the fragility same day emergency care (SDEC) service. The video story described their positive journey as part of the service and the high quality care received by staff.	
	SW highlighted at the time of filming the patient story this was a pilot and had been so successful the service was being expanded into another bay within the ward.	
	Members noted there was a Board Seminar in the afternoon on the Frailty SDEC.	
	The Board NOTED the video story.	
6	Joint Chair's Update	
	DH provided an update on recent matters and highlighted the challenging financial position in Cheshire and Merseyside and steps being taken address this.	
	DH also stated the second meeting of the Integration Management Board took place on 2 June and there had been good discussions including agreeing the next steps regarding the integration.	
	The Board NOTED the update.	
7	Joint Chief Executive Officer Report	
	JH explained the two Cheshire & Merseyside provider collaboratives had come together to form the Cheshire and Merseyside Provider Collaborative (CMPC) from 1 May 2025.	
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JH summarised the first meeting of the CMPC in May, referencing the work being progressed by the ICB with NHSE on the system's financial plan.

JH highlighted the Care Quality Commission (CQC) commenced an unannounced inspection of Arrowe Park Hospital on the 12 May for three days. The inspection focused on Urgent and Emergency Care and Medicine. JH added the Trust remained in inspection period until the first draft of the CQC report is received, expected on the 7 August 2025.

JH summarised the outcome of the GIRFT Breast Surgery Gateway Review of the Cheshire and Merseyside Cancer Alliance, noting the Trust was a high performer for the 62-day cancer standard and having below average length of stay for implant-based reconstructions.

JH reported a joint WCHC and WUTH neurodevelopment investment business case was developed in 2024/25 and submitted to the ICB for consideration during 2025/26 planning. JH added due to the current financial position across the NHS the business case had not been approved and work was underway to identify any further efficiencies.

JH referenced Robbie Chapman took up the position of Interim Chief Finance Officer as of 1 May 2025.

JH reported at WUTH in April there was one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reported to the Health and Safety Executive and no Patient Safety Incident Investigation opened under the Patient Safety Incident Response Framework.

JH stated she undertook a visit to Community Nursing in May and further visits with the Chair were planned with other services across the Trust.

JH explained WCHC and WUTH marked International Nurses Day on 12 May with celebrations across both Trusts, thanking the amazing nurses for their compassion, care, and dedication. Both Chief Nurse's provided a joint pledge which was shared with staff across both Trusts.

JH highlighted the WUTH Team of the Month winner was the Children's Ward team including Emily Thomas and Dr Elizabeth Thompson. JH added the Employee of the Month – Support Services winner was Joshua Ang, Business Intelligence Support Assistant.

JH highlighted the WCHC April Standout Winner was Cheryl Manning, Knowsley 0-25 North Team.

Members discussed the current delays to the neurodevelopment diagnostic pathway, including the lengthy delay and impact this has on patients and health inequalities.

Members acknowledged pathway redesigns to the criteria for assessment were being made which had been approved by the local SEND Partnership Board, however this would take time to have an effect and there remained a large backlog of patients waiting assessment.

Members also understood that a level of funding had been received and this was being used to create three additional posts which would help maximise productivity.

PS agreed to provide an update at the next meeting regarding the neurodevelopment pathway, including the changes to manage demand and the timeframe to reduce the backlog.

The Board **NOTED** the report.

8 WUTH Integrated Performance Report

RM highlighted the number of patients recruited to NIHR studies continued to be below trajectory and a new suite of indicators was being developed. RM added the Research and Innovation Team were focussed on high quality research studies and commercial research opportunities.

SW stated there were 8 incidents of C Diff in April and 5 category 3 hospital acquired pressure ulcers.

SW highlighted the Friends and Family Test for ED was 79%, Outpatients and Maternity exceeded the 95% of those that responded were either satisfied or very satisfied with the service.

SW explained the number of level 1 concerns raised with the Trust exceeded the threshold of 173 in month and the number of formal concerns per 1000 staff was below the agreed threshold.

SW reported with the exception of CSW day fill rates, RN and CSW staffing fill rates were above the threshold of 90%.

DS highlighted mandatory training was on target at 92.11%. Sickness absence had improved over recent months however it remains above target at 5.84% and an area of concern and focus.

DS reported turnover was on target at 0.79%. DS stated appraisal had decreased to 86.60% and explained all Divisions had been requested to produce a 12 month plan to factor in periods of annual leave and demand.

The Board **NOTED** the report.

9 WUTH Report from the Lead Governor

SH reported there had been a meeting of the Council of Governors on 1 May and summarised the updates provided by Board members. SH added the Council of Governors also approved the appointment of Robert Thompson as Deputy Lead Governor role.

SH stated Governors would participate in the NHS Providers Governor Focus Conference in May and Governor elections were planned to take place over the summer.

The Board **NOTED** the report.

10 WUTH Audit and Risk Committee

SI alerted members that there remained a risk as a result of challenges to timely clinical coding. SI added this was due vacancies and the impact of system downtime during the recent cyber incident.

SI commented a short-term mitigation plan is being developed however the Committee were not assured that the potential financial and clinical risks have yet been mitigated.

SR commented if clinical coding was not completed correctly and promptly, this would adversely impact on mortality rates.

MC stated the mitigation plan was short term and did not suppress the risk fully but explained the coders were prioritising elective activity and deaths.

JH explained this risk has been raised with the ICB and that clinical coding recruitment was a known issue regionally and nationally.

SI summarised the various "Advise" and "Assure" matters from the Committee meeting on 22 April.

The Board **NOTED** the report.

11 WUTH Finance Business Performance Committee

MC alerted members that the full year value of CIP identified to date was £27.2m against a target of £32m and after adjusting for risk the CIP reduces to £18.1m, a gap of £13.9m.

MC also alerted members that cash continues to be an area requiring focus and currently it is forecast that cash support will be needed before Q3.

MC alerted members regarding the loss of external income through the Aseptic Pharmacy which now presents an income risk

	MC summarised the various "Advise" and "Assure" matters from the Committee meeting on 28 May.	
	The Board NOTED the report.	
12	WUTH Quality Committee	
	SR provided a verbal update and alerted members that the workforce capacity of the ophthalmology clinic has the potential impact to lengthen waiting times and treatment intervals for patients receiving repeated injectable therapy regimens.	
	SR also alerted members that it has been necessary to reduce manufacturing capability of the pharmacy aseptic unit, resulting in the cessation of production for other organisations. Mitigation plans are developed for this.	
	SR alerted members that there had been two Never Events in separate areas, and these would go through the usual governance processes.	
13	Quarterly Maternity and Neonatal Services Report	
	JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise for April.	
	JL stated there were no Patient Safety Investigation Incidents (PSIIs) declared for Maternity Services or Neonatal Services in April. JL added to date there are three active Maternity and Newborn Safety Investigations (MNSI).	
	JL gave an update on Maternity Incentive Scheme (MIS) Year 7 and the ten safety actions, noting this was being routinely tracked through the Divisional Quality Assurance meeting.	
	JL referenced the Perinatal Mortality Reviews Summary Report (PMRT) for quarter 3 and 4 2024/25 which summarised the number of perinatal deaths.	
	JL explained the position in relation to Saving Babies Lives, noting the Trust achieved 91% compliance against the 6 elements based on evidence as of 31 December 2024.	
	JL summarised the Ockenden gap analysis and the 15 immediate and essential actions, noting the Trust remained in the same RAG rated position as fully compliant.	
	JL reported progress against the recommendations of the three year delivery plan for maternity and neonatal services. JL also updated on progress regarding implementing a Continuity of Carer Model.	

JL referenced the progress of the Maternity Portal Online Programme (MPOP), Maternity Self-Assessment Tool and the UNICEF accreditation of the maternity assessment.

JL highlighted the Neonatal Operation Network annual visit on 6 December 2024 and the work underway in regard to the redevelopment of the Neonatal Unit.

LD queried the impact on patients now that the Trust was not pursuing a 100% Continuity of Carer (CoC) staffing model.

JL advised the national guidance had changed to provide this staffing model to women at risk and there was a sufficient number of midwives at the Trust to do this.

JL added the 100% model would have required 10 additional whole time equivalent (WTE) and there were already challenges recruiting newly qualified midwives.

The Board:

- NOTED the report and associated appendices;
- NOTED the Perinatal Clinical Surveillance Assurance report;
- **NOTED** the position with the Maternity Incentive Scheme Year 6 and launch of Year 7 requirements;
- NOTED the position of Patient Safety Incident Investigations (PSSI's) & Maternity and Newborn Safety Incidents (MNSI);
- NOTED the progress of the Trust's position with Maternity Incentive Scheme and Saving Babies Lives v3;
- NOTED the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent 'Reading the Signals";
- **NOTED** the PMRT reports:
- NOTED the progress with the Maternity Portal Online Programme;
- NOTED the position with the Maternity Self-Assessment Tool:
- NOTED the progress with the UNICEF accreditation; and
- **NOTED** the progress with the NNU expansion and visit held in December 2024.

14 Chief Finance Officer Report

MC reported at the end of April, month 1, the Trust is reporting a deficit of £0.89m which is in line with the month 1 plan. MC added in month 1 the Trust has transacted 13.3% of the annual CIP benefits.

MC advised that as previously stated to the Board there were 4 key risks to the plan of which the primary risk was full delivery of CIP.

At this stage (M1) the risk was not mitigated as the risk adjusted annual forecast was below the required target.

Other key risks were:

- activity/case mix,
- aseptic pharmacy income
- Full delivery of the elective income plan

MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability and cash were amber, agency and capital were green, financial sustainability and financial efficiency were red.

The Board:

- NOTED the report;
- NOTED that the Trust's most immediate risk remains the cash position;
- NOTED the risks to delivering the recurrent £32m CIP target; and
- APPROVED the 3-year capital budget including £1.1m charitable funding for the Neonatal unit redevelopment scheme.

15 Chief Operating Officer Report

HK highlighted in April the Trust attained an overall performance of 104% against plan for outpatients and an overall performance of 105% against plan for elective admissions.

HK summarised the referral to treatment standard and current performance against this, noting the Trust achieved trajectory for caseload, percentage of patient waiting 18 weeks or under, number and percentage of 52 week waiters in April 2025.

HK set out the number of patients waiting 78+ and 65% weeks, noting this was primarily due to either mutual aid patients, patient choice, or Ophthalmology graft patients. HK explained the waiting list had decreased in size in April by -5.5% to 46,400 (-2,699 patients) due to the impact of the 'validation sprint'.

HK further summarised cancer performance against trajectories and the Faster Diagnostic Standard.

HK highlighted in March type 1 unscheduled care performance was 49.13% and remained below the planned improvement trajectory, however, the Trust was continuing to deliver a range of improvements across the pathway to support patient flow and improve the quality and timeliness of care.

HK stated the number of patients not meeting the criteria to reside continued to reduce, currently at 11.9% and delivering the strongest performance in C&M.

	SR queried the number of mutual aid patients and if treating this counted towards the Trust's on targets. HK stated these patients would be included on the waiting list and will count towards the Trust's on target, but the ICB elective recovery programme have confirmed these will not be viewed as Trust breaches in terms of elective performance. The Board NOTED the report.	
16	WUTH Modern Slavery Statement	
10	DM sought approval of the Trust's Modern Slavery Statement, noting it was a requirement to produce a statement on an annual basis and that the Board approves this.	
	DM added it is provided retrospectively for the preceding financial year and has to be published within 6 months of the end of the financial year. The Board APPROVED the statement.	
17	WUTH Board Assurance Framework (BAF) DM set out the various key changes to the BAF following the Board Seminar in May, noting a number of risk descriptors had been updated as well as changes to the risk appetite statements. Members discussed the BAF and agreed the risks and controls appeared accurate and reflected the current position. The Board: • APPROVED the refreshed Risk Appetite statement included in this report; • APPROVED the rewording of Strategic Risks as outlined. • NOTED the current version of the BAF.	
18	Questions from Governors and Public	
	No questions were raised.	
19	Meeting Review and BAF Review Members agreed it had been a good meeting with both Boards meeting together for the first time. Members also agreed it had been beneficial to understand the context from each Trust and there were opportunities to bring joint reports for several agenda	
	items.	
20	Any other Business	
	No other business was raised.	

(The meeting closed at 12:10)