Wirral University Teaching Hospital NHS Foundation Trust

Meeting	Council of Governors
Date	Thursday 30 October 2025
Time	14:30 – 16:30
Location	Board Room, Education Centre, Arrowe Park Hospital

Agenda Item		**Lead**	**Exec Lead**
1.	Welcome and Apologies for Absence	Steve Igoe	
2.	Declarations of Interest	Steve Igoe	
3.	Minutes of Previous Meeting	Steve Igoe	
4.	Action Log	Steve Igoe	
5.	Chair's Update – **Verbal**	Steve Igoe	
6.	Lead Governor Feedback – **Verbal**	Sheila Hillhouse	
Items for Discussion and Decision			
7.	NHS Oversight Framework (NOF) (NOF Acute Dashboard - NHS England Data Dashboard) – **Verbal**	Ali Hughes	
8.	WCHC/WUTH Integration Progress Update	Matthew Swanborough	
9.	NHS 10-Year Health Plan	Matthew Swanborough	
10.	Committee Updates 10.1) Charitable Funds Committee 10.2) Finance Business Performance Committee 10.3) Quality Committee 10.4) Research and Innovation Committee 10.5) Audit and Risk Committee 10.6) People Committee – **Verbal**	 Mark Chidgey Mark Chidgey Julie Roy Dr Ranj Mehra Steve Igoe Lesley Davies	 Mark Chidgey Mark Chidgey Sam Westwell Dr Ranj Mehra Mark Chidgey Debs Smith
11.	Council of Governors Effectiveness Review	Ali Hughes	Cate Herbert
12.	Lead Governor	Ali Hughes	Cate Herbert

13.	Ratifications of Electronic Resolutions – **Verbal** - Appointment of Joint Chief Executive - Appointment of Haris Sultan	Ali Hughes	Cate Herbert
Wallet Items for Information			
14.	Integrated Performance Report	All NEDs	Executive Directors
15.	Board of Directors' Minutes	Steve Igoe	
Closing Business			
16.	Meeting Review	Steve Igoe	
17.	Any other Business 17.1) Governors observing Committees	Steve Igoe Cate Herbert	
Date and Time of Next Meeting			
Thursday 26 February 2026, 14:30 – 16:30			

Meeting	Council of Governors
Date	Thursday 31 July 2025
Location	Boardroom, Education Centre, Arrowe Park Hospital

Members present:

DH	Sir David Henshaw	Joint Chair
SH	Sheila Hillhouse	Lead Public Governor
RT	Robert Thompson	Deputy Lead Public Governor
PP	Peter Peters	Public Governor
TC	Tony Cragg	Public Governor
NW	Neil Wright	Public Governor
KJ	Keith Johns	Public Governor
SV	Sunil Varghese	Staff Governor
GB	Gary Bennett	Appointed Governor

In attendance:

SI	Steve Igoe	SID & Deputy Chair
SL	Sue Lorimer	Non-Executive Director
MD	Meredydd David	Joint Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
SW	Sam Westwell	Chief Nurse
RM	Dr Ranj Mehra	Interim Joint Medical Director
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Joint Chief People Officer
AH	Ali Hughes	Interim Joint Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer

Apologies:

MP	Manoj Purohit	Public Governor
AL	Andrew Liston	Public Governor
PD	Paul Dixon	Public Governor
AK	Anand Kamalanathan	Staff Governor
PB	Philippa Boston	Staff Governor
JJ	Julie Jellicoe	Staff Governor
SR	Dr Steve Ryan	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
HS	Haris Sultan	Joint Non-Executive Director
MS	Matthew Swanborough	Interim Joint Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
DM	David McGovern	Director of Corporate Affairs

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 1 May 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 Council of Governors meeting. The Council of Governors **NOTED** the update.	
6	**Lead Governor Feedback** SH highlighted in early July a further WUTH and WCHC joint development session was held for Governors to discuss the integration progress. SH explained a Governor Effectiveness review would be undertaken in line with the Code of Governance and members would be invited to take part in a survey with the outcome being discussed at the next meeting. SH stated work continued to plan for the Cheshire and Merseyside Governor Symposium on 19 September 2025. The Council of Governors **NOTED** the update.	
7	**Urgent and Emergency Care Upgrade Programme (UECUP)** HK gave a presentation showcasing the building progress as part of phase 4 of the programme, notably for the ambulance assessment area, ambulatory majors and the mental health unit. HK summarised the benefits of phase 4 for the estate, patients, and staffing, noting there were 10 ambulatory majors' cubicles, 4 mental health rooms and an ambulance arrivals area with 8 dedicated bays and reception area.	

	HK stated the final phase 3 was underway and explained the enabling works had been estimated at £927K, a reduction of £210k from original estimations of £1.137m and planned competition was predicted in June 2026. SH queried staff had provided any initial feedback on the new building. SW stated there had been positive feedback and staff welcomed the new mental health unit. DH suggested a tour of the new building be offered to Governors. HK agreed. The Committee **NOTED** the presentation.	
8	**Employee Experience** DS gave a presentation summarising the 2024 NHS Staff Survey results, indicating the response rate was 47% and an increase of 9% from 2023. DS set out the response rates by Division, noting Acute declined by 8% and Estates and Facilities increased by 26%. DS highlighted overall the Trust scored broadly in line with the average results for each of the 9 People Promise elements. DS explained the key highlights and areas for improvement. The areas for improvement identified improvement for all, staff safety and reporting concerns. DS set out the various recognition schemes in place to reward staff and gave an update following the listening events with Black, Asian and Minority Ethnic (BAME) staff. SV commented he had attended several meetings of the Multicultural Staff Network and appreciated the work carried out to improve the working lives of BAME staff. RT commented the increase in the response rate was positive but suggested the 53% not completing the survey was a concern and queried if there was a target for this year. DS stated the goal was to achieve a response rate above the national average for Acute Trust. RT also queried if there were any Divisions which had a low response rate.	

	DS explained every Division had increased their response rate, however the Acute Division had challenges due to the nature of the service and leadership visibility which had since been addressed. PP noted BAME staff were more satisfied this year in a number of areas compared to previously queried this. DS reported following the 2023 staff survey listening events had been held with BAME staff to understand their concerns and work had taken place to address this throughout the year. DS added satisfaction with flexible working, appraisals and experiencing less bullying and harassment had led to this staff group being more satisfied. The Committee **NOTED** the presentation.	
9	**Committee Updates** **9.1) Charitable Funds Committee** SL alerted members that the Committee had agreed to keep the Tiny Stars appeal open until March 2026 due to the continued fundraising by individuals in the community. SL noted the Trust Charity team were not carrying out proactive fundraising. SL also alerted members to the financial position of the Charity, noting the Charity had received a donation of £0.300m from the Incubabies charity for the Neonatal Unit redevelopment. SL alerted members that the Committee considered a proposal regarding future activity and potential income and agreed to the addition of one administrative post to support growth in fundraising activity. GB commented that Wirral Council had a community fund available which organisations could access for local causes and suggested the Charity apply. SL thanked GB for the suggestion. **9.2) Quality Committee** SW alerted members that the workforce challenges in the ophthalmology clinic could lengthen waiting times and treatment intervals for patients receiving repeated injectable therapy regimens. SW 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 have been developed for this.	

	SW alerted members that there had been two Never Events in separate areas, and these would go through the usual governance processes. SH queried the risk regarding ophthalmology capacity and the reason for this. SW stated this relates to clinical capacity and a business case had been developed to address the workforce capacity, noting this was also a national staffing issue. TC queried the Never Events and if there was any similarity between them. RM explained the cause was due to errors in following the Local Safety Standards for Invasive Procedures (LocSSIPs) and ensuring resident doctors were fully supervised and trained. RM advised focussed work was underway to raise awareness of the LocSSIPs. **9.3) Audit and Risk Committee** SI advised members that Committee had met twice in June to consider the 2024/25 Annual Report and Accounts and 2024/25 Quality Account. SI added the external audit outcome had been positive and the Committee had agreed to recommend the reports along with the Auditors letter of representation for approval by the Board. The Board approved these documents on the 23 June. SI also thanked the relevant teams for their work during the external audit process. **9.4) People Committee** DS alerted members that a number of reports raised potential new risks. There was risk related to employee relations cases falling outside the set timeframes due to workforce challenges. A second risk related to the proposed changes in rates of pay for bank staff which may negatively impact bank fill rates. The third risk related to the changes affecting the Resident Doctors exception reporting process which comes into force from September 2025. **9.5) Finance Business Performance Committee** SL alerted members to the Trust's financial position, noting at the end of month 2 there was a deficit of £1.2m which was in line with plan, however this included £4.1m non-recurrent mitigations. SL	

	added during the same period the Trust had a positive cash balance of £4.2m and did not anticipate requesting revenue support before quarter 3. SL also alerted members that the full year value of CIP identified to date had increased to £29.5m against a target of £32m. SL added the Committee received a quarterly financial forecast, noting at the time the plan was approved there was £25m risk and this had been mitigated to £7.6m. SL alerted members that there had been a significant increase in head and neck cancer referrals which was further exacerbated by unexpected medical staff capacity gaps. SL advised that Board had considered and approved mitigations for this. SH queried if head and neck was the only cancer specialities with long waiting times. HK stated gynaecology and head and neck were the main specialities with challenges. RT queried the reason for the long waiting times. HK advised gynaecology was due to diagnostic delays and demand and head and neck was because of staff absence. JH stated both of these specialities were also challenged across Cheshire and Merseyside and no mutual aid was available to address the wait list. RT also queried how the Trust was not comprising on patient safety in regard to the cost improvement programme (CIP). JH stated there was a robust quality impact assessment process in place for CIP schemes and those which had the greatest impact required approval by the Chief Nurse and Medical Director. SV queried the areas the Trust was trying to save money. JH stated this was monitored and tracked through the Productivity and Improvement Programme Board which met monthly and summarised the seven workstreams which ranged from procurement, integration and workforce. **9.6) Research and Innovation Committee** RM alerted members about the current research portfolio, noting the focus was on commercially sponsored research in line with a revised funding model from April 2026.83 patients had been recruited to NIHR studies so far this year.	

	RM also alerted members that 3 research nurses had been appointed and joint working between the WUTH and WCHC research teams was being explored to maximise opportunities. The Council of Governors **NOTED** the Committee Updates.	
10	**Independent Assessor Actions** AH summarised the three recommendations raised as part of the Independent Assessor review during John Taylor-Brace's removal process as a Public Governor. AH advised to address these recommendations the Governor Code of Conduct has been updated and sought approval of this. SH commented Governors sometimes take part activities not coordinated by the Corporate Governance team and queried if the team needed to be notified for this. AH stated that the team should be notified of this. The Council of Governors: • **NOTED** the update against the three recommendations; and • **APPROVED** the revised code of conduct	
11	**Ratification of Electronic Resolutions** DH sought ratification of the electronic resolutions in relation to the tenure extensions for Lesley Davies, Sue Lorimer and Steve Igoe as well as the appointment of Meredydd David. The Council of Governors **RATIFED**: • The tenure extensions for Lesley Davies, Sue Lorimer, Steve Igoe; and • The appointment of Meredydd David	
12	**Integrated Performance Report** Members agreed that most topics had been discussed throughout the meeting and no further comments were made. The Council of Governors **NOTED** the report.	
13	**Board of Directors' Minutes** The Council of Governors **NOTED** the Board of Directors' Minutes.	
14	**Meeting Review** Members agreed the meeting had been informative and everyone had the opportunity to contribute.	
15	**Any other Business**	

	No other business was raised.	

(The meeting closed at 15:50).

Action Log
Council of Governors
30 October 2025

Wirral University Teaching Hospital NHS Foundation Trust

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1			No actions due			

Council of Governors **Item 8**

30 October 2025

Title	WCHC/WUTH Integration Progress Update
WCHC/WUTH Lead	M Swanborough, Chief Strategy Officer, WUTH
Author	M Swanborough, Chief Strategy Officer, WUTH
Report for	Information

Executive Summary and Report Recommendations

The attached presentation provides detail of the progress made with the WCHC/ WUTH integration following the Wirral System Review, the delivery of the two-year integration plan and the WCHC/WUTH transaction approach.

It is recommended that the Council of Governors:

- Note the presentation

Key Risks

This report relates to these key risks:

- BAF 10 - Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and a long-term threat to service sustainability.

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

Governance journey

Date	Forum	Report Title	Purpose/Decision
3rd September 2025	Integration Management Board	Integration and Transaction Update	Approved

	Narrative
	• In March 2024, Cheshire and Merseyside Integrated Care Board (C&M ICB) commissioned an independent review of collaboration and integration opportunities across NHS provider services on Wirral. Value Circle LLP were commissioned by C&M ICB to undertake the review and deliver across two phases, with completion in September 2024, working with Wirral NHS providers.

	• Across the two phases of the Wirral System Review, Value Circle LLP developed a series of recommendations, primarily relating to integration and collaboration between WCHC and WUTH. This included the need to integrate clinical services and corporate function between WCHC and WUTH as well as move to single leadership across the two Trusts. • Following the publishing of the Wirral System Review and approval of the reports by the WCHC and WUTH Boards; the WCHC Council of Governors approved the appointment of the WUTH Chair as the Joint Chair across WCHC and WUTH in October 2024. This was followed by the WCHC Board approving the appointment of the WUTH Chief Executive as the Joint Chief Executive across WCHC and WUTH in November 2024. • To support the initial stages of integration and accelerate the joint working between WCHC and WUTH, an initial 100 Working Day Integration Plan was then developed and enacted. Across this period, the Trusts made significant progress in the initial stages of integration delivery and moving towards a single organisational form. • Following the conclusion of the 100 Working Day Integration Plan in April 2025, a longer term integration plan was developed, setting the strategic intentions for WCHC and WUTH on integration and a pathway towards becoming a single organisation. This plan included four main components: o The development of a Joint Strategy for WCHC and WUTH o A transaction approach between WCHC and WUTH o Integrating governance arrangements o Continued delivery of Integration Programme work areas • In April 2025, the Trusts examined the future organisational forms for WCHC and WUTH, with the Trust Boards approving the move to a single organisation, through an NHSE transaction process. As part of this process, the Trusts set out a proposed timeline for the transaction, with an aim to commence as a new Foundation Trust in Q1 (April-June) 2027/28.

WCHC and WUTH Integration and approach to Transaction

Presentation to Council of Governors

October 2025

Contents

1. Introduction

Introduction

Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Introduction

- Across the Wirral Place footprint, there are a range of NHS providers providing services across the spectrum of care, including primary care, community healthcare, rehabilitation, mental health and secondary and tertiary healthcare.

- Alongside general practice, the major NHS providers are Wirral Community Health and Care NHS Foundation Trust (WCHC), Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and Cheshire and Wirral Partnership NHS Foundation Trust (CWP). These NHS Providers sit within the Cheshire and Merseyside Integrated Care Board (C&M ICB) footprint.

- Wirral Community Health and Care NHS Foundation Trust (WCHC) provides a range of community based clinical services across Wirral, St Helens, Knowsley and East Cheshire, from a number of community centres and sites.

- These include services such as community nursing, 0-19 health services, therapies, urgent care services and community intermediate care beds. The Trust has an annual income of approximately £108m and employs approximately 1,845 WTE staff.

- Wirral University Teaching Hospital NHS Foundation Trust (WUTH) provides a range of secondary, tertiary and community healthcare services for patients across Wirral, Cheshire, North Wales and the wider North West of England. These include emergency care, diagnostics, medical services, surgical services, paediatrics and women's services. The Trust currently employs 6,400 WTE staff across the three campuses and has an operating income of approximately £500m per annum.

2. Background

Background : Approach to Wirral System Review

- In March 2024, Cheshire and Merseyside Integrated Care Board (C&M ICB) commissioned an independent review of collaboration and integration opportunities across NHS provider services on Wirral. Terms of Reference were developed for the Review and objectives agreed between the ICB and Wirral NHS providers, with a focus of the review on WUTH and WCHC.
- The review objectives included:
    - To develop a strategy for greater collaboration and integration across acute, community and primary care services in Wirral
    - To identify priorities for collaboration and integration between WCHC and WUTH clinically, operationally and financially.
    - Develop a way forward for the collaborative and integration opportunities for WCHC and WUTH, working with system partners, to be implemented.
    - Articulate the conditions for success, (ii) set out the supporting arrangements that need to be put in place and (iii) produce an implementation roadmap
- Value Circle LLP were commissioned by C&M ICB to undertake the review and deliver across two phases, with completion in September 2024, working with Wirral NHS providers.

Background: Wirral System Review Recommendations

NHS Wirral Community Health and Care NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

Phased Reports

- Across the two phases of the Wirral System Review, Value Circle LLP developed a series of recommendations, primarily relating to integration and collaboration between WCHC and WUTH.

Phase 1 Report Recommendations

- The Phase 1 Report, by Value Circle LLP, focused on understanding the key opportunities of collaboration and integration across Wirral NHS providers, with a particular attention to a number of identified clinical pathways.
- The report identified a number of gaps in effective collaboration between NHS provider organisations on Wirral and made a number of of key integration and improvement recommendations across high priority service areas, that would benefit from further collaboration at pace.
- This included Unscheduled Care, Neuro-diverse pathways, Ophthalmology, cardio-vascular disease, corporate functions and neighbourhood services.

Phase 2 Report Recommendations

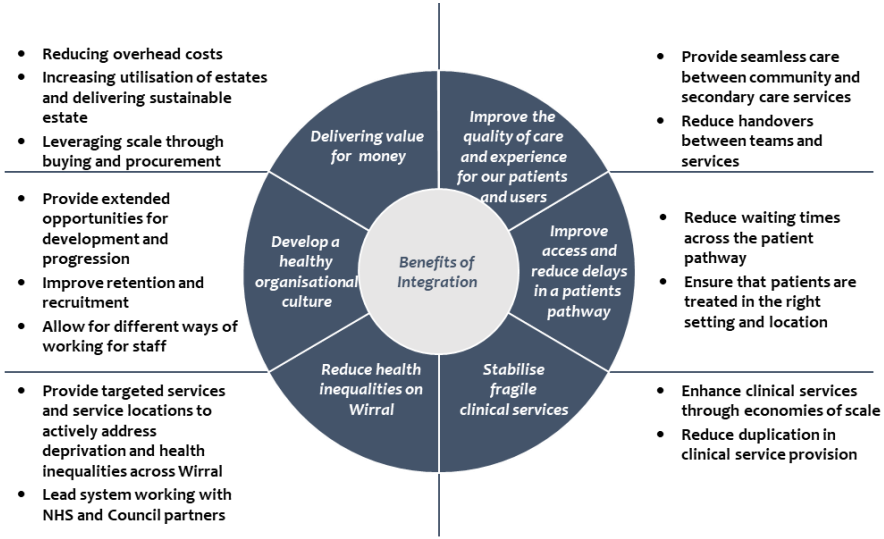
- The Phase 2 engagement built on the Phase 1 recommendations, with a focus on describing the options for integration between WCHC and WUTH as well as recommending a model for integration and a high-level roadmap for implementation.
- This included:
  - The appointment of Joint Chair and a Joint Chief Executive Officer (CEO) to lead WCHC and WUTH.
  - The Joint Chair and Joint Chief Executive identify senior leadership posts that align and would be suitable for joint appointments.
  - The establishment of an Integrated Programme/Management Board be established to oversee integration between WCHC and WUTH, with an agreed scheme of delegation from WCHC and WUTH Boards.
  - Further review and development of the Place governance arrangements in Wirral, to avoid duplication of decision making and ensure most appropriate delegations are in place.

- The Wirral System Review report was then approved by Cheshire and Merseyside ICB and WCHC and WUTH Boards in September and October 2024.

Background: Wirral System Review Benefits

Identified benefits from the Wirral System Review

- The Wirral System Review Phase 1 and Phase 2 Reports also identified a range of benefits from integration between WCHC and WUTH.
- These were further developed by the two Trusts Executive Teams in November 2024, to support the case for change and guide the delivery of the integration planning between the Trusts.
- These benefits focus on improving the quality of care and access to services for patients, stabilising fragile clinical services, reducing health inequalities across Wirral, developing a healthy organisational culture and delivering value for money.
- The identified benefits were also used as a foundation for the staff and stakeholder communications relating to the integration working between the two Trusts.



Background: Wirral System Review Benefits

Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Financial benefits from the Wirral System Review

- During the Wirral System Review period, the WCHC and WUTH undertook an assessment of the financial opportunity relating to integration and the move to a single organisational form.
- This assessment used NHS Model Hospital data to determine cost savings across urgent and emergency care, corporate functions, estates and elective care. Overall, this highlighted a cost saving opportunity of approximately £13m, with delivery across three financial years.

WIRRAL SYSTEM REVIEW - Financial Oversight		WUTH Opportunity £000	WCHC Opportunity £000	TOTAL Opportunity £000	Opportunity Per Area £000		Phasing (Year 1) 24/25 £000	Phasing (Year 2) 25/26 £000	Phasing (Year 3) 26/27 £000
URGENT / UNSCHEDULED CARE (with Hayley/Jo. Check against sources + Model Health / Newton)	*Model Health (Enabler)*			0	3,191	Based on the work completed by Operational leads from both organisations. The outputs of the unscheduled care programme will impact specifically corridor care and Ward M1. Ward M1 escalation is funded within budgets but corridor care is only part funded (although cost is in runrates). Opportunity is FYE.	1,064	1,064	1,064
	Newton Schemes (Enabler)			0					
	Corridor Care	972		972					
	Ward M1	2,219		2,219					
CORPORATE (Model Health / Corporate Benchmarking)	*Digital and Technology*		690	690	3,719	Based on a high level review of Model Health Corporate areas (informed by Corporate Benchmarking) exercise. The savings opportunity are for the most expensive Trust to move to the "cost per £100m" of the cheapest Trust based on the rationale that as an integrated function the service would run at the most efficient level.	1,240	1,240	1,240
	Finance Function		421	421					
	Governance and Risk		1,277	1,277					
	HR Function		1,101	1,101					
	Legal	143		143					
	Payroll		48	48					
	Procurement		39	39					
ESTATES AND ASSETS (Model Hospital / ERIC / Wirral Place Estates Review)	*Vacant Space*			0	5,685	Based on Model Health reporting of cost per m2. Rationalisation will free up 10% of space across both Trusts. Further work being undertaken by Estates teams to identify opportunity in other areas.	1,895	1,895	1,895
	Corporate Function			0					
	SLAs / Contracting			0					
	Procurement (ICB review)			0					
	Estates Rationalisation	4,819	866	5,685					
OPPORTUNITY SCHEDULE (areas highlighted as good/excellent - some picked up in Urgent Care section)	*Ophthalmology*	450	18	468	1,054	Based on the top 6 opportunties deemed as Excellent of Good under the review of services. The Urgent and Emergency Care opportunity has not been included as this would be covered in the unscheduled care section. High level basis applied as to driving an efficency of 20% - this includes the possibility of additional ERF. WUTH service costs to be added.	351	351	351
	Integrated Discharge Team	40	24	64					
	Community Paediatrics	0		0					
	Allied Health, Physio, OT	0		0					
	MSK	239	50	289					
	Cardio / Respiratory	106	128	233					
VACANCY CONTROL PROCESS (Estimate but much of the saving should already be counted above)	*Clinical (Enabler)*			0	0	No opportunity costed as the majority of costs saved from vacancy review relating specifically to integrated working will be covered in the above.	0	0	0
	Non-Clinical (Enabler)			0					
	TOTALS £000	8,987	4,662	13,649	13,649		4,550	4,550	4,550

3. Progress since the Wirral System Review

Progress since the Wirral System Review: 100 Working Day Integration Plan

NHS Wirral Community Health and Care NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

Joint Appointments

- Following the publishing of the Wirral System Review and approval of the reports by the WCHC and WUTH Boards; the WCHC Council of Governors approved the appointment of the WUTH Chair as the Joint Chair across WCHC and WUTH in October 2024.
- This was followed by the WCHC Board approving the appointment of the WUTH Chief Executive as the Joint Chief Executive across WCHC and WUTH in November 2024.

Initial Approach to Integration

- To support the initial stages of integration and accelerate the joint working between WCHC and WUTH, an initial 100 Working Day Integration Plan was then developed and enacted.
- This plan focused on seven key integration programme areas, each with Executive Leadership and a detailed delivery plan covering the period from 15th November 2024 to 1st April 2025.
- To support this delivery and hold directors to account, the Integration Management Group was established between the Trusts, which includes membership from WCHC and WUTH Executive Teams.

100 Day Integration Plan Programme Areas

Governance	• Appointment of Single Chair and Single Chief Executive • Establishment of Integration Management Board • Review of Board and governance arrangements and timings to accommodate appointments • Development of WCHC and WUTH agreement • Development of Integration Programme risks and mitigations
Clinical Services	• Implement alternatives to ED project, reviewing services and collaboration options • Develop future clinical service integration and prioritisation
Corporate Functions	• Determine areas for corporate function integration • Develop corporate integration methodology and approach • Determine delivery timeframes and benefits
Finance	• Develop hosting arrangement financial approach and methodology for integration • Track benefits delivery
Workforce and Culture	• Develop Organisational Development Plan • Deliver Organisational Development Plan
Communication and Engagement	• Develop and deliver internal communication and engagement plan • Develop and deliver external communication plan
Estates	• Review estates footprints and space utilisation • Develop plan to improve utilisation and opportunities to consolidate

Progress since the Wirral System Review

Key deliverables across the first 100 Working Days Integration Plan

- Across the first 100 working days, the Trusts made significant progress in the initial stages of integration delivery and moving towards a single organisational form. This included:
  - The joint appointments to identified Executive Director and Non-Executive Director roles across WCHC and WUTH
  - The development and implementation of a Management Agreement between WCHC and WUTH for integration
  - The establishment of the Integration Management Board (with delegated authority as a Joint Committee) and associated governance arrangements
  - The review and prioritisation of clinical services for integration as well as the early delivery of service integration (Urgent Care, Ophthalmology, MSK)
  - The examination of corporate integration models and determination of approach to corporate functions integration
  - The establishment of a workforce management agreement
  - The development of a communication and engagement plan and delivery of staff and stakeholder engagement
  - The review of estates and understanding of estate ownership, occupancy and usage across WCHC

Case for Change

- As part of the initial integration stage between WCHC and WUTH, the Trusts also drafted a Case for Change document, setting out the journey to integration over the next two years, for staff and key stakeholders.
- This document detailed why WCHC and WUTH are coming together as a single organisation. The document also included the integration benefits for patients, the Wirral population and staff as well as outlining the next steps in the move to a single organisation.

Progress since the Wirral System Review

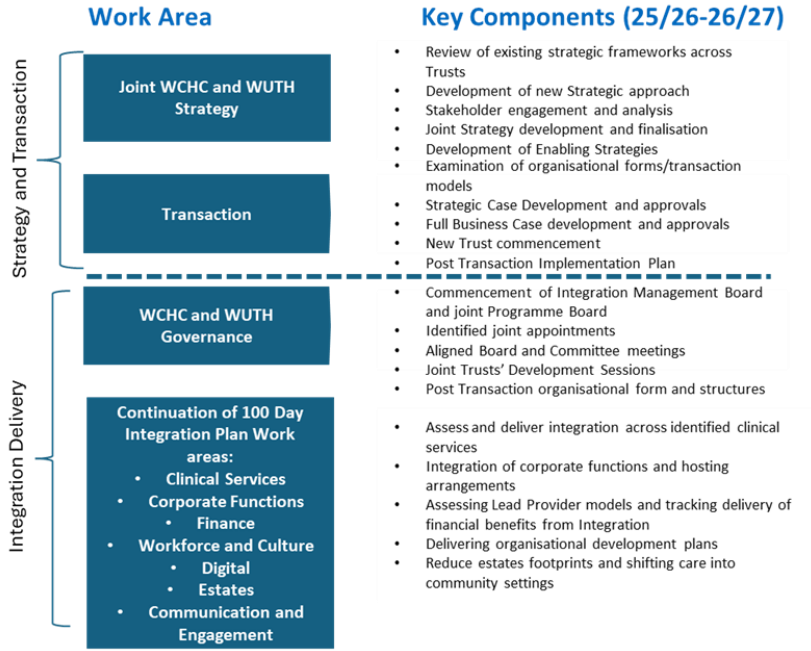
Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Two Year Integration Plan

- Following the conclusion of the 100 Working Day Integration Plan in April 2025, a longer term integration plan was developed, setting the strategic intentions for WCHC and WUTH on integration and a pathway towards becoming a single organisation.
- This plan included four main components:
  - The development of a Joint Strategy for WCHC and WUTH
  - A Transaction approach between WCHC and WUTH
  - Integrating governance arrangements
  - Continued delivery of Integration Programme work areas

- This Two Year Plan was approved by the WCHC/WUTH Integration Management Board (Joint Committee) in early April 2025 and commenced delivery from this time, with monthly progress updates for each work area provided to the Integration Management Board.



4. Longer term plan for Integration: Transaction approach

Longer Term Plan for Integration: transaction approach

Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

- In April 2025, the Trusts examined the future organisational forms for WCHC and WUTH, with the Trust Boards approving the move to a single organisation, through an NHSE transaction process.
- This was based on the further delivery of clinical, quality and population benefits for the organisations and the direction of travel for many NHS Foundation Trusts who have, initially, put in place joint leadership or group arrangements.
- It was noted that the transaction process would take time, with a number of stages including the development of the Strategic Outline Case (SOC) and Full Business Cases (FBC), ensuring adherence to NHSE Statutory Transaction Guidance and HM Treasury Green Book standards. As part of this process, the Trusts set out a proposed timeline for the transaction, with an aim to commence as a new Foundation Trust by Q1 (April-June) 2027/28.

	1 *Transaction Set up* June - September 2025 (Q1-2 25/26)	2 Strategic Case Development October 2025-March 2026 (Q3-4 25/26)	3 Strategic Case Approvals/FBC April– September 2026 (Q1-2 26/27)	4 Full Business Case and DD October 2026 – March 2027 (Q3-4 26/27)	5 FBC Approval/PTIP/Go Live April – June 2027 (Q1-2 27/28)
Key Activities	• Development of proposal for Transaction support and legal advisors √ • Notification of transaction intention to NHSE and ICB √ • Assessment of transaction model and type √ • Nomination of NHSE contact √ • Agree SOC and FBC transaction support and funding √	• Tender and appointment of support • Development and drafting of Strategic Case • Finalisation of Strategic Case for approval • Executives review of Strategic Case • Preparation for and support to C&M ICB review and approvals	• Boards approval of Strategic Cases • C&M ICB approval of Strategic Case • NHSE and DHSC approval of Strategic Case • Commence of development of Full Business Case (FBC)	• Completion of Full Business Case • Completion of Due Diligence • PTIP development • Boards approval of FBC • C&M ICB review and approval of FBC • NHSE review of FBC	• NHSE approval of FBC • Secretary of State Approval • Commence as new Foundation Trust • Implementation of PTIP
Key outputs	• Proposal for transaction support √ • Assessment of Transaction model report √ • ICB Board approval of transaction commencement √	• Transaction Strategic Case paper	• C&M ICB Strategic Case approval letter • NHSE Strategic Case approval letter • Progress update to Boards on Full Business Case	• Full Business Case paper • Due Diligence paper • Post Transaction Implementation Plan (PTIP) and Communication Plan • C&M ICB Full Business Case approval letter	• NHSE Full Business Case approval letter • Secretary of State Approval Letter

Assessment of merger type

NHS Wirral Community Health and Care NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

Assessment of statutory transaction type

- Further to the approval by WCHC and WUTH Boards to move to a single organisation and commence a Transaction, an assessment was undertaken by the WCHC/WUTH Strategy Team to determine the type of transaction between WCHC and WUTH, in line with NHSE Statutory Transaction Guidance.
- The WCHC/WUTH Strategy Team examined the types that could be pursued, via a transaction, including a statutory merger or a statutory acquisition. Noting that each of these types have differing regulatory requirements as well as differing approaches across the NHSE transaction process.
- From this examination, three potential merger/acquisition options were determined to be available to WCHC and WUTH, as detailed in the table, right.
- An assessment of the options was undertaken using the integration benefit areas to inform a set of assessment criteria and with to the NHS Transaction Guidance. Weightings were also assigned to each of the criteria to reflect their relative importance in the delivery of the transaction.
- Following this process, Acquisition of WCHC by WUTH (Option 2) scored the highest and was selected as the preferred option. It was noted that this Option would have the least impact on governance and staff movements and transfer of assets and liabilities, as well as being, potentially, the quickest to implement, pre and post transaction.
- This Assessment and the preferred option was approved by the WCHC/WUTH Integration Management Board (Joint Committee) in June 2025.

Options	Options Detail
1. WCHC and WUTH Merger	• Merger of WCHC and WUTH, with involves the dissolution of each Trust and the establishment of a new FT • New FT name
2. Acquisition of WCHC by WUTH	• The acquisition of WCHC by WUTH, including the dissolution of WCHC and the wholesale transfer of its assets and TUPE of staff. • Potential for a new FT name
3. Acquisition of WUTH by WCHC	• The acquisition of WUTH by WCHC, including the dissolution of WUTH and the wholesale transfer of its assets and TUPE of staff. • Potential for a new FT name

Examination of options to accelerate the transaction

NHS Wirral Community Health and Care NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

Assessment of statutory transaction type

- In conjunction with Warrington and Halton Hospitals NHS FT (WHH)/ Bridgewater Community Healthcare NHS FT (BCH), initial discussions were held with NHS England Regional Team to explore options to accelerate the transactions for both WCHC/WUTH and BCH/WHH, through the submission of a single short form strategic case, rather than a current transaction approach of a Strategic Outline Case and Full Business Case to submission NSHE.
- A joint paper of this option (short form strategic case) was developed for NHSE, including the associated risk and benefits of the option.
- Further discussions were then held with NHSE System Architecture Team in July 2025. The NHSE Deputy Director of System Architecture indicated that, whilst, there was an appetite from NHS England leadership to reduce the transaction timeline for Trusts, there were a number of obstacles to this, at present, with limited ability to alter the current NHSE transaction approach.

Assessment of statutory transaction type (cont.)

- This included the recent requirement for Department of Health and Social Care (DHSC) to approve the SOC and Full Business Cases as part of the transaction process as well as the need to redeploy part of the NHS England System Architecture Team to develop the new Foundation Trust/IHO model guidance.
- The team also noted significant number of Trust transactions due for SOC and FBC review between September 2025 and March 2026.
- The Deputy Director of System Architecture recommended that WCHC/WUTH commence the development of the Strategic Outline Case and nominated an NHSE manager to work with the Trusts over the coming months. NHSE also indicated the need for support in the development of the cases, including for due diligence.

5. Next Steps and proposal for transaction case support

Next steps

Next steps

- In line with the WCHC/WUTH Transaction timeframes, the Trusts will now commence the development of the Strategic Outline Case, following the appointment of support to write the business cases.
- This Strategic Outline Case will use the HM Treasury Green Book approach and build on the Wirral System Review and Two Year Integration Plan, detailing the approach to moving to a single organisation as well as the benefits and risks, making a clear case for change.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 9**

30 October 2025

Title	NHS 10 Year Plan
Area Lead	M Swanborough, Chief Strategy Officer
Author	M Swanborough, Chief Strategy Officer
Report for	Information

Executive Summary and Report Recommendations

The attached paper provides a briefing of the 10 Year Plan, which was released in July 2025.

It is recommended that the Council of Governors:

- Note the presentation

Key Risks

This report relates to these key risks:

- BAF 10 - Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and a long term threat to service sustainability.

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	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Governance journey

Date	Forum	Report Title	Purpose/Decision
September 2025	Trust Board	NHS 10 Year Plan	Noted

1	Narrative
1.1	The attached paper provides a briefing of the 10 Year Plan, which was released in July 2025. This includes an overview of the three key shifts in healthcare delivery outlined in the plan, namely: 1. **From Hospital to Community:** Shifting from hospital-centric to neighbourhood-based care, with integrated teams serving populations of around 50,000. Neighbourhood Health Centres will provide extended-hours access to GPs, nurses, mental health services, and social care, promoting preventive care and reducing hospital visits. 2. **From Analogue to Digital:** Transforming the NHS into a connected system, centred on the NHS App and interoperable digital records, with AI and remote monitoring supporting early intervention and efficiency. 3. **From Treatment to Prevention:** Embedding a population health approach across the system, with ambitious goals on smoking, obesity, mental health, and health inequalities. The briefing also describes the supporting reforms and organisational changes as well as the key considerations for WUTH.

2	Implications
2.1	**Patients** • Change in access and availability of clinical services
2.2	**People** • Improved working environment and training for staff
2.3	**Finance** • Movement of funding to support establishment of neighbourhood health services
2.4	**Compliance** • Nil

NHS 10 Year Plan

Briefing

Council of Governors
October 2025

Executive Summary

Context

The National Health Service (NHS) in England is facing challenges with access to care, outcomes, and staff morale. In July 2025, the government launched a bold 10-Year Health Plan ("Fit for the Future") aimed at reforming the NHS to ensure its long-term sustainability. This agenda coincides with efforts in Wirral to integrate services, where Wirral Community Health & Care (WCHC) and Wirral University Teaching Hospital (WUTH) are preparing to merge into a single integrated provider.

Plan Overview

The 10-Year Plan outlines three key shifts in healthcare delivery:

1. **From Hospital to Community:** Shifting from hospital-centric to neighbourhood-based care, with integrated teams serving populations of around 50,000. Neighbourhood Health Centres will provide extended-hours access to GPs, nurses, mental health services, and social care, promoting preventive care and reducing hospital visits.
2. **From Analogue to Digital:** Transforming the NHS into a connected system, centred on the NHS App and interoperable digital records, with AI and remote monitoring supporting early intervention and efficiency.
3. **From Treatment to Prevention:** Embedding a population health approach across the system, with ambitious goals on smoking, obesity, mental health, and health inequalities.

Implications for Wirral

The national Plan aligns closely with WUTH and WCHC priorities. The area faces significant health inequalities, particularly in and around Birkenhead, where life expectancy is lower than in wealthier areas. The Plan's focus on "levelling up" offers valuable support. The shift to neighbourhood-based care complements Wirral's approach, and the planned WCHC-WUTH merger positions the borough to become the integrated provider envisioned by the Plan.

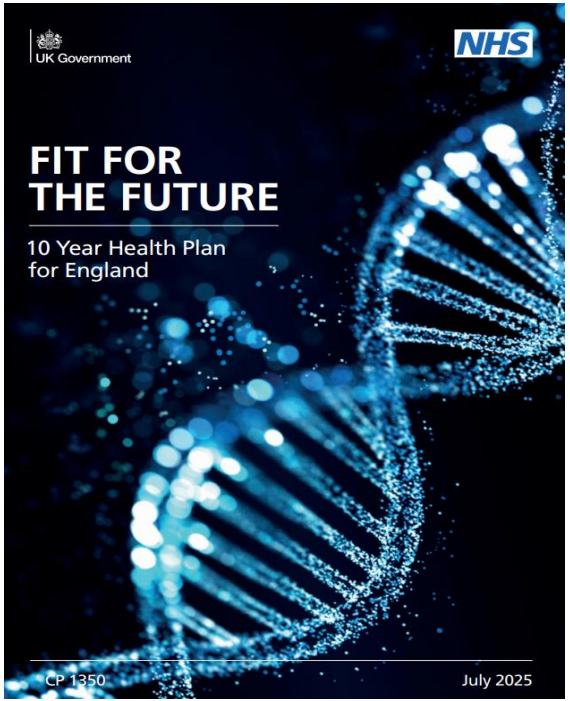
Overview

Overview of the 10-Year Health Plan for England: *Fit for the Future*

The *Fit for the Future* plan sets out a bold and ambitious 10-year vision for transforming the National Health Service (NHS) in England. Launched in July 2025, the plan responds to mounting pressures on the health system—rising demand, persistent health inequalities, workforce shortages, outdated infrastructure, and public concerns around access and outcomes. It offers a comprehensive framework to modernise the NHS by 2035, aiming to secure its long-term sustainability, improve population health, and restore public trust.

At its core, the Plan seeks to rewire how health and care are delivered, moving away from fragmented, reactive, and hospital-focused models, toward more integrated, preventative, and digitally enabled care. It identifies **three core shifts** in delivery, supported by foundational reforms to finance, workforce, and governance.

1. **From Hospital to Community: A Neighbourhood-Based Service**
2. **From Analogue to Digital: A Modern, Connected NHS**
3. **From Treatment to Prevention: Promoting Health**



1. From Hospital to Community

NHS Wirral Community Health and Care NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

Overview of the 10-Year Health Plan for England: *Fit for the Future*

1. From Hospital to Community: A Neighbourhood-Based Service

At the heart of the Plan is a move away from hospital-centric care toward a **Neighbourhood Health Service**, serving local populations of around **50,000 people**. This involves establishing **Neighbourhood Health Centres** as integrated community hubs, offering:

- Extended-hours access to GPs
- Community nursing and therapy
- Mental health support
- Social care and voluntary services

Each centre will be led by a multi-disciplinary team that can coordinate holistic, wraparound care closer to where people live. The goal is to **prevent unnecessary hospital admissions**, support people to manage their health locally, and reduce fragmentation across health and care services.

The Plan indicates that this shift to neighbourhood-based care will be phased, with early implementation in high-need areas and full national coverage expected by 2030. The approach is explicitly designed to **tackle inequalities**, with initial rollouts targeted at areas with poor outcomes and high deprivation.

The Plan also details the redesign of outpatient services, including patient initiated follow up, use of digital and apps, virtual clinics and delivery in community settings.

In addition, the Plan details expanding access to urgent and emergency care services at home and in the community.

2. From Analogue to Digital

Overview of the 10-Year Health Plan for England: *Fit for the Future*

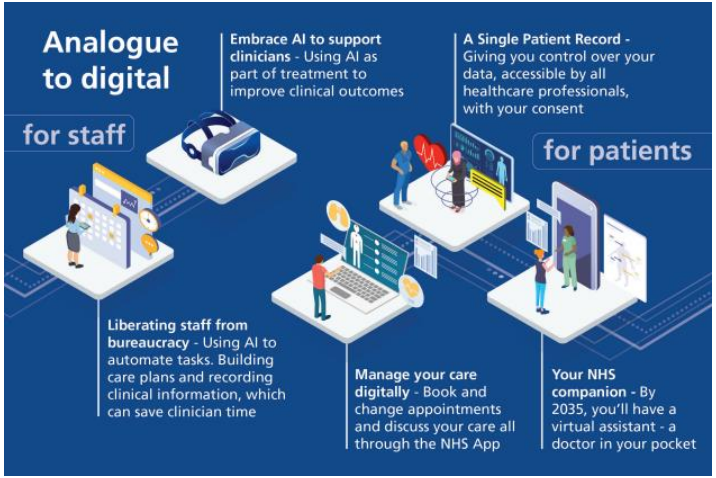
2. From Analogue to Digital: A Modern, Connected NHS

The second transformation is the creation of a **"digital front door"** to the NHS, led by the expansion of the **NHS App** as the primary gateway to services. By 2028, every patient in England via the app should be able to:

- Book appointments
- Access test results and health records
- Consult with clinicians remotely
- Receive personalised reminders and guidance

The plan sets out an ambition for a fully connected, digitally enabled NHS in which patient data – within a **single patient record** – can flow seamlessly across care settings.

Systems will be expected to adopt interoperable digital tools, enhance use of the NHS App, and expand technologies such as **AI** and **remote monitoring** to support early intervention, and improve productivity.



3. From Treatment to Prevention

NHS Wirral Community Health and Care NHS Foundation Trust

NHS Wirral University Teaching Hospital NHS Foundation Trust

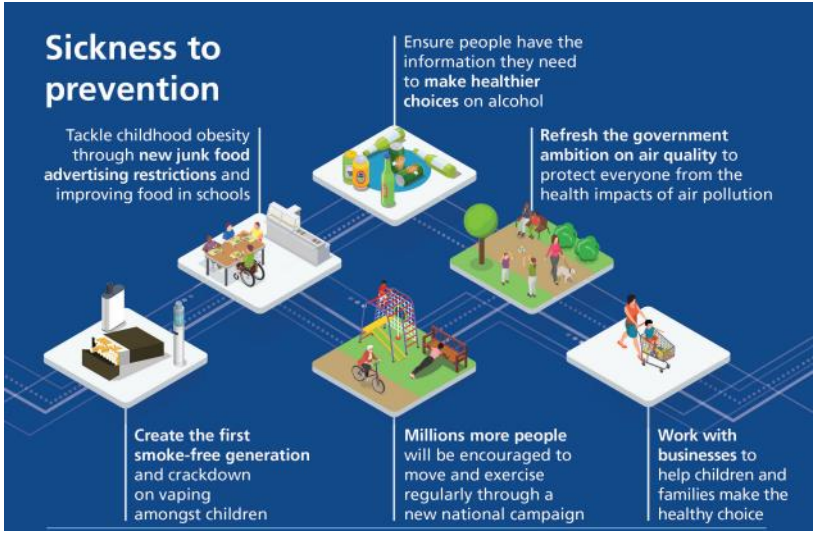
Overview of the 10-Year Health Plan for England: *Fit for the Future*

3. From Treatment to Prevention: Promoting Health

The Plan marks a decisive shift toward **prevention**, committing the NHS and partners to a national health improvement mission. Key commitments include:

- **Halving the healthy life expectancy gap** by 2035
- Supporting the national ambition to reduce smoking prevalence below 5% by 2030
- Tackling obesity through prevention and early intervention
- Increasing access to mental health support in community and neighbourhood settings
- Expanding social prescribing and community-led approaches to care

Public health will be embedded across the NHS and coordinated with local authorities and the voluntary sector. ICSs will be expected to lead place-based preventative strategies, supported by a stronger focus on outcomes and reducing inequalities.



Supporting Reforms

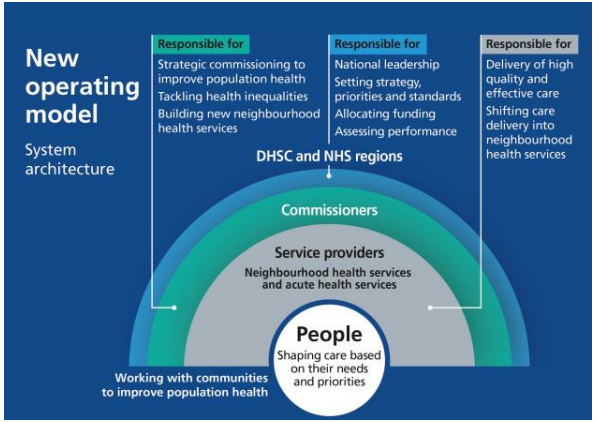
Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Supporting Reforms: Finance, Workforce, and Accountability

To underpin these shifts, the Plan proposes several structural reforms:

- **Multi-Year Budgets and Incentives:** ICSs will transition to multi-year financial frameworks to enable longer-term planning. Payment systems will move beyond activity-based funding, shifting toward outcome-focused models that support prevention, integration and care quality.
- **Workforce Innovation:** The Plan anticipates significant changes to roles, training, and deployment. It emphasises the need for more flexible workforce models, with staff training and equipped to work across care settings. It also supports investment in training, digital tools to ease administrative burdens, and a stronger focus on staff well-being and leadership development.
- **Devolution and Local Control:** While national standards and accountability remain, greater flexibility will be given to local systems to design and commission services that meet their populations' specific needs. This includes exploring new models of integrated providers holding single budgets for all services and formation of Integrated Health Organisations (IHOs). The Plan also highlights the move to reinvigorate the FT model.
- **Transparency and Choice:** The Plan reinstates a focus on **patient choice**, particularly in primary and elective care. It promises greater transparency on local performance (e.g., waiting times, cancer outcomes), helping patients and communities hold systems to account.a



Key Considerations / Conclusion

Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Key Considerations

As WUTH and WCHC progresses toward delivering the ambitions of the *Fit for the Future* Plan, several factors will be critical to success:

1. **Neighbourhood Implementation Readiness**
   Delivering care through neighbourhood teams will require clear accountability, multidisciplinary workforce alignment, and strong collaboration with primary care, local government, and community partners.

2. **Digital Maturity and Integration**
   Advancing digital interoperability and NHS App integration is a near-term priority. Investments in shared care records, data infrastructure, and virtual care must align with national timelines and local delivery models.

3. **Prevention and Health Equity**
   Preventive approaches must be embedded across care pathways, with a strong focus on reducing inequalities—particularly in high-need areas across the Wirral. Coordinated delivery with local authority partners will be essential.

4. **Workforce Transformation**
   The integrated organisation offers a platform for new roles, flexible deployment, and shared culture. Supporting multidisciplinary teams and new models of working will be essential for sustainable delivery.

5. **Governance and Performance Assurance**
   With wider scope and visibility, robust governance is needed to ensure accountability, outcome tracking, and effective risk management across the integrated service portfolio.

6. **System Alignment and Local Voice**
   The integrated provider will play a leading role in place-based transformation. Maintaining strong engagement with system partners will be key to securing alignment, influence, and resources within the ICS.

7. **Delivery Focus and Phased Rollout**
   Implementation should be paced to match capacity and maintain quality. A phased approach, grounded in realistic milestones, will help maintain momentum while ensuring operational stability.

Conclusion

The 10-Year Plan sets out an ambitious vision to transform the NHS through prevention, local delivery, and digital innovation. Success will depend on collaboration, investment, and flexibility to meet local needs. WUTH and WCHC are well-placed to lead this shift, with integration already underway and a clear focus on neighbourhood care, digital transformation, and health equity. The development of the Joint Strategy and merger of WCHC and WUTH provides the scale and structure to deliver on the Plan's ambition.

References

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- **NHS Providers.** *On the Day Briefing: 10-Year Health Plan*. https://nhsproviders.org/resources/on-the-day-briefing-10-year-health-plan

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- **NHS Confederation.** *Ten-Year Health Plan: What You Need to Know*. https://www.nhsconfed.org/publications/ten-year-health-plan-what-you-need-know

Council of Governors
30 October 2025

Item 10.1

Report Title	Committee Update – Charitable Funds Committee
Date of Meeting	27th August 2025
Author	Sue Lorimer, Chair of Charitable Funds Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ The Charity Team requested that the Tiny Stars appeal be formally closed on 30th November 2025. This is in line with the expected completion date of the Neonatal refurbishment. Subsequent donations would be credited to a ringfenced Neonatal pot within the Children's fund. Subject to Board approval, the closure would be communicated in October 2025. The Committee approved this course of action and were keen to see the Neonatal refurbishment publicised so that donors, in particular the Incubabies charity could see how the fund has been spent. The funding position of the scheme as at 31st July 2025 is as follows: Tiny Stars including Incubabies donation £914.3k Patient Wish fund contribution £185.7k Trust capital £197k. Any donations to Tiny Stars between 31st July and 30th November will be credited to the scheme with a corresponding reduction in the Patient Wish contribution.
Advise	• The Committee wish to advise members of the Board of Directors that: ○ Net fund balances increased by £242k to the end of July taking total funds to £1686k. The Committee noted that the Tiny Stars appeal formed a sizeable proportion of the total and excluding Tiny Stars the balance was £772k. Fundraising had started slowly in the early part of 2025/26 but the team presented plans to the Committee to make good the shortfall of £9k and achieve the forecast for the year of £366k. ○ The Committee received a presentation from Paul McNulty and Dr Sarah White on the benefits to patients of a garden for Critical Care. The outline cost would be circa £350k. The divisional representatives sought approval to undertake fundraising and to seek sponsorship and this was agreed. The Committee agreed that this would be a good purpose for the next Trust-wide appeal and would be considered along with other bids from services. The division had identified a potential location and confirmed that the garden would be available to other services in addition to Critical Care. ○ The Committee agreed that in view of 2 extensions having been given there would be a cut off date of 30th September for

	requisitions arising from funding approvals from the League of Friends' funding.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ The Committee reviewed the Charity risk register and requested that scoring be reviewed as scores were considered to be unduly high. ○ The Committee approved the draft Annual Report and Accounts for the Charity for 2024/25.
Review of Risks	• The Committee noted that it is important that the fundraising programme be implemented effectively in order that fund balances are increased following the withdrawal and closure of the Tiny Stars fund.
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.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors
30 October 2025

Item 10.2

Report Title	Committee Update – Finance Business Performance Committee
Date of Meeting	17 September 2025
Author	Sue Lorimer, Chair of Finance Business Performance Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ The Trust ended month 5 with a deficit of £9.6m which is an adverse variance to plan of £7.3m and includes the benefit of £7.0m non-recurrent mitigations. The mid-case forecast remains an adverse variance of £13.0m and contains significant risk. The Committee emphasised the importance of delivering both the mitigation actions and the original approved plan. It is critical that measures necessary to improve the run rate back to the planned levels are agreed and implemented. ○ Income performance is £5.7m behind plan, primarily due to withheld deficit support funding. However, £1.6m relates to elective activity, principally in Trauma and Orthopaedics. The Committee requested that a detailed elective recovery plan be circulated to members before the next Board of Directors meeting and that the elective recovery plan is a focus for the next FBPAC meeting. ○ Pay, including underachievement of CIP and ICS savings target, is £3.5m overspent. Staffing is 103wte above plan which is an improvement of 9wte since month 4. Planned vacancy factors have not been fully achieved and renewed scrutiny of vacancy authorisations is required. ○ The total CIP target is £46.1m comprising an internal CIP of £32m and an ICS savings target with the ICB of £14.1m. Of the internal CIP target of £32.0m, £31.0m has been identified which reduces to £25.3m after adjusting for risk. The ICB coordinates the identification and delivery of system wide savings schemes. £3.6m of the £14.1m target has been identified non-recurrently with a further £1.6m included within the Trust's mitigation plan.
Advise	• The Committee advises members of the Board of Directors that:

	○ Cash support of £10m has been received in September and this, combined with an agreement with WCHC on contract income phasing, means that immediate cash risk for September has now been significantly de-escalated. However, even in a best case scenario the Trust requires further cash support of £14m between October 2025 and March 2026. The Committee expressed their thanks to the finance team for their hard work with regard to managing the cash position and were pleased to see that the timeliness of supplier payments would now be improved.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ A report on the Trust's mitigation plan has been received from Simon Worthington. This provides some assurance but also makes recommendations for additional actions which the Executive Team will now review and respond to. The response and action plan will be brought to the next meeting of FBPAC.
Review of Risks	• There is a significant risk to the achievement of the financial plan. Ability to achieve the plan or at a minimum the revised forecast of £35m deficit is a key priority for the ICB and the Trust's position within that.
Other comments from the Chair	• The Committee noted the pressure on the Trust to deliver improved service performance and to deliver the financial plan.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors
30 October 2025

Item 10.3

Report Title	Committee Update – Quality Committee
Date of Meeting	17 September 2025
Author	Dr Steve Ryan, Chair of Quality Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ It continues to monitor the action plan following 4 never events that have occurred this year. It received a thematic review and was assured that the action was pertinent to the themes identified and that there would be mapping to the risk register to support the plan and its governance. The Committee will continue to seek assurance that all actions are tracked and completed in an appropriate timely way. The Committee noted and supported a decision to delay Cerner Millennium LocSSIPs template implementation until January, when there is a more comprehensive update of the clinical system. ○ The Committee received an internal audit review from Mersey Internal Audit Agency which identified some governance concerns including the use and status of the Infection Prevention and Control Board Assurance Framework (BAF) within the Trust's strategic BAF. It was agreed that the IPC-BAF would be an element identifying controls (and gaps) and actions in BAF risk 3. The Committee will continue to have a high level of scrutiny of IPC including for Clostridioides difficile and gram-negative organisms. The Committee received the IPC Annual Report for 2024/2025 which will be fully shared with the Board.
Advise	• The Committee wish to advise members of the Board of Directors that: ○ The review of the Patient Safety Incident Response Framework is nearing completion with an emphasis on improving the learning and improvement arising from insight and involvement. ○ That is received the updated action plan in relation to the immediate actions identified following the unannounced CQC inspection of Urgent and Emergency Care and Medicine in March. All actions are complete or on track and the Committee were able to interrogate an example action to test that. At its next meeting, the Committee expected to be able to give full assurance to the Board that the actions are complete.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ It was assured that there is a well-managed effective legal claims system at the Trust. This is demonstrating that the Trust's incident management and learning arrangements have

	improved in the last years, given that a majority of subsequent claims have already been identified for learning by these arrangements. There was a notable in-year reduction in the number of claims submitted. ○ It was noted that appropriate action had been taken to deal with backlog of patients waiting for treatment of Acute Macular Degeneration. Planning is underway to consider how the Trust will deal with the future growing demand for this service. ○ There is full compliance in our duty of candour in relation to reported patient harm incidents (PSIRF). ○ The Committee received the Accountable Officer Controlled Drugs Annual Report which gave a high level of assurance about arrangements for the control of scheduled drugs. The Committee did ask for more specific details about increasing levels of reporting in recent years; some of which relates to increased clinical need and to drugs which have been added to the controlled schedule. The Committee also noted the increased use of visible preventative measures including communication with clinical teams and had some suggestions for how this could be built on. ○ The Committee received the Annual Report on Antimicrobial Stewardship, noting that all but one improvement metric had been achieved. The other metric - reducing the use of wider spectrum antibiotics - was not as straightforward to meet. Early treatment of sepsis (another important quality metric) requires the use of such antibiotics. The Committee identified opportunities for work across Wirral Place and with Primary Care to support stewardship. ○ The Committee Noted the Safeguarding Annual report, which the Board will receive directly, and which gave assurance of action and progress in a range of areas including child protection, Oliver McGowan training and statutory health checks in looked after children.
Review of Risks	• The Committee did not feel that any matters would impact on the likelihood or impact of risks in the Board Assurance Framework within its purview.
Other comments from the Chair	• The Committee benefitted from receiving clear and helpful reports that enabled it to conduct its business.

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governos
30 October 2025

Item 10.4

Report Title	Committee Update – Research and Innovation Committee
Date of Meeting	15 September 2025
Author	Dr Steve Ryan, Non-Executive Director and Meeting Chair

Alert	• The Committee had no issues to which it needed to alert the Board.
Advise	• The Committee wish to advise members of the Board of Directors that: ○ There are an increasing number of research active clinicians across the Trust, with evidence of how these roles are promoting increased research activity of high quality. These roles are supported by access to personal development opportunities which are being untaken by colleagues enthusiastically ○ Some constraints within the Trust's diagnostic services have limited the Trust contributing to studies within the Wirral Research Collaborative (led from the Marine Lake Medical Practice in West Kirby). The Committee asked for a more detailed understanding of these limitations and how they could be overcome in the light of likely research focus of the Collaborative. ○ The Committee also identified an opportunity evolving out of a review of Wirral Place-based governance to align research governance processes with our partners ○ The Committee had a detailed discussion around a metric from the cancer national patient survey which indicated that a limited number of our patients reported being aware of research opportunities involving their own cancers. While not straightforward (given that a high proportion of cancer pathways involving other Trusts), the Committee identified number of ways of promoting research - even if that research was undertaken by partner organisations. ○ The Committee is aware of the planned stepping down of our senior research leaders and agreed the importance of timely appointment of successors. ○ The Committee revisited a theme around the opportunities for increasing our research partnership with Higher Education Institutions & agreed that the Trust would look into this.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ It received, noted and approved the Research and Innovation Annual Report for 2024/2025, which outlined a successful year delivery across the research portfolio. There was increased visibility, an increase in research active staff (the research champion initiative being a notable success), the

	opening of the Research and Innovation centre and the continued networking and building of our research partnership approach. The report acknowledges the complexity of the rapidly changing external research environment, but the Trust has able leadership that enables us to be as responsive as possible to these changes.
Review of Risks	• The Committee did not feel that any matters would materially impact on the likelihood or impact of risks in the Board Assurance Framework within its purview. However, the Committee recognised the risks around the rapidly changing national and regional research environment and the challenges that this could bring.
Other comments from the Chair	• The Committee benefitted from receiving clear and helpful reports that enabled it to conduct its business.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governos
30 October 2025

Item 10.5

Report Title	Committee Update – Audit and Risk Committee
Date of Meeting	1st September 2025
Author	Steve Igoe – Chair of Audit and Risk Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ The Committee undertook a deep dive into BAF risk 6: Financial sustainability. It is clear as the Board is aware of the challenging financial position the Trust and other Acute Trusts find themselves in. Despite having transacted over £54m in recurrent CIP over the past 2 years there is a requirement to drive out further efficiencies although it is accepted that any "low hanging" fruit will have been realised. Cash remains a key challenge with monthly requests being sent and DSF not being available, exacerbating the position due to the parlous state of the C&M finances. ○ The above is analysed in detail in the Auditors final report.
Advise	• The Committee wish to advise members of the Board of Directors that: • Work in relation to Information Governance continues with issues raised being resolved on a timely basis. The issue of coders remains a challenge however mitigations are in place, and the position appears to have stabilised. • The Committee received a positive Anti-Fraud progress report with all areas related to: Assure, Understand and Prevent and Respond all being rated green. The detail consists of 12 subsections of assurance assessed on a monthly basis. • Work in relation to the Tracking of Audit actions is monitored as a standing item. As at the time of this meeting, 2 high level actions remain outstanding and as referenced below assurance is being sought on resolution via the Quality Committee. These are not yet quite out of date with a revised implementation date of end October 2025.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ In dealing with the significant financial challenges the Trust was able to clearly set out the strong grip and challenge in place to manage the finances alongside the regional and national intervention process in the C&M ICS. ○ A positive final Auditors report was received and other for a few drafting comments was accepted and endorsed by the Committee. The final version will be shared with Governors at the annual members meeting.

	○ A moderate assurance opinion was received in relation to Infection Prevention and control due to the raising a one high risk issue. The resolution of this will be tracked by both MIAA and the Trust and the matter referred to the Quality Committee for its oversight. ○ The Trust received a positive assurance on its overall approach to the Data Protection and Security toolkit. There were several new areas to audit this year, and this highlighted further work to do in relation to the supply chain. The Trust recognises the work and has committed to address the issues by the end of this calendar year.
Review of Risks	• The Committee discussed the current iteration of the BAF and confirmed it was content with the risks identified and the relevant risk ratings, particularly the highest rating relating to financial sustainability which the Board is sighted on. • The Committee noted the new risk nine relating to the failure to realise the benefits of the WCHC integration (clinical, operational, workforce and financial). The Committee endorsed the risk and associated rating.
Other comments from the Chair	Two specific control issues were referred to the Quality Committee: 1) The resolution of two high risk recommendations related to LOCSIP's control issues. 2) The resolution of one high risk recommendations related to Infection, Prevention and Control.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 11**
30 October 2025

Title	Council of Governors Effectiveness Review
Area Lead	Ali Hughes, Interim Joint Director of Corporate Affairs
Author	James Jackson-Ellis, Corporate Governance Officer
Report for	Approval

Executive Summary and Report Recommendations

The 2022 NHS Code of Governance for Provider Trusts sets that Foundation Trust Councils of Governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:

- Holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors;
- Communicating with their member constituencies and the public and transmitting their views to the Board of Directors; and
- Contributing to the development of the Foundation Trust's forward plans

The purpose of this report is to provide the Council of Governors with an overview of the work that it has undertaken and proposes a statement of effectiveness for approval. An assessment against the Terms of Reference has also been conducted and appended.

It is recommended that the Council of Governors:

- Approves the statement of effectiveness found at section 1.3; and
- Note both the outcomes of the effectiveness survey, and the self-assessment against the Terms of Reference.

Key Risks

This report relates to these key Risks:

- Ensuring the Trust has robust decision-making bodies that are regularly assessed.

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

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	No

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	**Overview of the Council of Governors** The Council of Governors is established in line with legislation to discharge two main statutory duties: • To hold the Non-Executive Directors to account (both collectively and individually) for the performance of the Board of Directors; and • To represent the interests of the members of the Trust as a whole and the interests of the public **Council of Governor meetings** The Council of Governors meets quarterly, and each meeting in the last 12 months was quorate. The current list of governors is provided below:

NAME	CONSTITUENCY
Sheila Hillhouse	New Brighton & Wallasey
Paul Dixon	Oxton & Prenton
Philippa Boston	Other Trust Staff
Robert Thompson	Heswall, Pensby & Thingwall
Peter Israel Peters	North West & North Wales
Tony Cragg	Bebington & Clatterbridge
Anand Kamalanathan	Medical and Dental
Sue Powell-Wilde	Local Authority
Gary Bennett	Local Authority
Neil Wright	Bromborough & Eastham
Keith Johns	Neston & Burton
Manoj Purohit	Greasby, Frankby, Irby and Upton
Andrew Liston	Leasowe, Moreton & Saughall Massie
Julie Jellicoe	Nurses & Midwives - Clatterbridge & Other Sites
Sunil Varghese	Other Health Professionals
David Funston	Liscard & Seacombe
Andrew Bradley-Gibbons	Nurses & Midwives - Arrowe Park
Ian Huntley	West Wirral

1.2	**Effectiveness Review** *Effectiveness Survey Results* The review of effectiveness takes two parts. The first was a survey sent out to all Governors asking a series of questions around the operations of the Council of Governors. The full list of responses received are appended at Appendix 1. All questions returned positive responses. Positively, several “Strongly agree” responses were seen across the survey, and particularly of note is the agreement that the Chair and other Non-Executive Directors effectively engage with the Council of

	Governors, as well Governors being assured by the Non-Executive Directors reports on their leadership of Board sub-Committees. The responses also indicated that Governors agreed they were receiving sufficient information such as reports, briefings and verbal updates to support discussions. Two areas for improvement were identified from the comments, these related engagement and interaction with staff and members of the public. The Corporate Governance team will convene a small task and finish group to address this. *Self-Assessment against the Terms of Reference* The second part of the effectiveness review was formed of a self-assessment of the Terms of Reference, which has been undertaken against the activity of the Council of Governors during the year. This assessment is appended at Appendix 2. There are no areas recommended for amendment.
1.3	**Statement of Effectiveness** Building on the assessment of the Terms of Reference, and the outcomes of the survey, the following statement of effectiveness has been drafted and is recommended for approval. The Council of Governors confirms that it is properly comprised with the appropriate skills and has met enough times to conduct its business. The Council of Governors has reviewed its work and confirms that it has discharged its duties in line with the Trust Constitution/Terms of Reference and is therefore operating effectively.

2	Implications
2.1	**Patients** • No implications
2.2	**People** • No implications
2.3	**Finance** • No implications
2.4	**Compliance** • No implications

Appendix 1 Council of Governors Effectiveness Self-Assessment responses

Is the meeting chaired effectively with clarity of purpose, allowing both members and attendees the opportunity to discuss and question?
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree

Does the Chair and other Non-Executive Directors effectively engage with the Council of Governors?
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Agree
Agree
Agree
Agree
Strongly agree

Are you assured by the Non-Executive Directors reports on their leadership of Board sub-committees?
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree
Agree
Agree
Strongly agree
Strongly agree

Does the Chair and Non-Executive Directors operate effectively in holding the Executives Directors to account at the Board and its sub committees?
Strongly agreee
Agree
Strongly agreee
Strongly agreee
Strongly agreee
Strongly agreee
Agree
Strongly agreee
Agree
Agree
Agree
Strongly agreee

Does the Council of Governors receive sufficient information such as reports, presentations, briefings, and verbal updates to support discussions?
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Agree
Agree
Strongly agree
Agree
Agree
Strongly agree
Agree

Are papers distributed in sufficient time for members to give them due consideration?
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree
Agree
Agree
Strongly agree
Agree
Agree
Strongly agree
Agree

Does the Nominations Committee effectively fulfil its role and provide the Council of Governors with appropriate reports to support discussion and decision making?
Strongly agree

Agree
Strongly agree
Agree
Strongly agree
Strongly agree
Agree
Strongly agree
Agree
Agree
Agree
Strongly agree

Do you feel supported to fulfil your role? Consider access to advice, support, and wider engagement and development opportunities. What else would you find useful?
Strongly agree
Agree
Strongly agree
Disagree
Strongly agree
Strongly agree
Agree
Agree
Agree
Agree
Strongly agree
Agree

Do you have any comments you would like to add?
I would like to engage more with public and improve our members but at times it can vague on what is acceptable and resources
In my experience, always very open, transparent and honest meetings.
It is important that the governors are kept informed of all changes during the acquisition via appropriate channels that they can access

Is there anything that the Council of Governors could do to make the group more effective?
More staff interaction and engagement, will help staff feel more supportive.
Be more proactive and engaged with public
Developing ways to encourage membership involvement, particularly important during the integration and consequent acquisition of the two Trusts. Examining the 10 year plan and how patient experience can be captured going forward to support the development of quality services with good patient outcomes

Council of Governors Terms of Reference Review

Provision	Evidence/Commentary
Appoint and, if appropriate, remove the Trust chair and other non-executive directors	The Nominations Committee of the Council of Governors recommended various appointments and tenure extensions in year, of which all were approved by the Council of Governors
Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors	As above
Approve (or not) any new appointment of a chief executive	Completed as part of the process to appoint the substantive Joint Chief Executive in August 2025
Appoint and, if appropriate, remove the Trust's auditor	Not required in year
Receive the Trust's Annual Report, including Annual Accounts, at a general meeting of the Council of Governors	Completed as part of the Annual Members' Meeting in October 2024
Provide views on the Trust's forward plan	The Chief Strategy Officer provides bi-annual updates on the Trust strategy and strategic priorities. The Council of Governors are encouraged to provide views through this mechanism
Hold the non-executive directors, individually and collectively, to account for the performance of the Board of Directors	This is completed by attending Council of Governors meetings and reading/questioning the reports presented by the NEDs. Attending the Public Board of Directors meetings to observe how the NEDs discharge their own roles on the Board and Committees. And observing Committees, either on an ad hoc basis or as a standing Governor observer.
Represent the interests of the members of the Trust as a whole and the interests of the public	The Council of Governors seek the views of members and stakeholders and keep them informed through the mechanisms set out within the Membership Strategy and by holding an Annual Members' Meeting
Approve significant transactions	Not required in year
Approve an application by the Trust to enter into a merger, acquisition, separation, or dissolution	Not required in year
Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service, or performing its other functions	Not required in year

Approve amendments to the Trust's Constitution	The Council of Governors approved an amendment to the Trust Constitution in February 2025. This amendment related to the Trust exercising joint working and joint committee powers under s.65Z6 of the NHS Act, to support the merger via acquisition between Wirral University Teaching Hospital NHS Foundation Trust and Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 12**

30 October 2025

Title	Lead Governor
Area Lead	Alison Hughes, Interim Joint Director of Corporate Affairs
Author	Cate Herbert, Board Secretary
Report for	Approval

Report Summary and Recommendations

This report requests the appointment of Sheila Hillhouse as Lead Governor to the end of her term as Governor in October 2026.

It is recommended that the Council of Governors:

- Approve this appointment.

Key Risks

This report relates to this key risks:

- Maintaining leadership on the Council of Governors

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	Yes

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

Governance journey

N/A

1	Narrative

1.1	**Lead and Deputy Lead Governor Roles** The Lead Governor role is provided for in the Trust Constitution and has a tenure of 2 years. Sheila Hillhouse is the current Lead Governor, and her tenure as Lead Governor expires at the end of October 2025. The Board Secretary wrote to all Governors in October, asking for expressions of interest in the role. Sheila has submitted an expression of interest, which has been appended to this report for information. No other expressions of interest have been received. It is requested that the Council approve Sheila's continuation as Lead Governor until the end of her tenure as a Governor (October 2026.)

2	**Implications**
2.1	**Patients** • No direct implications on patients.
2.2	**People** • No direct implications on workforce.
2.3	**Finance** • No financial implications arise from this report.
2.4	**Compliance** • The appointment of the Lead Governor supports the requirements of the Trust's corporate governance manual.

Expression of interest Lead Governor Wirral University Teaching Hospital FT

I would like to show an expression of interest in the role of lead governor going forward and continue in the role until my tenure ends in September 2026.

I am passionate about the delivery of good quality patient care and good patient outcomes. As lead governor I have participated in many committees and meetings to advocate the patient voice for my area and the public across the patch.

Presently we face financial challenges in Wirral and across Cheshire and Merseyside and the integration with Wirral Community Trust FT and Wirral Hospital FT and the consequence acquisition into one Trust provides the opportunity to provide better efficient and effective care by working in an integrated system which will have a positive impact for patients and staff.

As lead governor I work closely with the lead governor of Wirral Community Trust to enhance communication across the two organisations during the transition and provide regular updates to the governors at Wirral Hospital Trust via the Pre- Council of Governors meetings.

I am also a member of the governor's group across Cheshire and Merseyside which provides a good network for communication across the patch so I can keep governors at WUHFT up to date with issues across the area.

To conclude I would like to be considered for the lead governor until my tenure ends in September 2026.

Regards

Sheila

Sheila Hillhouse

Lead Governor

Wirral University Teaching Hospital FT

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 14**

30 October 2025

Title	Integrated Performance Report
Area Leads	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 August 2025 (or latest available months data). It is recommended that the Council of Governors: • Note performance to the end of August 2025 (or latest available months data).

Key Risks
This report relates to all BAF strategic risks.

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	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

1	**Narrative**
1.1	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 each domain identified in this report. Commentary is provided at a general level and by exception on metrics not achieving the standards set.

Grouping the metrics by report domains shows the following breakdown for the most recently reported performance:

Summary of latest performance by Domain

Domain	Number achieving	Number not achieving	Total
Workforce	**1**	**3**	**4**
Operations	**1**	**16**	**18**
Quality and Safety	**9**	**11**	**24**

For latest available data, where agreed targets have been defined, 11 metrics were achieving the agreed target and 36 were not achieving target (there are 7 metrics without target at present).

1.2 **NHS Oversight Framework (NOF)**

The NOF for 2025/26 has been published and describes the approach to assessing NHS Trusts ensuring public accountability for performance against a range of agreed metrics, promoting improvement. The framework includes six domains for assessment;

- Access to services
- Effectiveness and experience of care
- Patient safety
- People and workforce
- Finance and productivity
- Improving health and reducing inequality

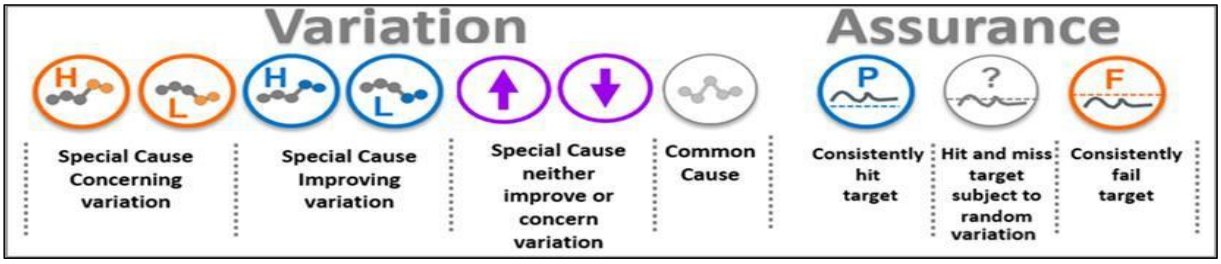
WUTH has been placed in to segment 4 and further information is available on the NHS Data Dashboard - NHS England » Segmentation and league tables.

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 report by each Executive Director.

3 General guidance and Statistical Process Charts (SPC)

3.1



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:

- Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.

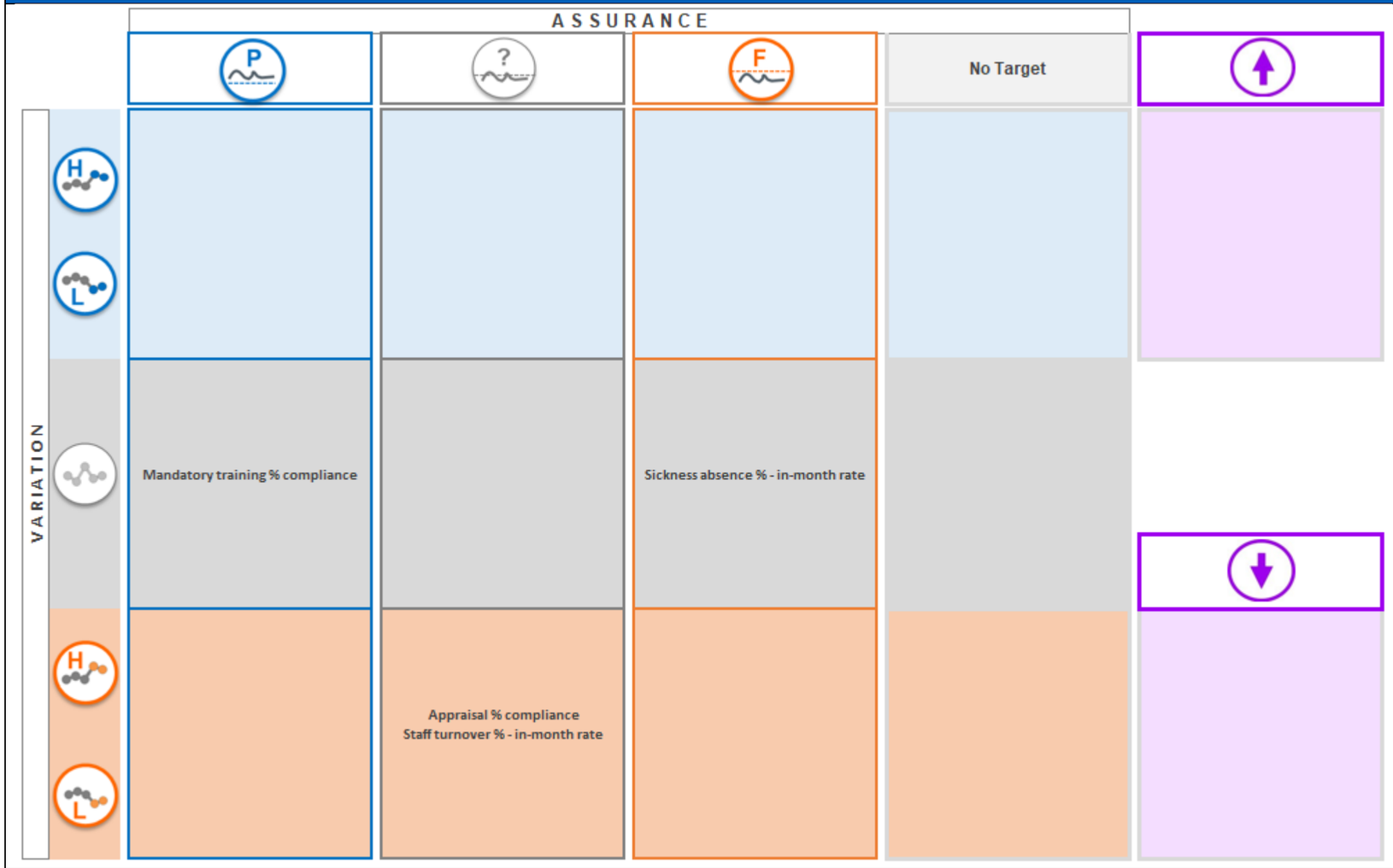
	• Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend. **Blue dots signify a statistical improvement. A data point will highlight blue if it:** • Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance. • Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance. • Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend. Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated, and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Dashboard	All Indicators
Lead	All Execs

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Sickness absence % - in-month rate	Aug 25	5.91%	≤5%			5.96%
Staff turnover % - in-month rate	Aug 25	1.50%	≤1%			87.85%
Mandatory training % compliance	Aug 25	93.20%	≥90%			92.72%
Appraisal % compliance	Aug 25	86.25%	≥88%			0.93%
4-hour Accident and Emergency Target (including APH UTC)	Aug 25	60.96%	≥95%			61.5%
Number of inpatients not meeting the Criteria to Reside	Aug 25	149	-			161
Patients waiting longer than 12 hours in ED from a decision to admit	Aug 25	450	≤0			608
Proportion of patients more than 12 hours in ED from time of arrival	Aug 25	18.56%	≤0%			17.7%
Ambulance Handovers: % < 30 mins	Aug 25	82.03%	≥95%			52.4%
Ambulance Handovers: % < 45 mins	Aug 25	92.90%	≥100%			71.0%
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Aug 25	60.68%	≥92%			58.5%
Referral to Treatment - total open pathway waiting list	Aug 25	47271	≤47111			44859
Referral to Treatment - cases exceeding 52 weeks	Aug 25	1335	≤931			1558
Referral to Treatment - cases waiting 78+ wks	Aug 25	0	≤0			7
Cancer Waits - reduce number waiting 62 days +	Jul 25	137	≤77			135
Cancer - Faster Diagnosis Standard	Jul 25	72.24%	≥77%			73.9%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)	Jul 25	91.07%	≥96%			91.5%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (quarterly)	Jun 25	91.83%	≥96%			92.8%
Cancer Waits - 62 days to treatment (monthly)	Jul 25	75.78%	≥85%			74.7%
Cancer Waits - 62 days to treatment (quarterly)	Jun 25	76.82%	≥85%			75.0%
Diagnostic Waiters, 6 weeks and over - DM01	Aug 25	88.84%	≥95%			93.0%
Long length of stay - number of patients in hospital for 21 or more days	Aug 25	161	≤79			166
Clostridioides difficile (healthcare associated)	Aug 25	12	≤8			11
Pressure Ulcers - Hospital Acquired Category 3 and above	Aug 25	2	≤0			1
Duty of Candour compliance - breaches of DoC standard for Serious Incidents	Aug 25	0	≤0			0
Patient Safety Incidents	Aug 25	1214	-			1179
FFT Overall experience of very good & good: ED	Aug 25	78.4%	≥95%			76.5%
FFT Overall experience of very good & good: Inpatients	Aug 25	95.1%	≥95%			95.7%
FFT Overall experience of very good & good: Outpatients	Aug 25	96.0%	≥95%			95.3%
FFT Overall experience of very good & good: Maternity	Aug 25	100.0%	≥95%			95.7%
Patient Experience: concerns received in month - Level 1 (informal)	Aug 25	257	≤173			220
Patient Experience: complaints in month per 1000 staff - Levels 2 to 4 (formal)	Aug 25	4	≤3			3
Falls – Moderate to Severe Harm	Aug 25	0.18	≤0			0.14
WUTH Average RN Day Staffing Fill Rates	Aug 25	85.0%	≥90%			88.7%
WUTH Average RN Night Staffing Fill Rates	Aug 25	88.0%	≥90%			90.0%
WUTH Average CSW Day Staffing Fill Rates	Aug 25	86.0%	≥90%			87.0%
WUTH Average CSW Night Staffing Fill Rates	Aug 25	99.0%	≥90%			99.8%
MRSA Cases	Aug 25	0	≤0			0
MSSA Cases	Aug 25	2	≤0			2
% of adult patients VTE risk-assessed on admission	Aug 25	96.4%	≥95%			97.5%
Never Events	2025/26	4	≤0			
NEWS2 Compliance	Aug 25	91.1%	≥90%			89.3%
Mortality (SHMI)	Apr 25	1.000	0.95-1.05			1.020
Number of studies open	Aug 25	47				
% of current studies meeting recruitment target	Aug 25	29.8%				
% of open studies with a commercial sponsor	Aug 25	4.3%				

Dashboard	Workforce
Lead	Chief People Officer

Workforce Domain Matrix



Workforce Summary

Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Sickness absence % - in-month rate	Aug 25	5.91%	≤5%		F	5.96%
Staff turnover % - in-month rate	Aug 25	1.50%	≤1%	L	?	87.85%
Mandatory training % compliance	Aug 25	93.20%	≥90%		P	92.72%
Appraisal % compliance	Aug 25	86.25%	≥88%	H	?	0.93%

Areas of Concern

Sickness

Sickness absence levels continue to be above the Trust's 5% threshold. Latest performance is 5.97%, which is an improvement compared to August '24 which was 6.17%. For the first time in 12 months anxiety/stress/depression is the main reason for sickness, followed by Gastro and Cold, Cough, Flu.

Estates, Facilities and Capital had the highest long term (3.80%) and short term (6.42%) absence rates.
Clinical Support, Corporate Support and Emergency were all below the Trust threshold.

Turnover

Whilst the in-month turnover rate was 1.50%, the pattern is consistent with the annual trend for August driven by rotational staff.

Appraisal

Appraisal have performed below target for the past 6-months, in spite of ongoing focus at Workforce Steering Board and a recent review and refresh of the appraisal paperwork and improved recording guidance.

Forward Look (Actions)

Sickness

Proactively supporting physical health and mental wellbeing:

- New Occupational Health Physician now in post.
- New CBT therapist due to commence in November 25.
- The winter flu campaign set to commence 1st October delivered by a mixed delivery model including roaming, peer and drop-in clinics to mitigate spread of flu.
- New Violence and Aggression post incident management checklist to ensure appropriate and consistent support.
- New 'wellbeing through change' workshops led by Trust's psychotherapist to commence from October 25.
- Wirral CiC continue to offer health checks for Trust staff and have completed Surgery Division and are currently supporting Medicine Division.

Managing Absence:

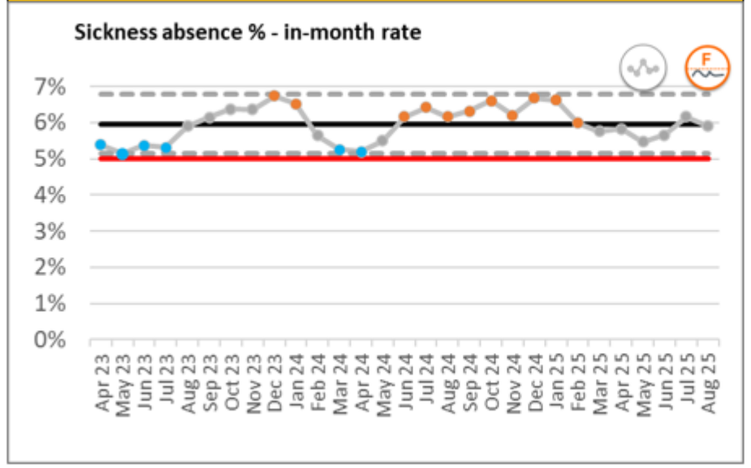
- Sickness remains a key focus of the Workforce Workstream 25/26 programme with a project dedicated to tackling sickness absence.
- Improved OH Clinical system to support managers to make referrals and monitor progress of OH support to aid their management of sickness absence.
- Daily HR drop-in sessions provide managers with access to dedicated HR resource to support with case management.
- The new attendance management policy continues to be utilised well, and numbers of final stage hearings continue to increase.
- Local Sickness Audits remain on going and are reported into WSB.
- Additional attendance management development sessions are being conducted with revised content and focus on case studies to bring policy to life.
- Additional absence data being made available to Departments.

Appraisal:

- The updated paperwork together with training continue to be targeted in areas of lower performance.
- Areas of under performance will remain an area of focus with additional reporting at WSB by divisional leads.
- Campaign on why appraisals are important will launch in October 2025.
- Launch of new Appraisal and Check-in e-learning module
- Ongoing offer of bespoke support for divisions.
- Appraisal and Check-in education sessions.
- Assurance via Divisional Performance Reviews; accompanied by dedicated personnel and time for support to service that are struggling.
- Collaboration between OD Team and HRBP to monitor appraisal compliance and quality feedback to target resource for support.

Sickness absence % in month rate

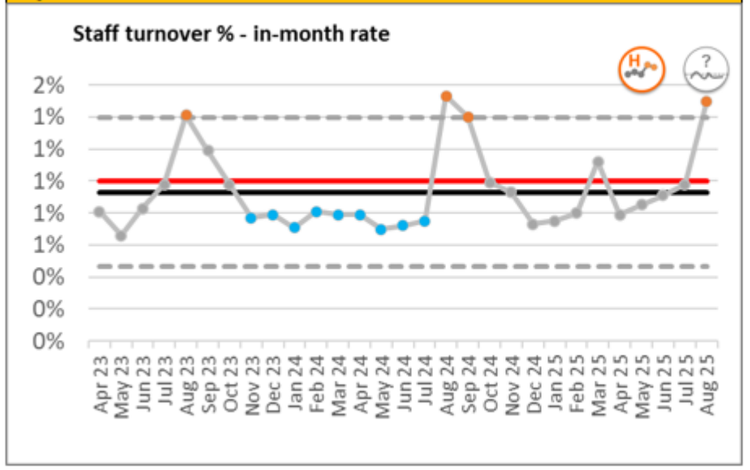
CQC Domain : Safe



Aug-25
5.9%
Variance Type
Common cause variation
Threshold
≤5%
Assurance
Consistently fail target

Staff turnover % in month rate

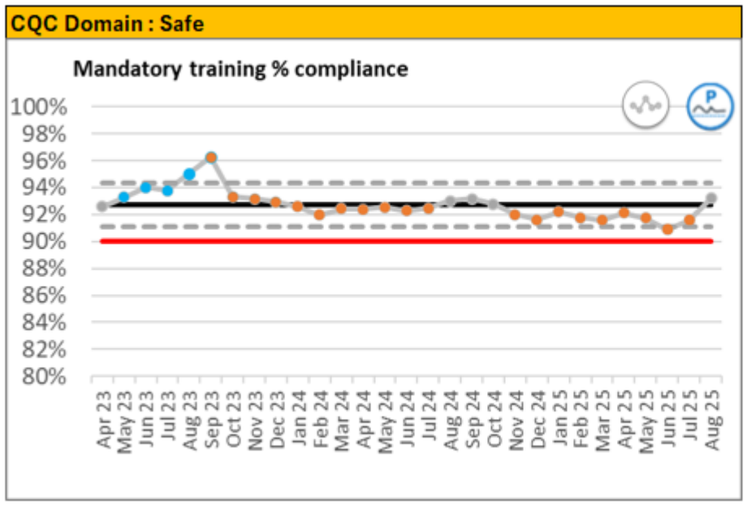
CQC Domain : Safe



Aug-25
1.5%
Variance Type
Special cause concerning variation
Threshold
≤1%
Assurance
Hit and miss target subject to random variation

Mandatory training % compliance

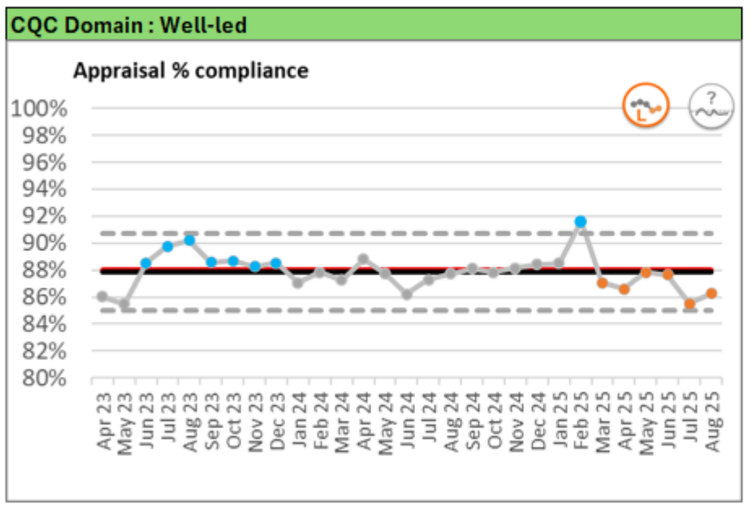
CQC Domain : Safe



Aug-25
93.2%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Consistently hit target

Appraisal % compliance

CQC Domain : Well-led



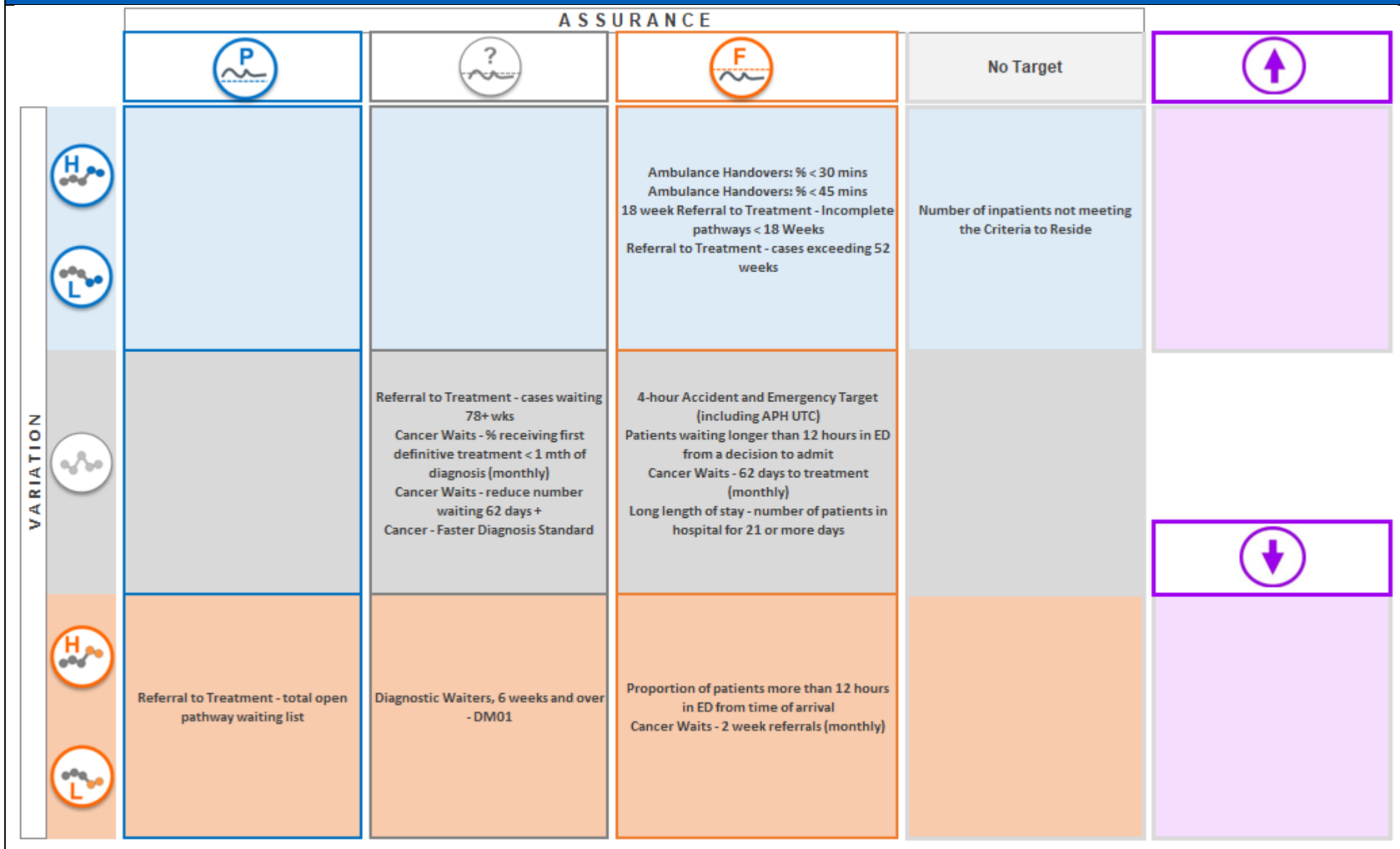
Aug-25
86.3%
Variance Type
Special cause concerning variation
Threshold
≥88%
Assurance
Hit and miss target subject to random variation

Commentary

As above.

Dashboard	Operations
Lead	Chief Operating Officer

Operations Domain Matrix



Operations Summary

Highlights

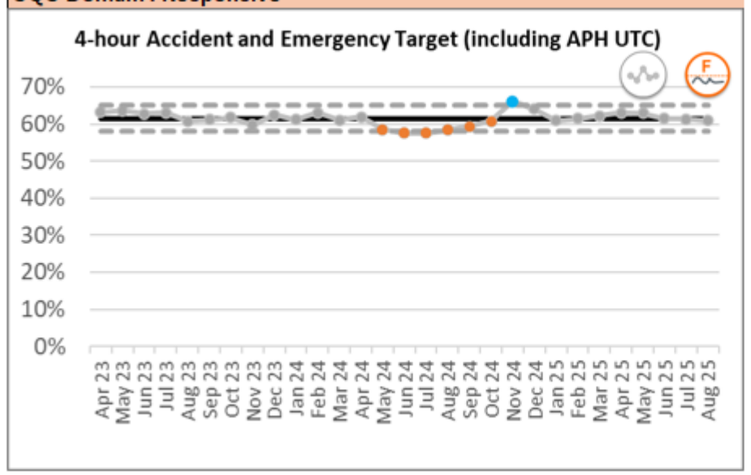
KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
4-hour Accident and Emergency Target (including APH UTC)	Aug 25	60.96%	≥95%			61.5%
Number of inpatients not meeting the Criteria to Reside	Aug 25	149	-			161
Patients waiting longer than 12 hours in ED from a decision to admit	Aug 25	450	≤0			608
Proportion of patients more than 12 hours in ED from time of arrival	Aug 25	18.56%	≤0%			17.7%
Ambulance Handovers: % < 30 mins	Aug 25	82.03%	≥95%			52.4%
Ambulance Handovers: % < 45 mins	Aug 25	92.90%	≥100%			71.0%
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Aug 25	60.68%	≥92%			58.5%
Referral to Treatment - total open pathway waiting list	Aug 25	47271	≤47171			44859
Referral to Treatment - cases exceeding 52 weeks	Aug 25	1335	≤997			1558
Referral to Treatment - cases waiting 78+ wks	Aug 25	0	≤0			7
Cancer Waits - reduce number waiting 62 days +	Jul 25	137	≤84			135
Cancer - Faster Diagnosis Standard	Jul 25	72.24%	≥77%			73.9%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)	Jul 25	91.07%	≥96%			91.5%
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (quarterly)	Jun 25	91.83%	≥96%			92.8%
Cancer Waits - 62 days to treatment (monthly)	Jul 25	75.78%	≥85%			74.7%
Cancer Waits - 62 days to treatment (quarterly)	Jun 25	76.82%	≥85%			75.0%
Diagnostic Waiters, 6 weeks and over - DM01	Aug 25	88.84%	≥95%			93.0%
Long length of stay - number of patients in hospital for 21 or more days	Aug 25	161	≤79			166

Areas of Concern

Forward Look (Actions)

4-hour Accident and Emergency Target (including APH UTC)

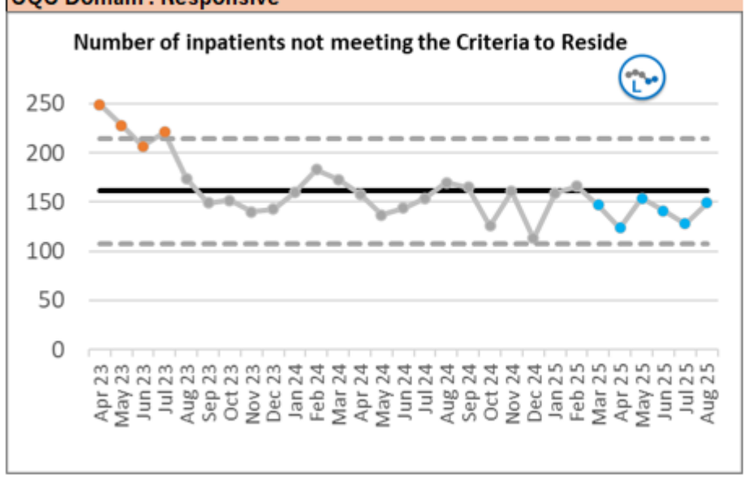
CQC Domain : Responsive



Aug-25
61.0%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Consistently fail target

Number of inpatients not meeting the Criteria to Reside

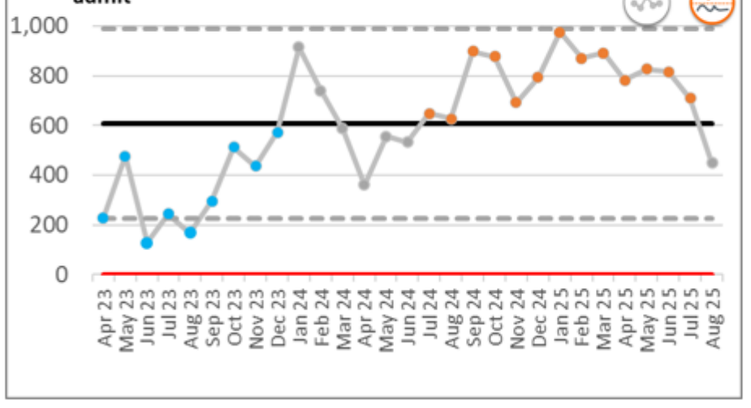
CQC Domain : Responsive



Aug-25
149
Variance Type
Special cause improving variation
Threshold
-
Assurance
Not applicable

Patients waiting longer than 12 hours in ED from a decision to admit

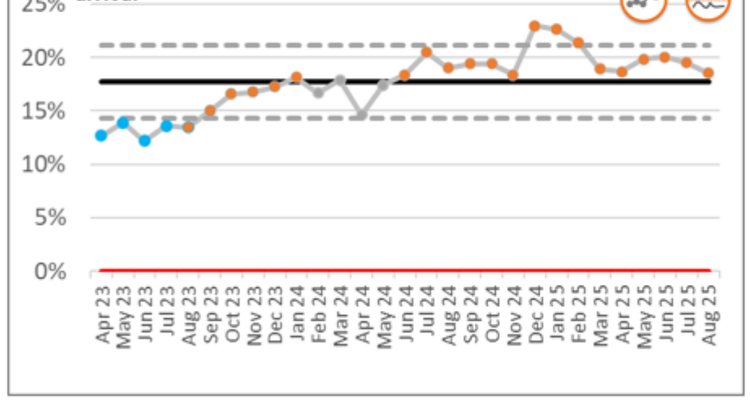
CQC Domain : Responsive



Aug-25
450
Variance Type
Common cause variation
Threshold
≤0
Assurance
Consistently fail target

Proportion of patients more than 12 hours in ED from time of arrival

CQC Domain : Responsive



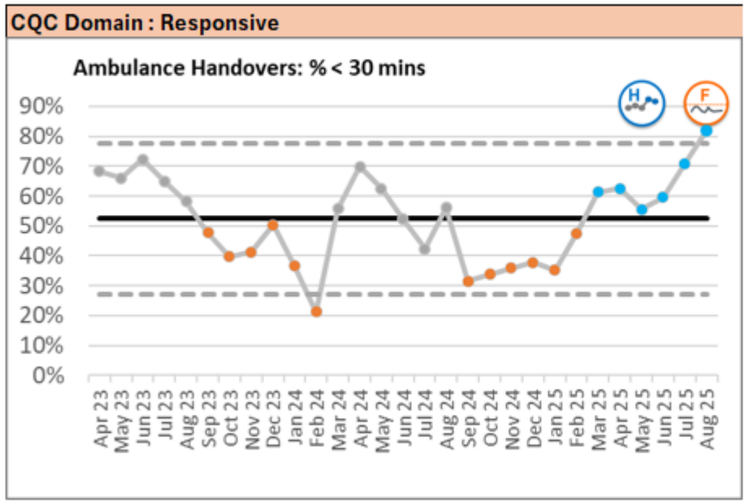
Aug-25
18.6%
Variance Type
Special cause concerning variation
Threshold
≤0%
Assurance
Consistently fail target

Commentary

Included in the COO report.

Ambulance handover % < 30 minutes

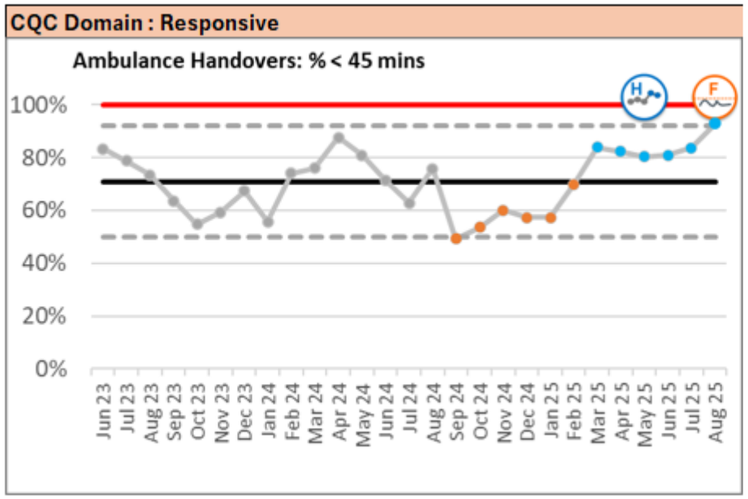
CQC Domain : Responsive



Aug-25
82.0%
Variance Type
Special cause improving variation
Threshold
≥95%
Assurance
Consistently fail target

Ambulance handover % < 45 minutes

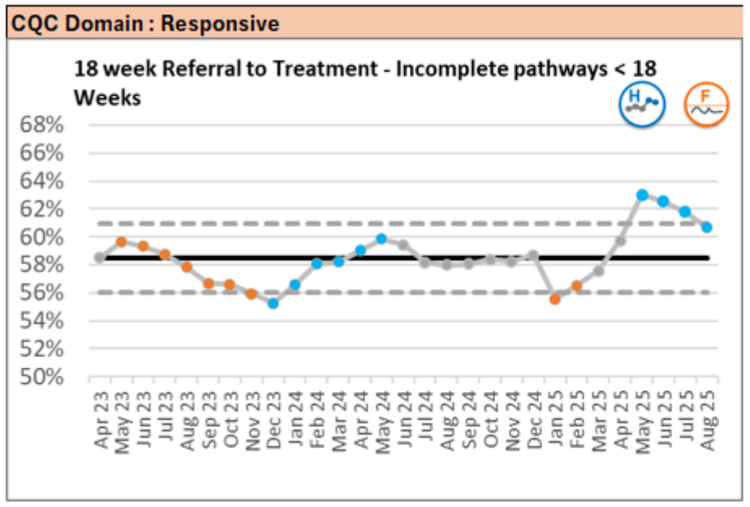
CQC Domain : Responsive



Aug-25
92.9%
Variance Type
Special cause improving variation
Threshold
≥100%
Assurance
Consistently fail target

18 week Referral to Treatment – incomplete pathways < 18 weeks

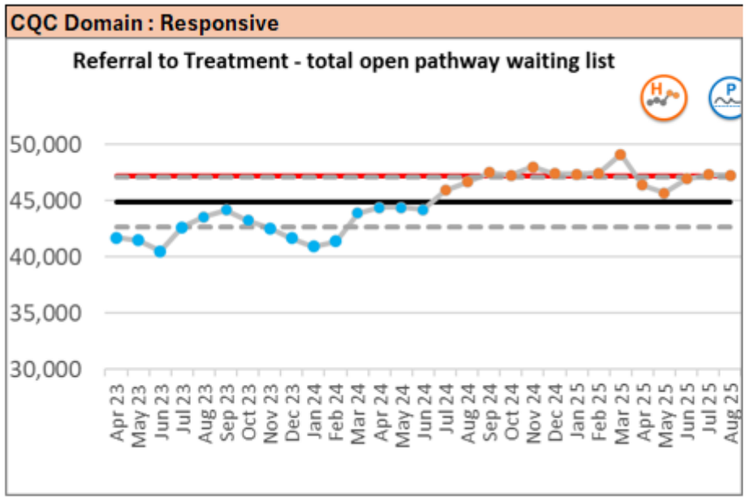
CQC Domain : Responsive



Aug-25
60.7%
Variance Type
Special cause improving variation
Threshold
≥92%
Assurance
Consistently fail target

Referral to Treatment – total open pathway waiting list

CQC Domain : Responsive



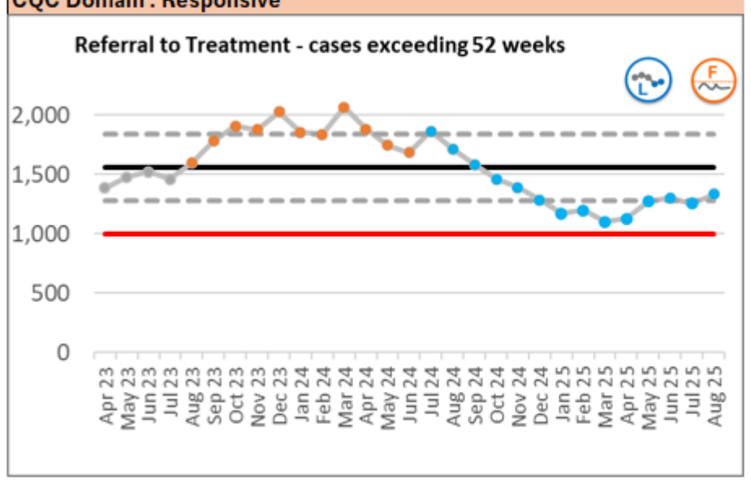
Aug-25
47271
Variance Type
Special cause concerning variation
Threshold
≤47111
Assurance
Consistently hit target

Commentary

Included in the COO report.

Referral to Treatment – cases exceeding 52 weeks

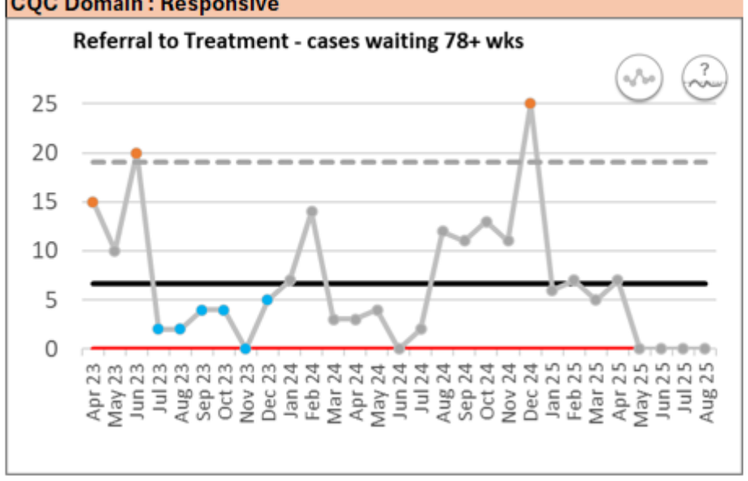
CQC Domain : Responsive



Aug-25
1335
Variance Type
Special cause improving variation
Threshold
≤931
Assurance
Consistently fail target

Referral to Treatment – cases waiting 78+ weeks

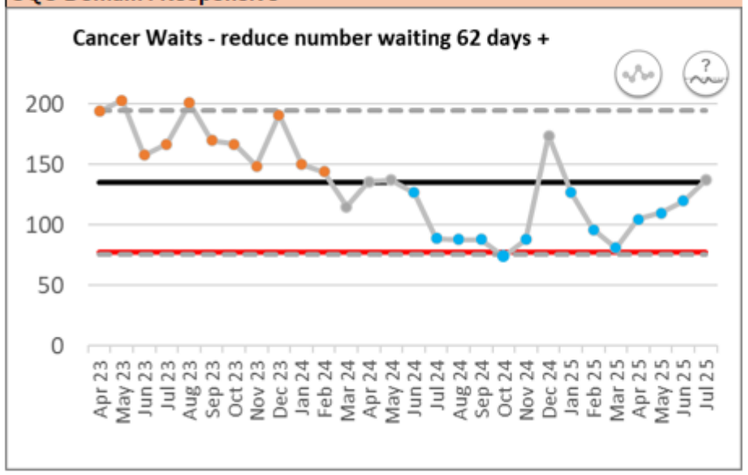
CQC Domain : Responsive



Aug-25
0
Variance Type
Common cause variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

Cancer Waits – reduce number waiting 62 days +

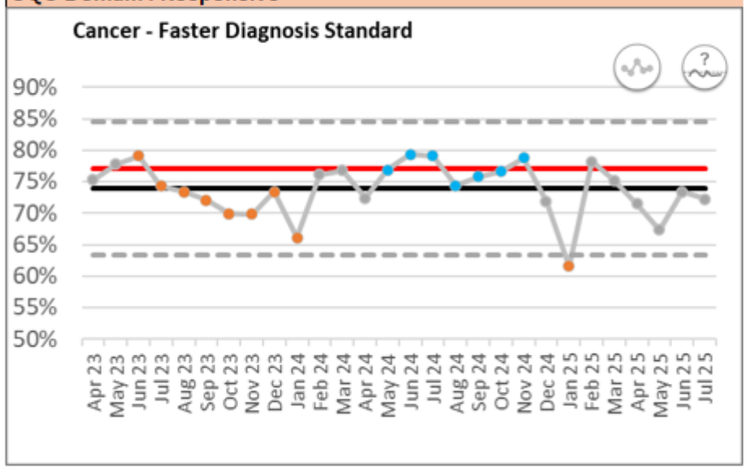
CQC Domain : Responsive



Jul-25
137
Variance Type
Common cause variation
Threshold
≤77
Assurance
Hit and miss target subject to random variation

Cancer – Faster Diagnostic Standard

CQC Domain : Responsive



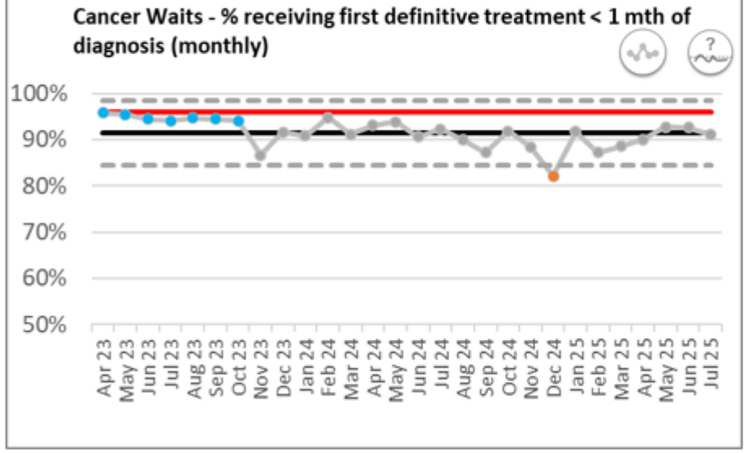
Jul-25
72.2%
Variance Type
Common cause variation
Threshold
≥77%
Assurance
Hit and miss target subject to random variation

Commentary

Included in the COO report.

Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (monthly)

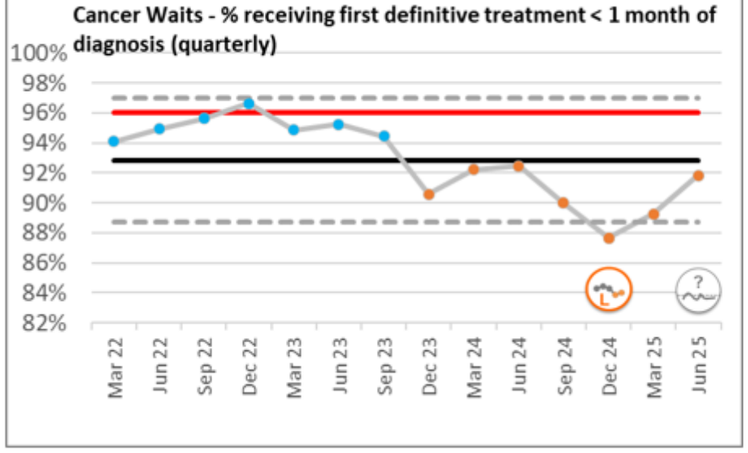
CQC Domain : Responsive



Jul-25
91.1%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit and miss target subject to random variation

Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (quarterly)

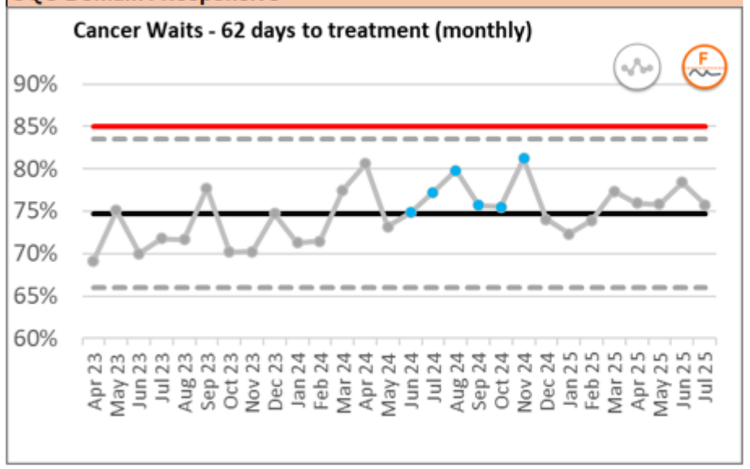
CQC Domain : Responsive



Jun-25
91.8%
Variance Type
Special cause concerning variation
Threshold
≥96%
Assurance
Hit and miss target subject to random variation

Cancer waits - 62 days to treatment (monthly)

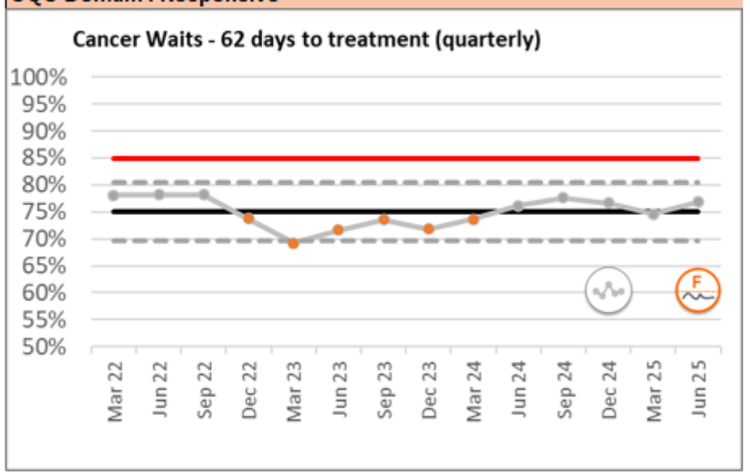
CQC Domain : Responsive



Jul-25
75.8%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Consistently fail target

Cancer waits - 62 days to treatment (quarterly)

CQC Domain : Responsive



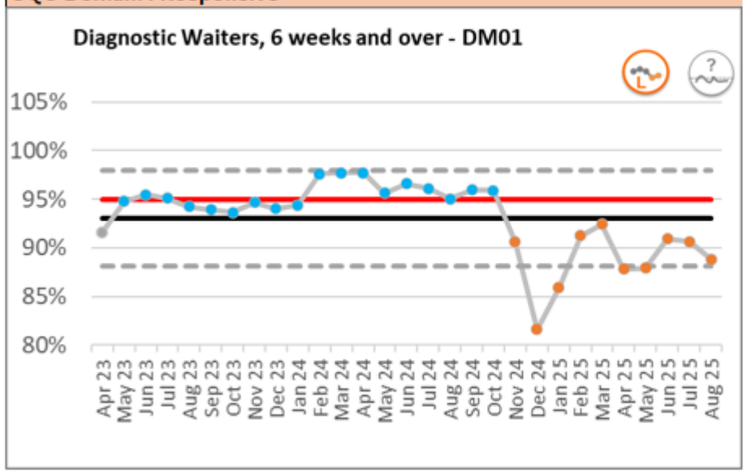
Jun-25
76.8%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Consistently fail target

Commentary

Included in the COO report.

Diagnostic Waiters – 6 weeks and over – DM01

CQC Domain : Responsive



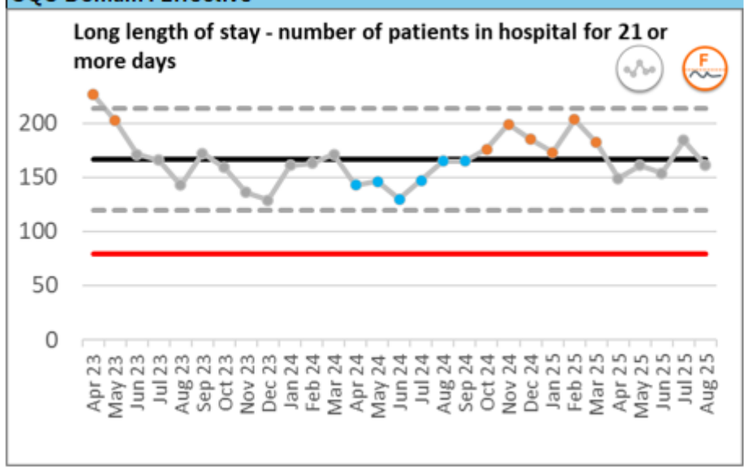
Aug-25
88.8%
Variance Type
Special cause concerning variation
Threshold
≥95%
Assurance
Hit and miss target subject to random variation

Commentary

Included in the COO report.

Long length of stay – numbers of patients in hospital for 21 or more days

CQC Domain : Effective

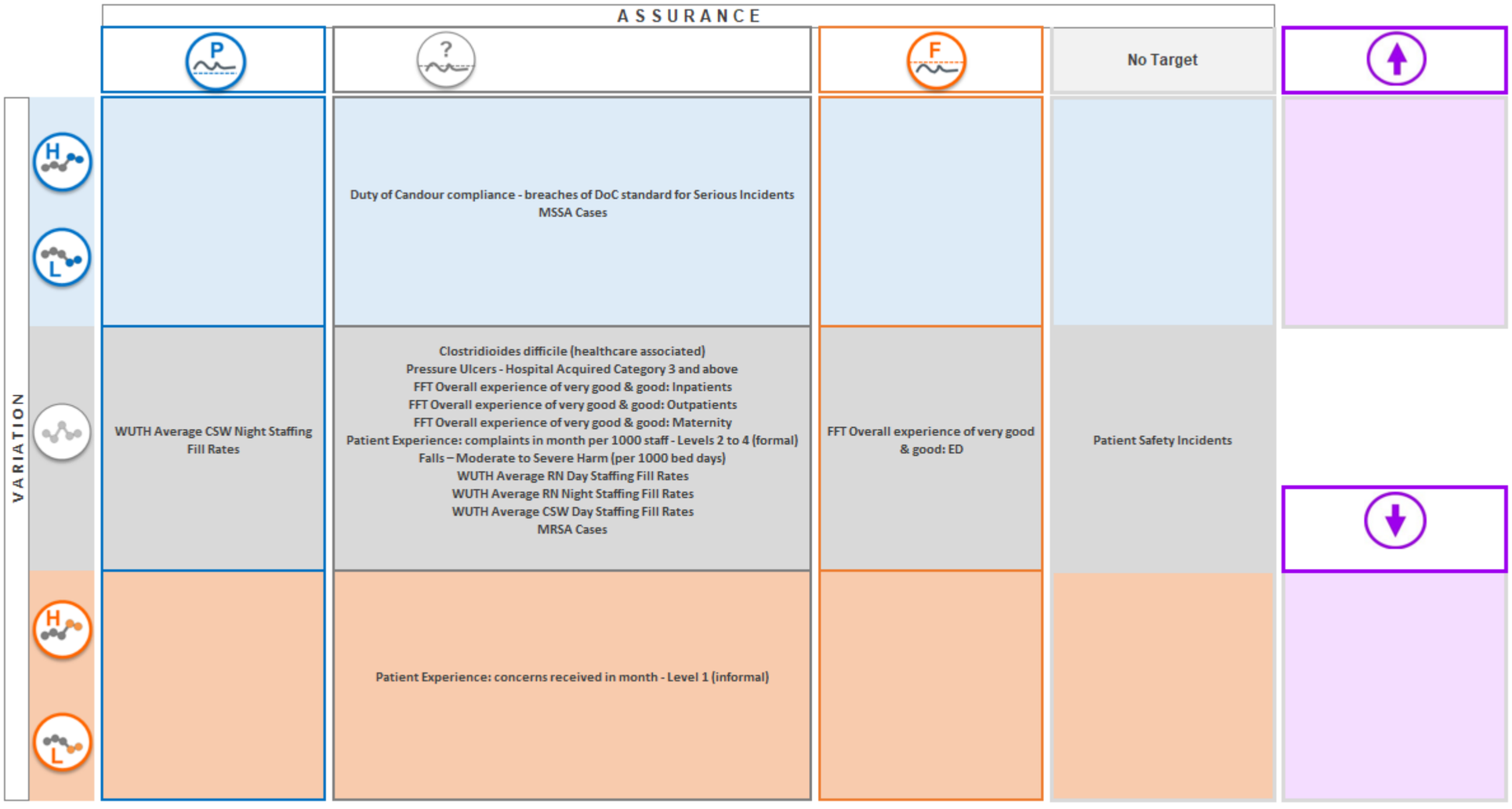


Aug-25
161
Variance Type
Common cause variation
Threshold
≤79
Assurance
Consistently fail target

Commentary

Dashboard	Quality and Safety
Lead	Chief Nurse

Quality and Safety Domain Matrix



Quality and Safety Care Summary

Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Clostridioides difficile (healthcare associated)	Aug 25	12	≤8			11
Pressure Ulcers - Hospital Acquired Category 3 and above	Aug 25	2	≤0			1
Duty of Candour compliance - breaches of DoC standard for Serious Incidents	Aug 25	0	≤0			0
Patient Safety Incidents	Aug 25	1214	-			1179
FFT Overall experience of very good & good: ED	Aug 25	78.4%	≥95%			76.5%
FFT Overall experience of very good & good: Inpatients	Aug 25	95.1%	≥95%			95.7%
FFT Overall experience of very good & good: Outpatients	Aug 25	96.0%	≥95%			95.3%
FFT Overall experience of very good & good: Maternity	Aug 25	100.0%	≥95%			95.7%
Patient Experience: concerns received in month - Level 1 (informal)	Aug 25	257	≤173			220
Patient Experience: complaints in month per 1000 staff - Levels 2 to 4 (formal)	Aug 25	4	≤3			3
Falls – Moderate to Severe Harm	Aug 25	0.18	≤0			0.14
WUTH Average RN Day Staffing Fill Rates	Aug 25	85.0%	≥90%			88.7%
WUTH Average RN Night Staffing Fill Rates	Aug 25	88.0%	≥90%			90.0%
WUTH Average CSW Day Staffing Fill Rates	Aug 25	86.0%	≥90%			87.0%
WUTH Average CSW Night Staffing Fill Rates	Aug 25	99.0%	≥90%			99.8%
MRSA Cases	Aug 25	0	≤0			0
MSSA Cases	Aug 25	2	≤0			2

Areas of Concern

Healthcare associated pressure ulcers, grade 3 and above

Patients diagnosed with CDT toxin: 7 HOHA, 5 COHA
Patients diagnosed with CD equivocal: 9 HOHA,

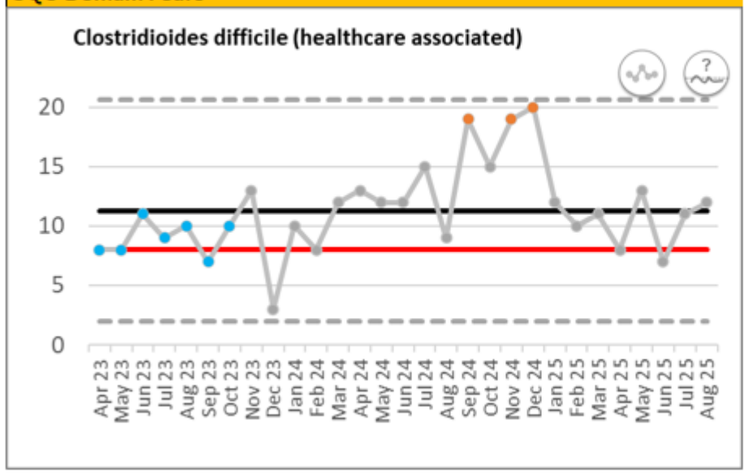
Forward Look (Actions)

Acute and community teams working closely to support an integrated approach.
C+M have agreed a dressing formulary, with a Wirral dressing formulary in development.
Training dates have now been circulated across the Trust for all staff at Band 3 and above. Stop the Pressure Day is approaching, with this year's theme focused on "Listening." Plans are underway in collaboration with our community teams to help share this important message across wider staff groups. New fleet of 350 mattresses introduced across the trust.

Review of side room usage and prioritisation, Themes, Decanting process and Cleaning,

Clostridioides difficile (healthcare associated)

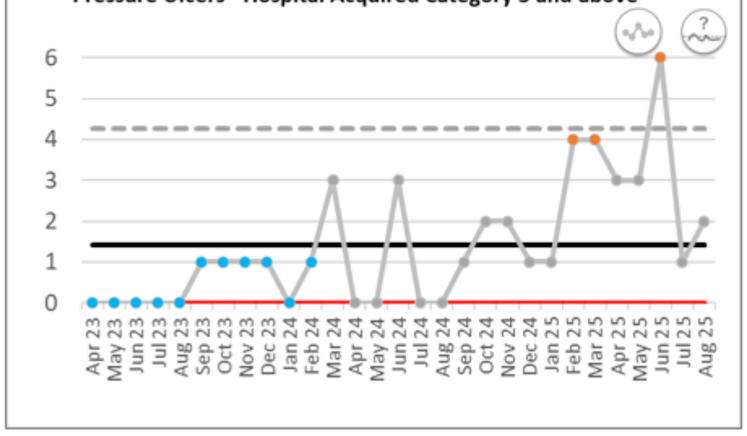
CQC Domain : Safe



Aug-25
12
Variance Type
Common cause variation
Threshold
≤8
Assurance
Hit and miss target subject to random variation

Pressure Ulcers – Hospital Acquired Category 3 and above

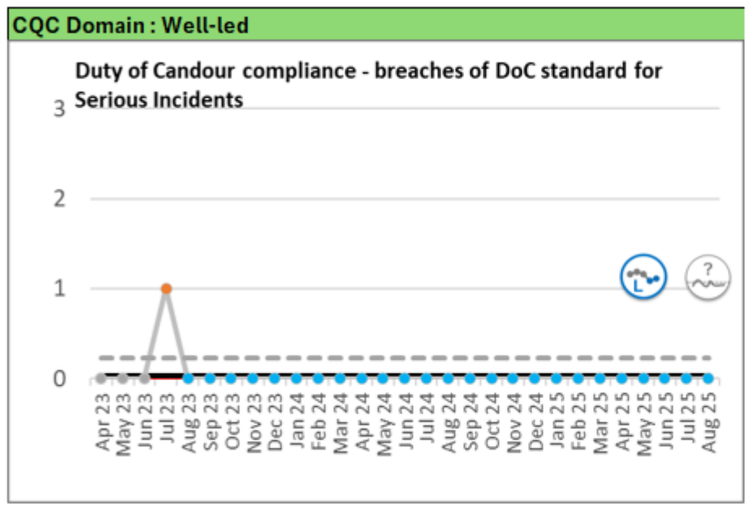
CQC Domain : Safe



Aug-25
2
Variance Type
Common cause variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

Duty of Candour Compliance

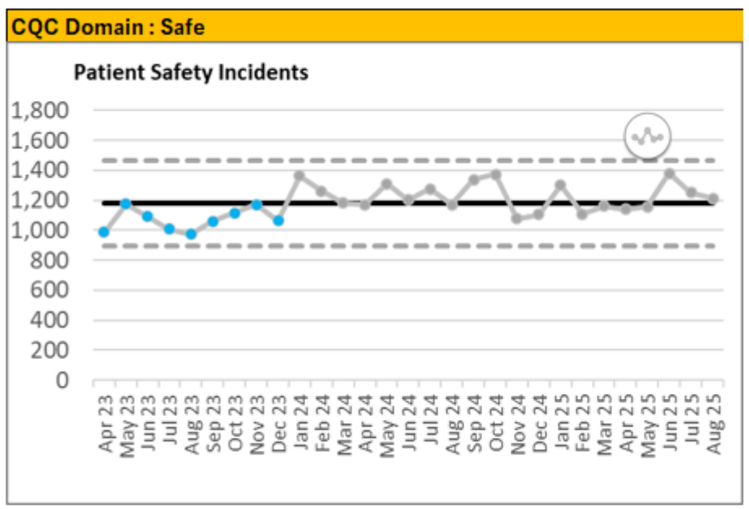
CQC Domain : Well-led



Aug-25
0
Variance Type
Special cause improving variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

Patient Safety Incidents

CQC Domain : Safe



Aug-25
1214
Variance Type
Common cause variation
Threshold
-
Assurance
Not applicable

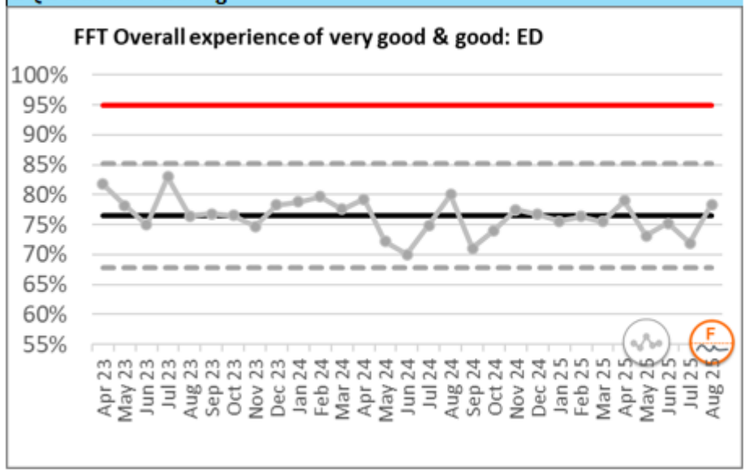
Commentary

CDT

12 patients diagnosed in August, this gives a cumulative value of 51 at the end of August against the threshold of 103 which exceeds the proposed monthly threshold of 8. Patients catagorised as COHA's appear to be slowly increasing so preventative plans are focusing on isolation of symptomatic patients when symptoms start not on diagnosis. Cleaning frequencies are being reviewed in high risk areas.

FFT Overall experience of very good & good – ED

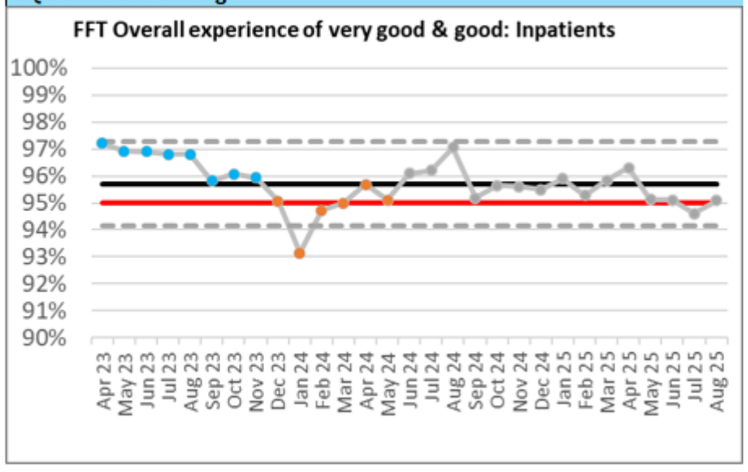
CQC Domain : Caring



Aug-25
78.4%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Consistently fail target

FFT Overall experience of very good & good – Inpatients

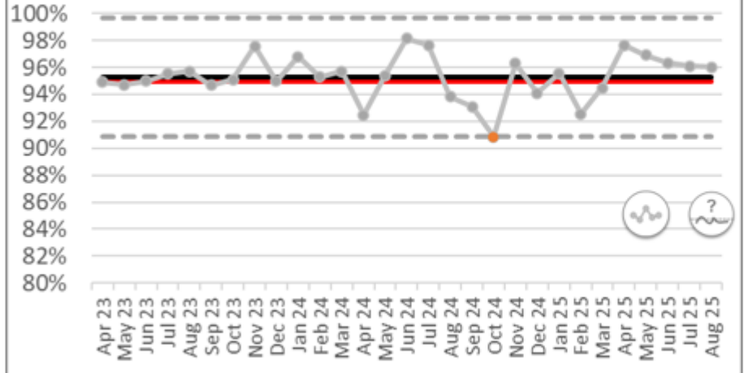
CQC Domain : Caring



Aug-25
95.1%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit and miss target subject to random variation

FFT Overall experience of very good & good – Outpatients

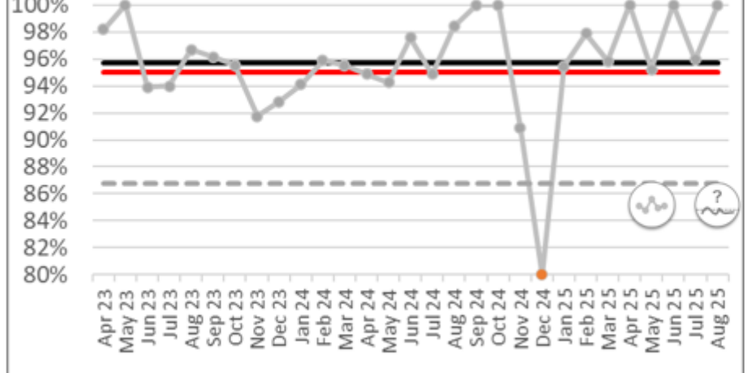
CQC Domain : Caring



Aug-25
96.0%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit and miss target subject to random variation

FFT Overall experience of very good & good – Maternity

CQC Domain : Caring



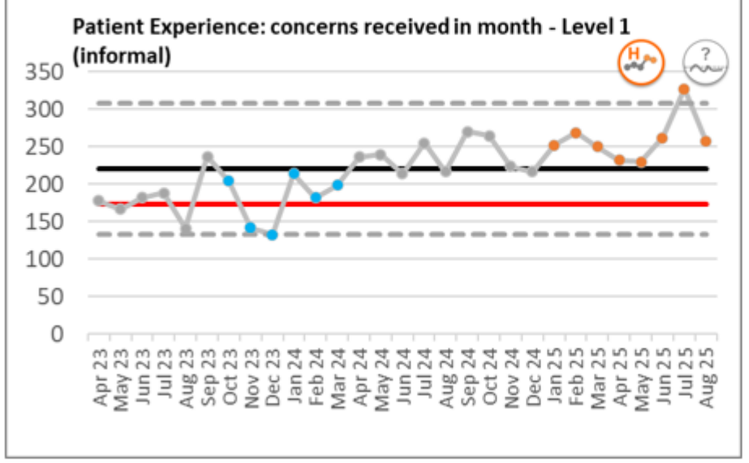
Aug-25
100.0%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit and miss target subject to random variation

Commentary

No significant change in the FFT outcome of % of patients that would rate their experience as very good or good. ED remains the lowest indicator however in line with other departments across C+M and reflective of the waiting times, which are the theme through the commentary.

Patient Experience: concerns received in month – level 1 (informal)

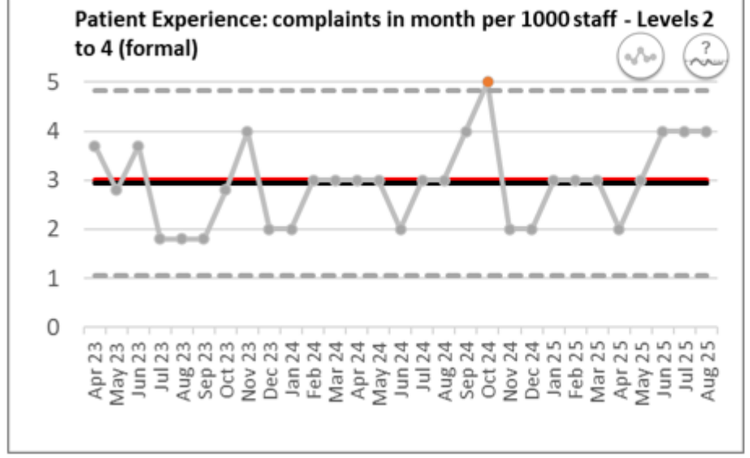
CQC Domain : Responsive



Aug-25
257
Variance Type
Special cause concerning variation
Threshold
≤173
Assurance
Hit and miss target subject to random variation

Patient Experience: complaints in month per 1000 staff – levels 2 to 4 (formal)

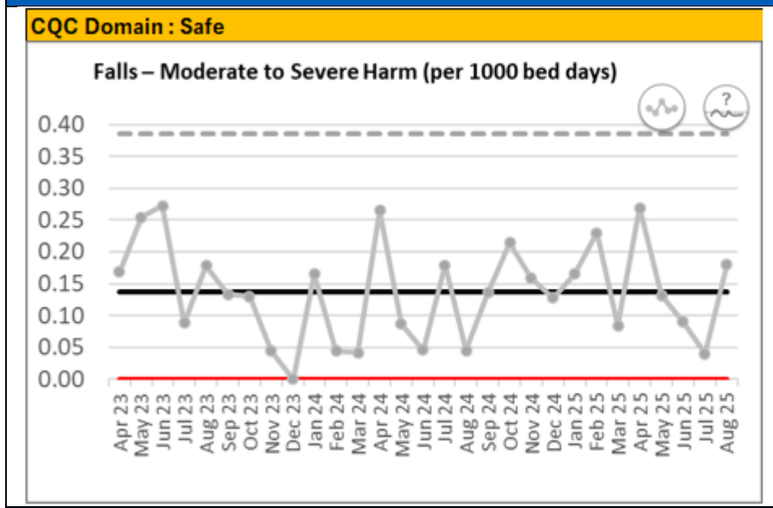
CQC Domain : Responsive



Aug-25
4
Variance Type
Common cause variation
Threshold
≤3
Assurance
Hit and miss target subject to random variation

Falls – Moderate to Severe Harm

CQC Domain : Safe



Aug-25
0.18
Variance Type
Common cause variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

Sepsis Screening – Antibiotics within 1 hour

Status: KPI TBC

Commentary

Concerns/ complaints

In August, the Trust received 25 formal complaints and 257 informal concerns, with activity returning toward year-to-date averages.

Complaints remained concentrated in Medicine, Surgery, Emergency Care, and Women & Children's, while concerns were highest in Surgery, Medicine, Women & Children's, and Emergency Care, with no new departmental hotspots.

Key themes continued to focus on clinical care, communication, and access, with formal complaints emphasising treatment and diagnosis, and informal concerns dominated by appointment delays and process issues.

Timeliness improved, with 57% of complaints responded to within 40 working days and average response time reducing to 42 days; however, fewer responses were sent overall, leaving 66 complaints open, including 24 breaches, and a growing backlog.

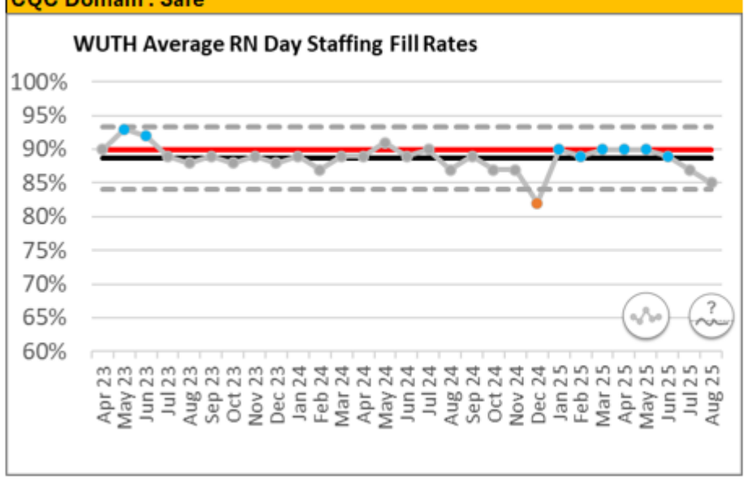
Ongoing oversight, weekly divisional meetings, and staff training continue, though operational pressures and variable investigation quality remain risks to performance.

Falls – moderate to severe harm

3 falls with moderate harm across the Trust, all of whom suffered short term harm only. To support reducing harm in the future Yellow wristbands have been introduced throughout the Trust which identifies to staff those patients who are at risk.
A new training package on falls prevention and post falls care is delivered as part of the corporate nursing patient safety updates training. The Falls Matron is also working with identified divisional leads to ensure that each division has an up to date falls action plan that reflects and responds to the divisions themes and trends in relation to falls and evidences the work being undertaken to improve patient safety.

Average Registered Nurse Day Staffing Fill Rates

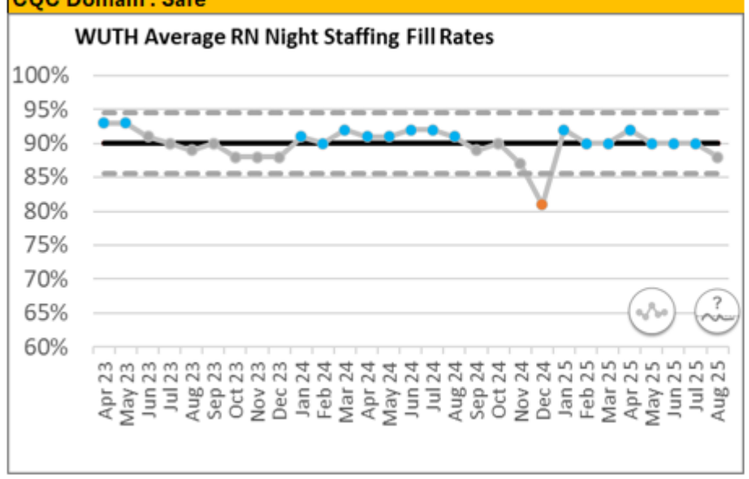
CQC Domain : Safe



Aug-25
85.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit and miss target subject to random variation

Average Registered Nurse Night Staffing Fill Nurse

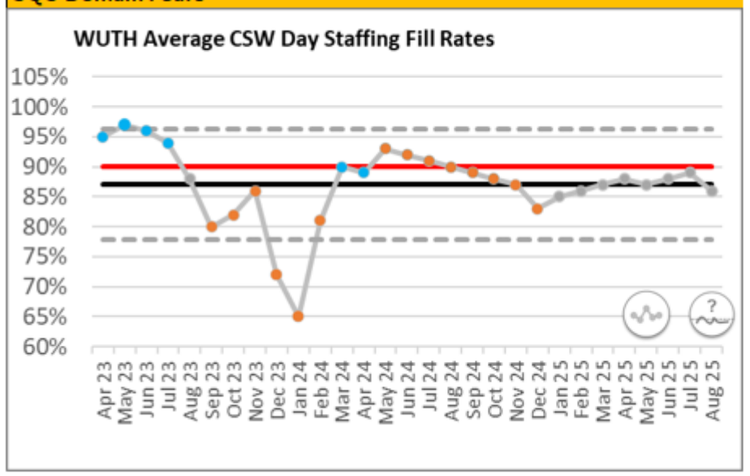
CQC Domain : Safe



Aug-25
88.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit and miss target subject to random variation

Average Clinical Support Worker Day Staffing Fill Rates

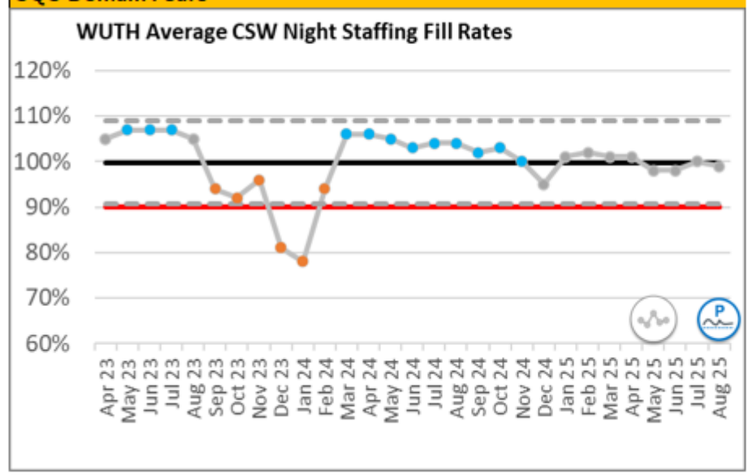
CQC Domain : Safe



Aug-25
86.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit and miss target subject to random variation

Average Clinical Support Worker Night Staffing Fill Rates

CQC Domain : Safe



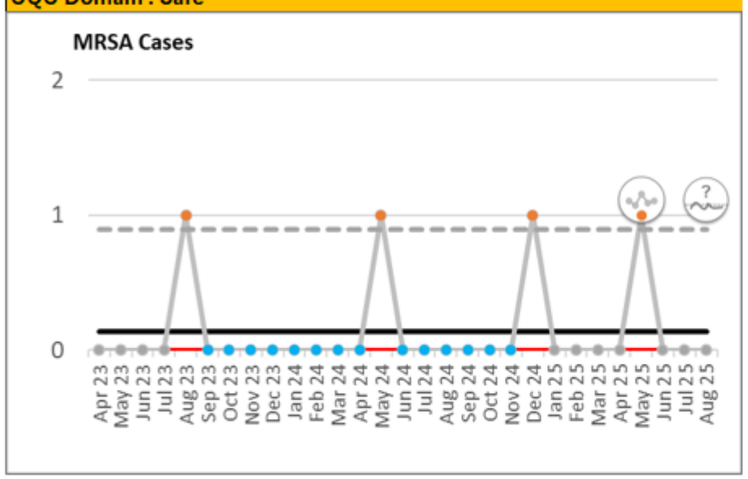
Aug-25
99.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Consistently hit target

Commentary

Slight decrease in fill rates in August across RNs, potentially impacted by peak AL period. All RN vacancies recruited to and CSW recruitment to be area of focus following implementation of new ward models post organisational change.

MRSA Cases

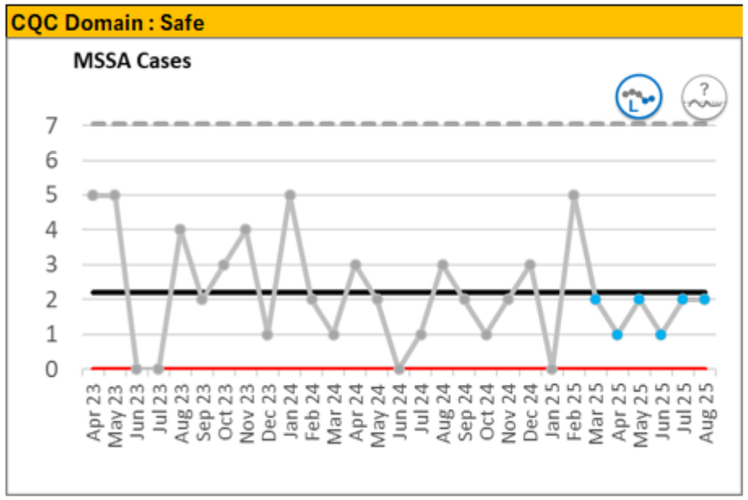
CQC Domain : Safe



Aug-25
0
Variance Type
Common cause variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

MSSA Cases

CQC Domain : Safe



Aug-25
2
Variance Type
Special cause improving variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

Commentary

MRSA

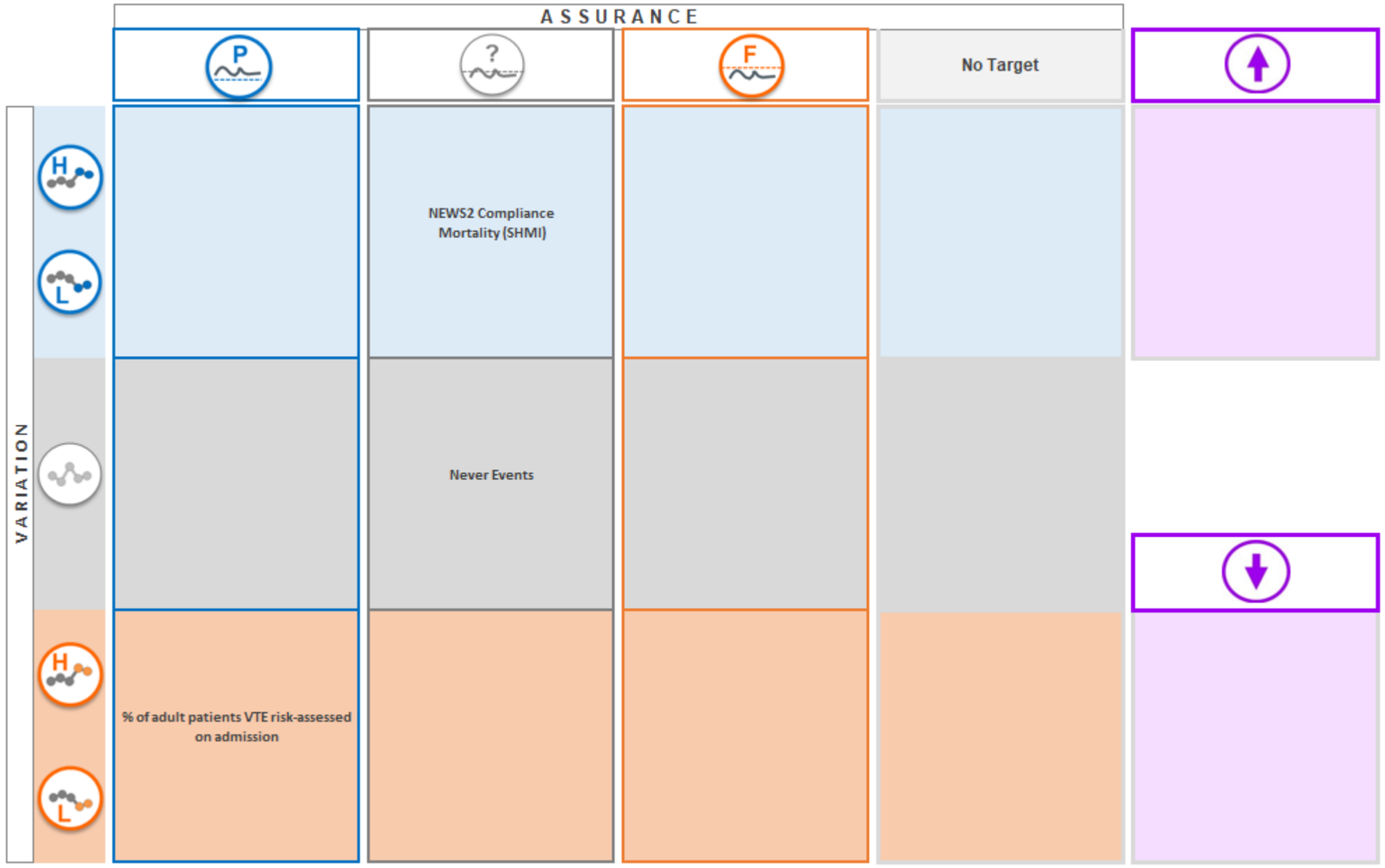
No bacteraemias recorded for August , giving a cumulative total of 1 against a zero tolerance approach.

MSSA

2 patients have been diagnosed with MSSA in August, 1 HOHA - linked to a UVC line on a neonate and 1 COHA - ? related to a deep seated abscess. There has been a cumulative total of 8. There is currently no annual threshold.

Dashboard	Quality and Safety
Lead	Medical Director

Quality and Safety Domain Matrix



Quality and Safety Summary

Highlights

KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
% of adult patients VTE risk-assessed on admission	Aug 25	96.4%	≥95%			97.5%
Never Events	2025/26	4	≤0			
NEWS2 Compliance	Aug 25	91.1%	≥90%			89.3%
Mortality (SHMI)	Apr 25	1.000	0.95-1.05			1.020
Number of studies open	Aug 25	47				
% of current studies meeting recruitment target	Aug 25	29.8%				
% of open studies with a commercial sponsor	Aug 25	4.3%				

Areas of Concern

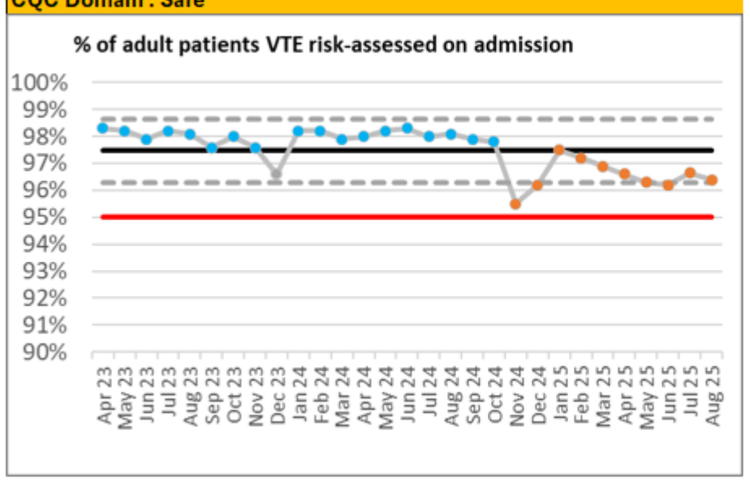
4 Never Events for this financial year

Forward Look (Actions)

LocSSIPs action plan tracked through audit committee and quality committee.
New policy has been approved to support effective use of LocSSIPs, as well as a standardised LocSSIP template.
Departmental audit programme in place to monitor LocSSIP compliance and monitored through DQB and PSQB.
Review of PSIRF process underway to support timely Review and learning (to be competed by end of Oct 2025)

% of adult patients VTE risk assessed on admission

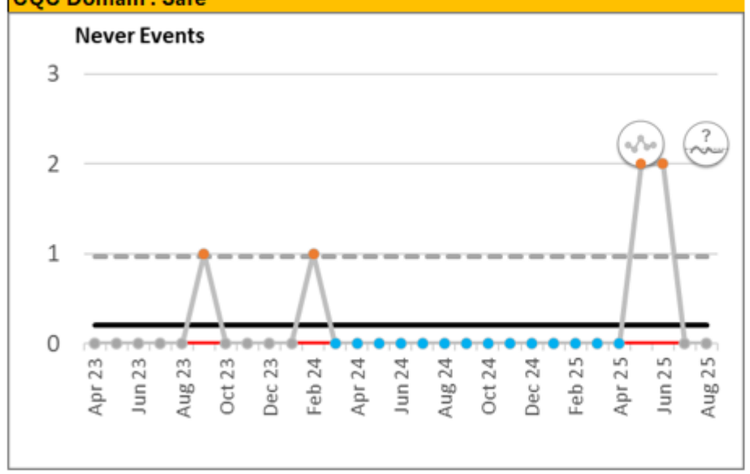
CQC Domain : Safe



Aug-25
96.4%
Variance Type
Special cause concerning variation
Threshold
≥95%
Assurance
Consistently hit target

Never Events

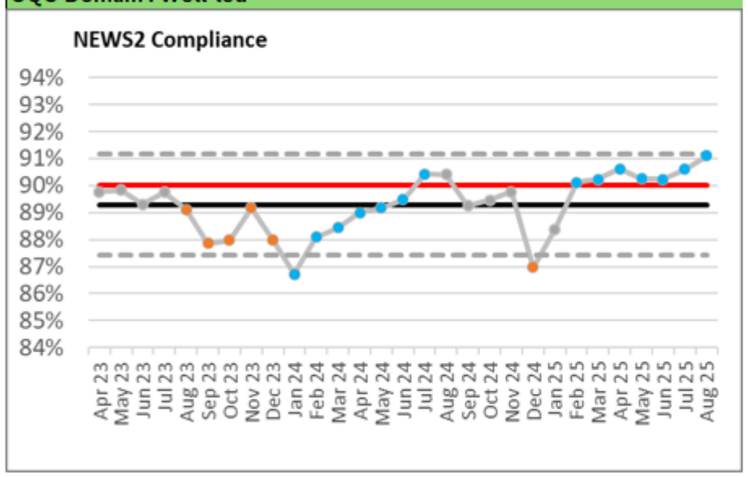
CQC Domain : Safe



2025/26
4
Variance Type
Common cause variation
Threshold
≤0
Assurance
Hit and miss target subject to random variation

NEWS 2 Compliance

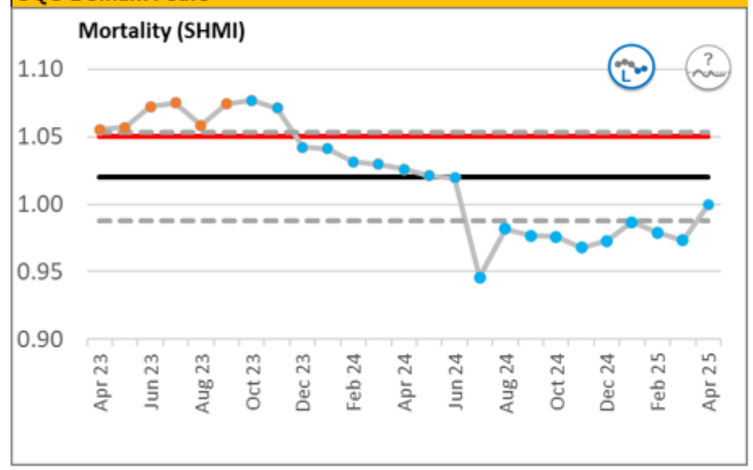
CQC Domain : Well-led



Aug-25
91.1%
Variance Type
Special cause improving variation
Threshold
≥90%
Assurance
Hit and miss target subject to random variation

Mortality (SHMI)

CQC Domain : Safe



Apr-25
0.9995
Variance Type
Special cause improving variation
Threshold
0.95-1.05
Assurance
Hit and miss target subject to random variation

Commentary

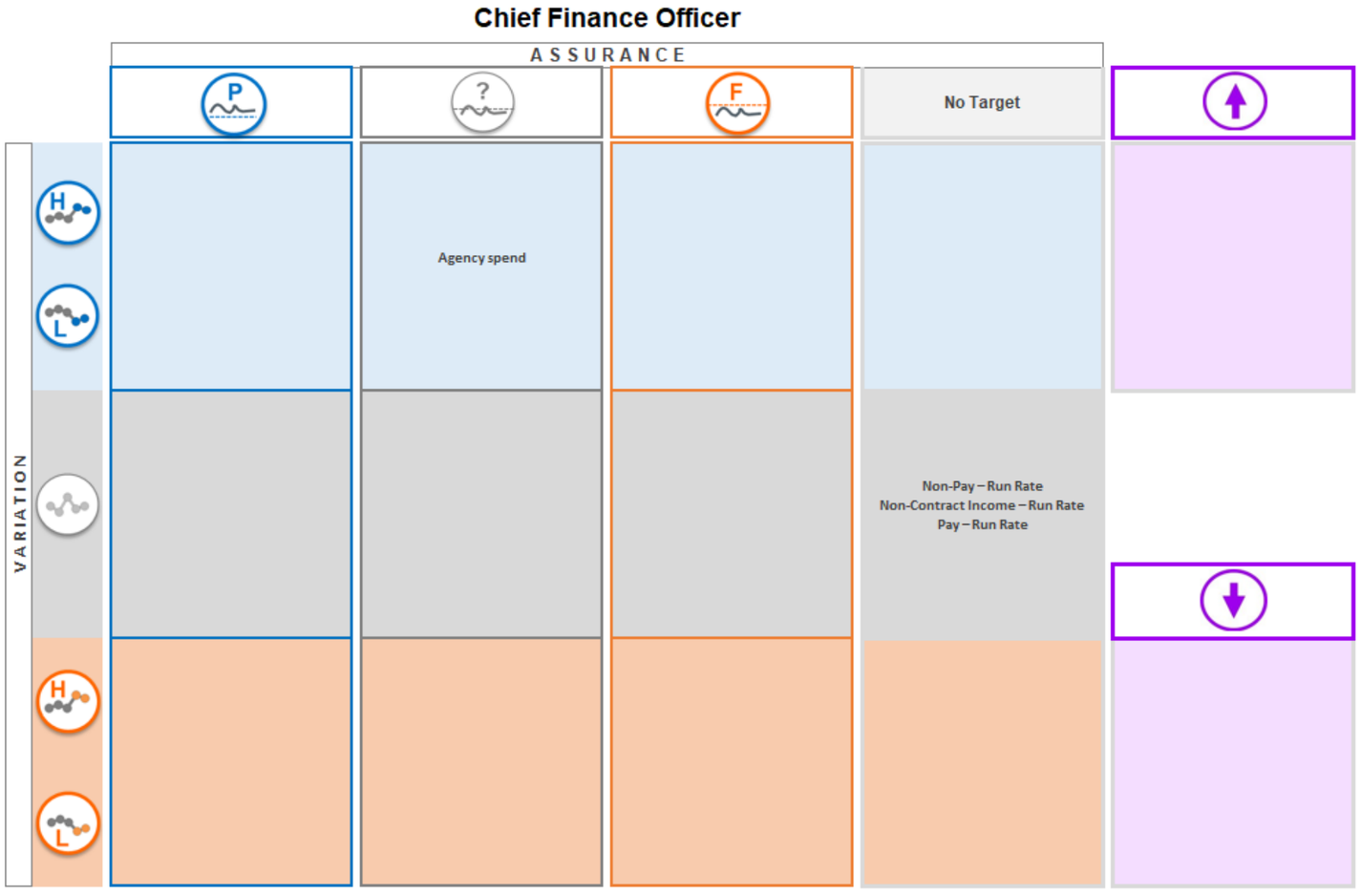
Number of studies open – Snapshot position	% of current studies meeting recruitment target – Snapshot position
47	29.8%

% of open studies with a commercial sponsor – Snapshot position
4.3%

Commentary

Dashboard	Finance
Lead	Chief Finance Officer

Finance Domain Matrix



Finance Summary

Highlights

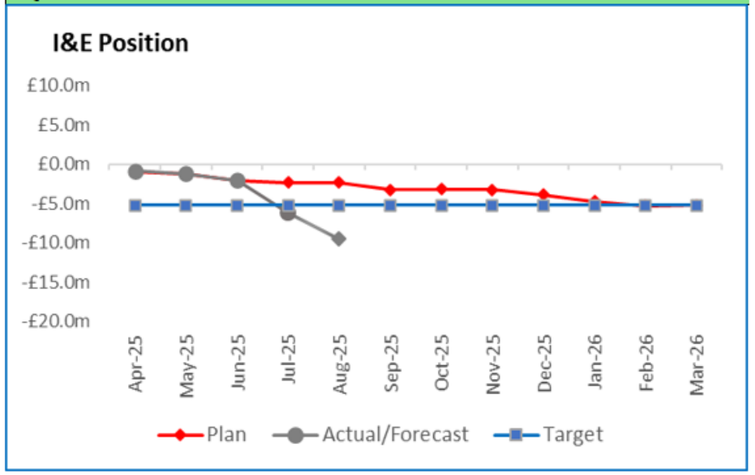
KPI	Latest date period	Measure	Target	Variation	Assurance	Mean
Agency spend	Aug 25	1.7%	≤3%			2.8%
I&E Position	Aug 25	-£9.6m	-£5.2m			
Cumulative CIP	Aug 25	£16.0m	£16.0m			
Capital Expenditure	Aug 25	£7.4m	£10.8m			
Cash Position	Aug 25	£0.0m	£1.6m			

Areas of Concern

Forward Look (Actions)

I&E Position

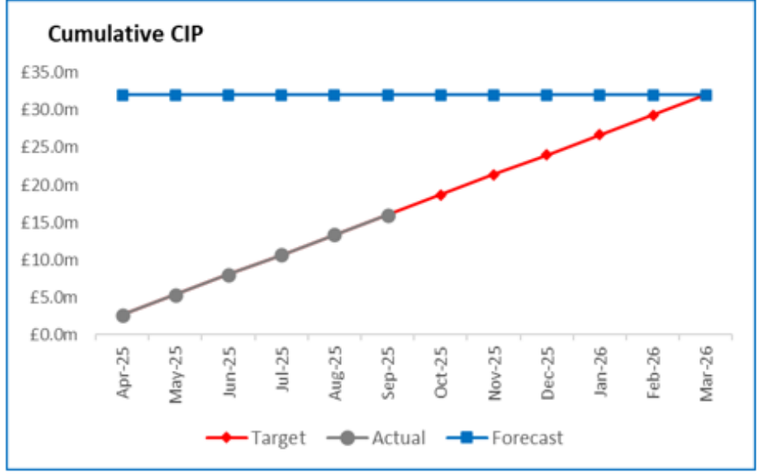
CQC Domain : Use of Resources



Aug-25
-£9.6m
Variance Type
Position doesn't meet the plan
Target
-£5.2m

Cumulative CIP

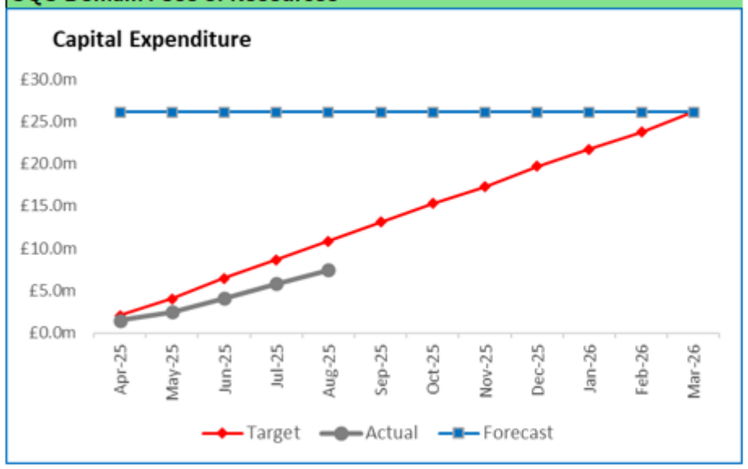
CQC Domain : Use of Resources



Aug-25
£16.0m
Variance Type
Position meets the plan
Target
£16.0m

Capital Position

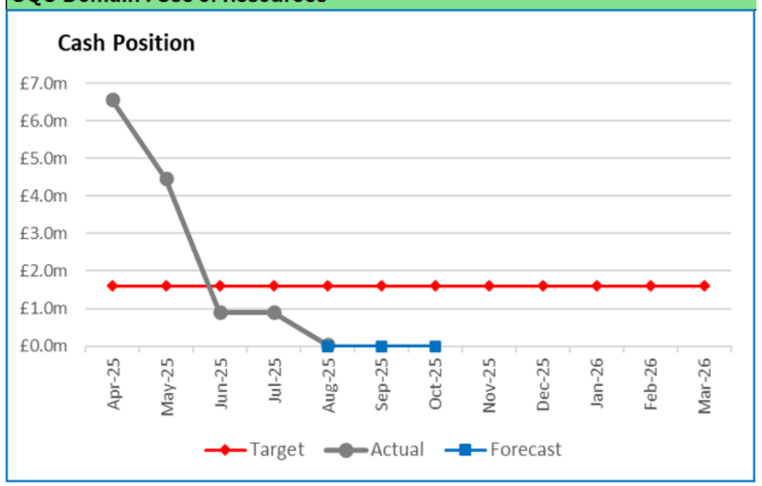
CQC Domain : Use of Resources



Aug-25
£7.4m
Variance Type
Position meets the plan
Target
£10.8m

Cash position

CQC Domain : Use of Resources

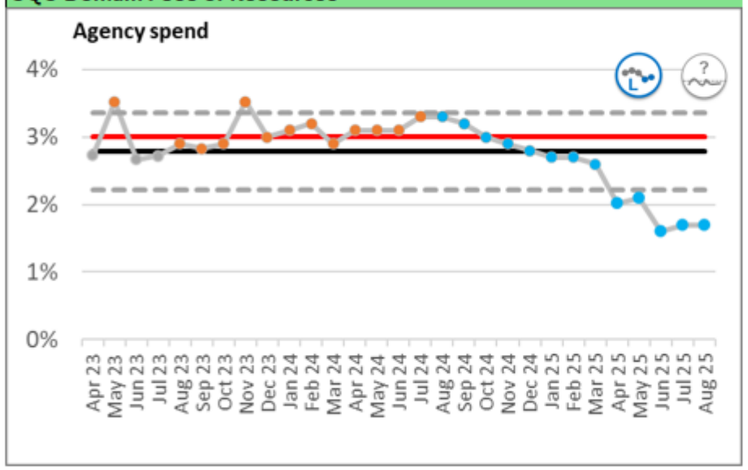


Aug-25
£0.0m
Variance
Position doesn't meet the plan
Target
£1.6m

Commentary

Agency spend %

CQC Domain : Use of Resources



Aug-25
1.7%
Variance Type
Special cause improving variation
Threshold
≤3%
Assurance
Consistently hit target

Commentary

Chief Finance Officer

Executive Summary

At the end of August 2025 (M5) the Trust is reporting a deficit of £9.6m which is £7.3m adverse to plan driven by the withholding of Deficit Support Funding (DSF), industrial action, pay award pressures and system stretch target. As part of the C&M ICS finance review process the Trust has submitted a mid-case forecast which, excluding DSF, is a £13.0m adverse variance to plan.

During September the Trust agreed additional actions to support delivery of the agreed plan, excluding DSF, of a £22.1m deficit. This includes enhanced controls across variable pay, non-core spend, discretionary non pay, elective income and a non-clinical vacancy freeze.

These factors are mitigations to the original 4 key risks identified within the Trust 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 (£14.1m).
- Activity / Casemix – Adjusting for the impact of IA, elective income remains below plan at M5.
- 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 and actioned.

The deficit continues to place significant pressure on both the Trust's cash position and compliance with the Better Payment Practice Code (BPPC). The cash balance at the end of M5 was £0.34m. During M5 the Trust requested £16.5m of cash support in September. of which £10.0m was approved. The Trust has agreed a cash mitigation plan for September but the cash position will continue as a significant issue until the Trust has returned to a sustainable financial position.

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 has been developed and is now being reviewed.

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

Statutory Financial Targets	RAG (M5)	RAG (Forecast)	Section within this report / associated chart
Financial Stability	🔴	🔴	I&E Position
Agency Spend	🟢	🟢	I&E Position
Financial Sustainability	🔴	🔴	N/A (quarterly update)
Financial Efficiency	🟡	🔴	Cumulative CIP
Capital	🟢	🟢	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 including that the Trust has reported an adverse variance to plan.
- Note that the Trust's most immediate finance risk remains the cash position.
- Endorses the increase in capital budget of £0.034m.
- Notes the risk to delivering the 25/26 plan, that this risk is not fully addressed by the approved mitigation plan and the requirement to identify additional actions.

I&E Position

Narrative:

The table below summarises the M5 position:

	Year to Date			Forecast		
Cost Type	Plan	Actual	Variance	Plan	Forecast	Variance
Clinical Income from Patient Care Activities	£202.1m	£197.2m	-£4.9m	£468.0m	£466.9m	-£1.2m
Other Operating Income	£14.7m	£13.9m	-£0.8m	£34.9m	£32.8m	-£2.1m
Total Income	**£216.8m**	**£211.0m**	**-£5.7m**	**£503.0m**	**£499.7m**	**-£3.3m**
Employee Expenses	-£159.1m	-£161.3m	-£2.3m	-£380.4m	-£387.9m	-£7.5m
Operating Expenses	-£64.3m	-£64.2m	£0.1m	-£153.7m	-£156.3m	-£2.6m
Non Operating Expenses	-£2.0m	-£2.1m	-£0.1m	-£4.9m	-£5.0m	-£0.1m
Recurrent CIP	£6.3m	£0.0m	-£6.3m	£13.9m	£2.1m	-£11.8m
Total Expenditure	**-£219.1m**	**-£227.7m**	**-£8.6m**	**-£525.1m**	**-£547.1m**	**-£22.0m**
Unmitigated Forecast Risk 25-26	**-£2.3m**	**-£16.6m**	**-£14.3m**	**-£22.1m**	**-£47.4m**	**-£25.3m**
Non Recurrent Mitigations		**£7.0m**			**£7.0m**	
PFR Reported Position Month 5	**-£2.3m**	**-£9.6m**	**-£7.3m**	**-£22.1m**	**-£40.4m**	**-£18.3m**
Mitigation Plan	**£0.0m**	**£0.0m**	**£0.0m**	**£0.0m**	**£5.3m**	**£5.3m**
Forecast risk	**-£2.3m**	**-£9.6m**	**-£7.3m**	**-£22.1m**	**-£35.1m**	**-£13.0m**

Key variances within the YTD position are:

Clinical Income – £4.9m adverse variance relates to elective underperformance including industrial action and loss of DSF.
Employee Expenses - £2.3m adverse variance relates to use of bank, agency, industrial action and undelivered vacancy factors.
Operating expenses – £0.1m adverse variance relates to outsourcing and loss of CNST incentive.
Cost Improvement Programme – £6.3m underdelivered at month 5 which is fully offset by non-recurrent mitigations.

The Trust's agency costs were 1.7% of total pay bill for the month, which is significantly 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 £27.8m at M5 of which, £7m has been delivered non-recurrently. The Trust has identified recurrent CIP with a full year effect of £31.3m, however, this figure reduces to £25.5m once risk adjusted reflecting a risk adjusted shortfall of £6.5m.

Review of the CIP position is ongoing through weekly CIP Assurance, chaired by the COO and monthly Productivity Improvement Board, chaired by the CEO. The Trust also meets frequently with colleagues from the ICB and across the ICS to identify and deliver the collectively agreed additional savings target (WUTH share £14.5m).

Elective Activity

Narrative:

The Trust delivered elective activity to the value of £44.9m at Month 5 (M5), reflecting an adverse variance of £1.7m. This underperformance is primarily driven by the Surgical Division, specifically Trauma & Orthopedics (T&O). The division has provided a recovery plan which means that the Trust forecast remains full delivery of elective income.

Capital Expenditure

Narrative:

The table below confirms the Trust's capital budget for 2025/26 at M5:

Description	Approved Budget at M1	Revision to budget M2	Revision to budget M5	Revised Budget
CDEL				
Internally Generated	**£9.765m**	**£0.000m**	**£0.000m**	**£9.765m**
ICB/PDC/WCHC	**£14.550m**	**£0.656m**	**£0.034m**	**£15.240m**
Charity	**£1.100m**	**£0.000m**	**£0.000m**	**£1.100m**
Confirmed CDEL	**£25.415m**	**£0.656m**	**£0.034m**	**£26.105m**
Total Funding for Capital	**£25.415m**	**£0.656m**	**£0.034m**	**£26.105m**
Capital Programme				
Estates, facilities and EBME	**£3.100m**	£0.656m	£0.034m	**£3.790m**
Operational delivery	**£8.440m**	£0.000m	£0.000m	**£8.440m**
Medical Education	**£0.080m**	£0.000m	£0.000m	**£0.080m**
Transformation	**£0.250m**	£0.000m	£0.000m	**£0.250m**
Digital	**£0.750m**	£0.000m	£0.000m	**£0.750m**
UECUP	**£7.800m**	£0.000m	£0.000m	**£7.800m**
PDC commitments	**£0.304m**	£0.000m	£0.000m	**£0.304m**
ICB hosted	**£3.591m**	£0.000m	£0.000m	**£3.591m**
Charity	**£1.100m**	£0.000m	£0.000m	**£1.100m**
Approved Capital Expenditure Budget	**£25.415m**	**£0.656m**	**£0.034m**	**£26.105m**
Total Anticipated Expenditure on Capital	**£25.415m**	**£0.656m**	**£0.034m**	**£26.105m**
Under/(Over) Commitment	**£0.000m**	**£0.000m**	**£0.000m**	**£0.000m**

In M5 the Trust has received an additional £0.034m for Electrical Vehicle chargers which is now included within the Capital Plan.

Spend at M5 totals £7.445m which is £3.387m below plan mainly across backlog and operational schemes.

Cash Position

Narrative:

The cash balance at the end of M5 was £0.34m. This includes the impact of a £2.8m reduction in planned Deficit Support Funding; the impact of which will continue at least until Month 6 (September). As previously reported, an application was submitted in August 2025 for cash support totaling £16.5m of which £10.03m has been approved. The Trust has enacted additional mitigation which will enable a positive cash balance to be maintained in September. The Trust follows a structured and robust approach to cash management. Once all available mitigations have been deployed the Trust will require further revenue support and as such a further application for cash support in October has been submitted.

A new cash regime has been included within the NHSE recently published document "2025/26 Financial management expectations, tools, interventions and oversight". This is in the process of being reviewed to align the existing mitigation plan which includes:

- Management of payments - continued daily management of payments to and from other organisations both NHS and non NHS.
- Analysis/CFO oversight - Continued daily monitoring and forecasting of the Trust cash position and our Public Sector Payment Performance metrics.
- Debt recovery - 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	WUTH Board of Directors in Public
Date	Wednesday 2 July 2025
Location	Hybrid

Members present:

DH	Sir David Henshaw	Joint Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
LD	Lesley Davies	Non-Executive Director (from 10am)
JH	Janelle Holmes	Joint Chief Executive
DS	Debs Smith	Joint Chief People Officer
RM	Dr Ranj Mehra	Interim Joint Medical Director
MS	Matthew Swanborough	Chief Strategy Officer
SW	Sam Westwell	Chief Nurse
MC	Mark Chidgey	Chief Finance Officer

In attendance:

MD	Meredydd David	WCHC Non-Executive Director & SID
CB	Professor Chris Bentley	WCHC Non-Executive Director
ER	Emma Robinson	WCHC Associate Non-Executive Director
PS	Paula Simpson	WCHC Chief Nurse
TB	Tony Bennett	WCHC Chief Strategy Officer
RC	Robbie Chapman	WCHC Interim Chief Finance Officer
JC	Dr Joanne Chwalko	WCHC Chief Operating Officer & Interim Deputy CEO
AH	Alison Hughes	WCHC Director of Corporate Affairs
DM	Dave Murphy	WCHC Chief Digital Information Officer
CM	Chris Mason	WUTH Chief Information Officer
CH	Cate Herbert	WUTH Board Secretary
JJE	James Jackson-Ellis	WUTH Corporate Governance Officer
TC	Tony Cragg	WUTH Public Governor
LC	Lynn Collins	WCHC Lead Public Governor
IC	Irene Cooke	WCHC Public Governor
KS	Kev Sharkey	WCHC Public Governor
HS	Haris Sultan	Observer

Apologies:

NS	Dr Nikki Stevenson	Medical Director & Deputy CEO
HK	Hayley Kendall	Chief Operating Officer & Interim Deputy CEO
DM	David McGovern	Director of Corporate Affairs, WUTH
SI	Steve Igoe	Non-Executive Director & SID

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 4 June were **APPROVED** as an accurate record.	
4	**Action Log** The Board **NOTED** the action log.	
5	**Joint Chair's Update** DH provided an update on recent matters and highlighted good progress continued to be made to work towards integration. DH added there were regional and national challenges, and it was important that both Trusts lead by example. DH noted this was a shorter agenda and the Chief Operating Officer Reports and Chief Finance Officer Report would be presented as normal in September. The Board **NOTED** the update.	
6	**Joint Chief Executive Officer Report** JH summarised the Cheshire and Merseyside Provider Collaborative meeting in June, noting a key discussion on system recovery and financial improvement. JH reported both WUTH and WCHC Annual Report and Accounts were approved by the respective Board of Directors and were submitted on schedule for 30 June 2025. JH advised members that from 1 July 2025, Dr Ranj Mehra, Interim Medical Director at WUTH took up the role of interim Joint Medical Director across both WUTH and WCHC. JH referenced the consultation on the NHS Performance Assessment Framework which closed in May and gave an overview of the Trust's response, indicating that the Trust was supportive of the proposals. JH advised the Secretary of State for Health and Social Care had announced a rapid independent investigation into maternity and	

	neonatal services. JH added the Trust was not one of the 10 Trusts identified however the areas identified for Board assurance in the letter received were being reviewed by the relevant division to provide assurance to the Board. JH reported at WUTH in May there was one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reported to the Health and Safety Executive and two Patient Safety Incident Investigation opened under the Patient Safety Incident Response Framework. JH explained all staff across both Trusts had received the Better Together - Journey to Integration case for change document which outlined the staff and patient benefits of integrating both Trusts. JH added a Joint Stakeholder Newsletter had also been developed and distributed to Wirral system partners. JH referenced three members of staff across WUTH and WCHC had been selected by NHSE to attend the Royal Garden Party for the NHS in May at Buckingham Place. JH stated both Trusts had participated in celebrating PRIDE and Careers Week during June. JH highlighted the various WUTH and WCHC employee of the month and standout winners for May. The Board **NOTED** the report.	
7	**Integrated Performance Report** JC explained the number of Emergency Department (ED) attendances in month had increased by 5% and identified two risks to the position, noting there were a high number of 12 hour breaches for a decision to admit and patients presenting to the ED in mental health crisis. JC advised work was ongoing to increase the usage of Same Day Emergency Care (SDEC) and options were being explored with system partners to provide a mental health nurse in the ED. JC added in regard to referral to treatment, no patients were waiting 78+ weeks and the number exceeding 52 weeks continued to decrease and this demonstrated a good position for patients. JC highlighted cancer performance had been challenged due to operational pressure and recovery plans were in place. DH queried the fragile services. RM stated ear nose and throat, stroke and cardiology were fragile and would benefit from collaboration at a Cheshire and Merseyside level.	

	JH agreed and added other Trusts were having similar challenges and the outsourcing of these services to treat patients was being explored. Members agreed about the importance of Cheshire and Merseyside strategy for addressing fragile services. RM explained there had been 2 Never Events in May relating to LocSSIPs (Local Safety Standards for Invasive Procedures), no patient had come to lasting harm, and work was underway to identify the relevant learning. RM added members were already aware of the position in relation to the number of patients recruited to NIHR studies and the refreshed key performance indicators. SR commented LocSSIPs had recently been audited with a limited assurance opinion, and welcomed the additional scrutiny on this. SW stated there were 13 incidents of C Diff in May and 3 category 3 hospital acquired pressure ulcers. SW added infection prevention and control was a quality priority for this year. SW highlighted the Friends and Family Test for ED was 73.2%, and 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. 100% of complaints were acknowledged within 3 days of receipt. SW reported that, with the exception of CSW day fill rates, RN and CSW staffing fill rates were above the threshold of 90%. Members discussed the importance of sustaining a reduction in the number of C Diff incidents, acknowledging the need to focus on basic infection, prevention and control (IPC) measures and the challenges of high prevalence of community acquired C Diff in Wirral. Members noted work was ongoing between the WUTH and WCHC IPC teams to maximise available resources for quality improvement and that the creation of the Wirral Provider Alliance would enable a Wirral system approach to reduce C Diff. DS highlighted appraisal compliance had increased to 87.75% and explained a review of the documentation had been undertaken to streamline the process based on manger feedback and to focus on impact. Local audits similar to sickness absence audits would be completed later in the year to assess the quality. DS reported sickness absence had further improved but remains above target at 5.47%. Focus continues to be on supporting the	

	health and wellbeing of the workforce and close management of absences in line with the Attendance Management Policy. MC reported at the end of May, month 2, the Trust is reporting a deficit of £1.24m which is in line with the month 2 plan. MC added at month 2 £4.1m (out of £7.0m identified) non-recurrent mitigations have been utilised to support delivery of plan and offset the key risks. 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, and the risk adjusted annual forecast is below the required target. Other key risks were: - activity/case mix, - aseptic pharmacy income - run rate reductions MC added 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 month 2 was £4.216m however, this level of cash balance will not be sustained. MC noted the Trust should be able to progress through to Q3 without the need to request additional cash support. 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, agency, capital and cash were green and financial efficiency was amber. MD queried the cash position and the associated risk. MC stated the Trust will be making the ICB and NHSE aware of this and that there were cash mitigations/escalations the Trust could utilise to maintain a cash balance. The Board: • **NOTED** the report and agreed mitigations. • **NOTED** that the Trust's most immediate finance risk remains the cash position. • **NOTED** the risk of delivering the 25/26 plan, including the recurrent £32m CIP target and the ICS schemes of £14.5m. • **ENDORSED** the revised capital budget of £26.071m.	
8	**Chairs Reports – Quality Committee** SR explained he provided a verbal update at the last meeting and that this report summarised that update. The Board **NOTED** the report.	
9	**Chairs Reports – Audit and Risk Committee**	

	MC advised members that Committee had met twice in June to consider the 2024/25 Annual Report and Accounts and 2024/25 Quality Account. MC added the external audit outcome had been positive and the Committee had agreed to recommend the reports along with the Auditors letter of representation for approval by the Board. The Board approved these documents on the 23rd June. The Board **NOTED** the report.	
10	**Chairs Reports – People Committee** LD alerted members that a number of reports raised potential new risks. There was risk related to employee relations cases falling outside the set timeframes due to workforce challenges. A second risk related to the proposed changes in rates of pay for bank staff which may negatively impact bank fill rates. The third risk related to the changes affecting the Resident Doctors exception reporting process which comes into force from September 2025. LD advised work was ongoing by the relevant teams to mitigate these risks. LD summarised the various "Advise" and "Assure" matters from the Committee meeting on 12 June. The Board **NOTED** the report.	
11	**Chairs Reports – Finance Business Performance Committee** SL alerted members to the Trust's financial position, noting at the end of month 2 there was a deficit of £1.2m which was in line with plan, however this included £4.1m non-recurrent mitigations. SL added during the same period the Trust had a positive cash balance of £4.2m and did not anticipate requesting revenue support before quarter 3. SL also alerted members that the full year value of CIP identified to date had increased to £29.5m against a target of £32m. SL added the Committee received a quarterly financial forecast, noting at the time the plan was approved there was £25m risk and this had been mitigated to £7.6m. SL alerted members that there had been a significant increase in head and neck cancer referrals which was further exacerbated by unexpected medical staff capacity gaps. SL advised there was a proposal for discussion and approval in Private Board to address this.	

	SL summarised the various “Advise” and “Assure” matters from the Committee meeting on 18 June. The Board **NOTED** the report	
12	**Chairs Reports – Charitable Funds Committee** SL alerted members that the Committee had agreed to keep the Tiny Stars appeal open until March 2026 due to the continued fundraising by individuals in the community. SL noted the Trust Charity team were not carrying out proactive fundraising. SL also alerted members to the financial position of the Charity, noting the Charity had received a donation of £0.300m from the Incubabies charity for the Neonatal Unit redevelopment. SL alerted members that the Committee considered a proposal regarding future activity and potential income and agreed to the addition of one administrative post to support growth in fundraising activity. SL summarised the various “Advise” and “Assure” matters from the Committee meetings on 23 May and 18 June. The Board **NOTED** the report.	
13	**Fit and Proper Persons Update** AH confirmed good progress had been made regarding the annual Fit and Proper Persons test and Board member appraisals were being conducted in line with the updated guidance. The Board **NOTED** the update.	
14	**Questions from Governors and Public** No questions were raised.	
15	**Meeting Review** Members acknowledged the joint Board structure was still developing and a review of each Trust’s cycle of business was underway. Members agreed they were continuing to learn about each respective Trust.	
16	**Any other Business** DH thanked CC, who was stepping down, for his contributions as a Board member during the past 7 years.	

(The meeting closed at 11:00)

Wirral University Teaching Hospital NHS Foundation Trust

Meeting	WUTH Board of Directors in Public
Date	Wednesday 3 September 2025
Location	Hybrid

Members present:

DH	Sir David Henshaw	Joint Chair
SR	Dr Steve Ryan	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
LD	Lesley Davies	Joint Non-Executive Director
SI	Steve Igoe	Joint Non-Executive Director
MD	Meredydd David	Joint Non-Executive Director
CB	Professor Chris Bentley	Joint Non-Executive Director
HS	Haris Sultan	Joint Non-Executive Director
JH	Janelle Holmes	Joint Chief Executive
HR	Hayley Rigby	Deputy Chief People Officer (deputising for DS)
CH	Dr Catherine Hayle	Deputy Medical Director (deputising for RM)
MS	Matthew Swanborough	Interim Joint Chief Strategy Officer
AH	Ali Hughes	Interim Joint Director of Corporate Affairs
SW	Sam Westwell	Chief Nurse
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer & Interim Deputy CEO

In attendance:

CW	Claire Wedge	WCHC Deputy Chief Nurse
RC	Robbie Chapman	WCHC Interim Chief Finance Officer
JC	Dr Joanne Chwalko	WCHC Chief Operating Officer & Interim Deputy CEO
DM	Dave Murphy	WCHC Chief Digital Information Officer
CM	Chris Mason	WUTH Chief Information Officer
CHe	Cate Herbert	WUTH Board Secretary
JJE	James Jackson-Ellis	WUTH Corporate Governance Officer
KP	Karen Prior	WCHC Appointed Governor
LC	Lynn Collins	WCHC Lead Public Governor
TC	Tony Cragg	WUTH Public Governor

Apologies:

NS	Dr Nikki Stevenson	Medical Director & Deputy CEO, WUTH
DM	David McGovern	Director of Corporate Affairs, WUTH
DS	Debs Smith	Joint Chief People Officer
RM	Dr Ranj Mehra	Interim Joint Medical Director

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 2 July were **APPROVED** as an accurate record.	
4	**Action Log** The Board **NOTED** the action log.	
5	**Staff Story** Due to technical difficulties this was not played. The Board **NOTED** the video story.	
6	**Joint Chair Update** DH provided an update on recent matters and highlighted that both Trusts had been fully engaged with the ICB in financial performance and review meetings following the Cheshire and Merseyside ICS being put into financial turnaround by NHS England. DH also updated members on work being driven by Cheshire and Merseyside Chairs and Chief Executives to take a proactive approach in becoming a more effective and sustainable System. DH added a draft action plan had been developed and was awaiting sign off. DH thanked Emma Robinson, Associate Non-Executive Director at WCHC who had stepped down from her role to focus on securing a new substantive role. The Board **NOTED** the update.	
7	**Joint Chief Executive Officer Report** JH summarised the Cheshire and Merseyside Provider Collaborative meetings in July and August, noting key discussions took place on financial improvement and the opportunities as part of the efficiency at scale programme. JH advised members about the upcoming NHS Oversight Framework (NOF) changes, including the six domains for assessment and that each provider would receive an individual	

	organisational sore which will range from 1-4. JH added both Trusts were engaging with NHSE on a process of data validation and the scores would be published imminently. JH also advised members about the NHS England approach to assessing provider capability, stating this would be used alongside the NOF score and each Trust would be required to complete a self-assessment template before October. JH explained the impact of the recent resident doctor industrial action, noting 584 outpatient appointments and 141 surgical procedures had been cancelled. No cancer procedures had been cancelled. JH reported about the impact of the recent outbreak of measles across Cheshire and Merseyside and the Trusts response to his. JH gave an update regarding Better Together - Journey to Integration, noting the recent Joint Non-Executive Directors appointments and the ongoing work to develop a Joint Strategy. JH reported at WUTH in July there was two RIDDOR (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 highlighted Sexual Health Wirral has been shortlisted for the Innovation and Improvement category in reducing Healthcare Inequalities Award at the Health Service Journal Awards 2025. The team had also been successful in securing £20,000 from the Magenta Housing Community Fund. JH explained WCHC welcomed Mission Delivery Unit from Number 10 in August to hear about the work happening locally to give children the best start in life. Feedback from the visit had been positive. JH reference the WUTH Leadership for All Conference which took place in July and recapped what took place. JH highlighted the various WUTH and WCHC employee of the month and standout winners for June and July. SR commented that it was positive to hear about the good work WCHC was doing in regard to 0-19 services and ensuring children receive the best start in life. HS asked about the resident doctor industrial action, specifically if the Trust had assessed the wider impact of this.	

	JH advised the focus had been assessing both the patient and staff impact. HK added the majority of outpatient appointments or surgical procedures cancelled would have been lower priority status patients, suggesting the health inequality impact would be low. DH referenced the drug addiction problem for children and young people in Liverpool and queried about the Wirral position. JC stated the 0-19 service, and the safeguarding team would identify and support any children and young people at risk of drug addiction on the Wirral. The Board **NOTED** the report.	
8	**Integrated Performance Report** HR reported sickness absence had increased by 0.5% in month but was an improvement compared to July 2025, the main drivers were gastro, anxiety/stress and cold/flu. HR added key actions related to proactively supporting health and wellbeing and manging absences. HR also reported that appraisal compliance had reduced in all areas with the exception of Surgery Division and set out the measures taken to improve compliance. LD asked about measing the impact of the appraisal processes and if mechanisms were now in place for this to happen. HR stated a new feedback mechanism had been implemented via a QR code on form which would provide data to establish the effectiveness of the refreshed appraisal paperwork. SW explained there had been 11 C Diff incidents in month and a refreshed improvement plan for infection, prevention and control had been launched. There had been 1 grade 3 healthcare associated pressure ulcer, a reduction on the previous month and 350 mattresses had been received to reduce pressure ulcers. SW added there had been a 22% increase in the number of level 1 concerns received in month. CH highlighted 4 Never Events had occurred since April and explained these related to Local Safety Standards for Invasive Procedures (LocSSIPs). CH set out the range of actions taken to raise awareness of LocSSIPs, including a revised policy, generic templates on Cerner and a “right from the start” staff campaign. SI referenced the LocSSIPs internal audit recommendations discussed at Audit and Risk Committee, which he had requested by shared with Quality Committee for further discussion.	

	DH asked about the culture towards patient safety. SW stated the there was a good patient safety culture and multidisciplinary huddles took place before procedures. SW added an audit programme was being undertaken to assess the use of huddles and application of LocSSIPs. The Board **NOTED** performance to the end of July 2025.	
9	**Chief Finance Officer Report** MC reported at the end of July, month 4, the Trust is reporting a deficit of £6.2m which is a £3.8m adverse variance to plan. MC advised that as part of the Cheshire and Merseyside finance review process the Trust has submitted a mid-case forecast which is an adverse variance to plan. MC noted during September the Trust will both review this forecast and consider additional actions to deliver the agreed plan of a £22.1m deficit (or £5.2m deficit including national deficit support funding (DSF)). MC reported two additional and material factors relating to the financial position were: • Withheld DSF across Cheshire and Merseyside for M4-M6, negatively impacting on the Trust's I&E and cash positions by £1.4m per month; and • Industrial action in M4, negatively impacting expenditure and elective income by £1.2m MC also reported the original 4 key risks identified within the Trust plan remained and these were: • Full CIP delivery • Activity/case mix • Aseptic pharmacy income • Run rate MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability, financial sustainability were red, financial efficiency and cash were amber and agency spend, and capital was green. Members noted there was an opportunity to discuss the financial position during the Private Board meeting during the day. The Board: • **NOTED** the report including that the Trust has reported an adverse variance to plan	

	• **NOTED** the risk to delivery of the annual plan is £13.0m and to approve processes for identification and implementation of additional mitigations; and • **NOTED** that the Trust's most immediate finance risk remains the cash position and that a request for provider revenue support has been submitted	
10	**Chief Operating Officer Report** HK highlighted in July the Trust attained an overall performance of 100% against plan for outpatients and an overall performance of 92% against plan for elective admissions. HK summarised the referral to treatment (RTT) standard and current performance against this, noting the Trust achieved trajectory for RTT caseload, percentage of patient waiting 18 weeks or under, but was over trajectory for the number and percentage of 52-week waiters in July 2025. HK set out the number of patients waiting 65+ weeks, noting of the 16 patients these were a mix of complex, ophthalmology gift and capacity. ENT remains the biggest risk to achievement and outsourcing was due to commence in September. HK summarised cancer performance against trajectories, noting the number of 62 day and 104 day waiters has increased as a result of pressure on 28 day performance. HK highlighted in July type 1 unscheduled care performance was 46.38% and was marginally below trajectory and the Trust continued to maximise flow and utilisation of alternative urgent care pathways. HK stated the most significant risk to urgent emergency care performance remained achieving a sustained reduction in patients waiting over 12 hours in the Emergency Department. HK noted a new mental health area within the Emergency Department had opened as part of the final phase of the Urgent and Emergency Care Upgrade Programme. HK added mental health demand remains consistently high, with July seeing a further increase in patients conveyed under Section 136. HS noted the pressure in dermatology as a result of the introduction of artificial intelligence and queried this. HK advised there had been a significant increase in referrals because of the new regional system introduced and this outstripped capacity. There were more referrals being classified as urgent or suspected cancer which was over inflating demand.	

	DH asked about and type of patients who could be redirected to other NHS services to receive care instead of the Emergency Department and if this analysis could be provided. HK agreed to provide this at the next meeting given there had been work on this already undertaken. JH advised it was important to ensure clinical teams considered it safe for patients when considering redirecting them to other NHS services to maintain a high patient safety culture. SL asked about the operating capacity of the Emergency Department while ensuring the building was safe during busy periods. HK advised the capacity was generally 250 patients and this regularly exceeded during surges in demand. HK added the capacity had also been reduced because of current building work which was hampering the ability for the clinical teams to see patients in a timely manner. LD asked about ambulance handovers and if these could be redirected to other hospitals when necessary. HK stated the regional position was that the Trust had responsibility to resolve the issues identified. HK added the Trust also met regularly with the ambulance service to review performance and assess areas for collective improvement. JH explained there was no urgent and emergency care improvement workstream at a regional level and this was impacting performance and patient experience across Cheshire and Merseyside. HS also asked if patients accessing the mental health area were aware of the mental health crises line before attending the Emergency Department. HK stated this aspect was included in the Trust's winter plan and Cheshire and Wirral Partnership planned to increase capacity for this. The Board **NOTED** the report.	Hayley Kendall
11	**Board Assurance Framework (BAF)** AH provided an overview the BAF, explaining there had been no changes to each of the strategic risk scores since June. AH noted a new shared strategic risk with WUTH was being developed in relation to failing to develop a Joint Strategy and	

	deliver the 2 year integration plan and this would be considered by the Integration Management Board in September. The Board **APPROVED** the BAF.	
12	**Lead Governor Report** This was not discussed as the Lead Governor was absent.	
13	**Committee Chairs Reports – Quality Committee** SR alerted members that the Committee received an update on healthcare associated C Diff incidents, noting this was a national issue but Wirral and the Trust had a high prevalence, and the Committee requested a further update on this for the next meeting to ensure robust plans were in place. SR also alerted members that the Divisional Director of Nursing and Midwifery for Women's and Children's presented a gap analysis and action plan associated with the independent review of maternity and neonatal services. Committee welcomed this and acknowledged the Trust had received good external assurance of its maternity services. SR alerted members to the assurance it was provided with in regard to the recent Never Events and the plans in place to raise awareness and compliance of Local Safety Standards for Invasive Procedures (LocSSIPs). SR summarised the various "Advise" and "Assure" matters from the Committee meeting on 4 August. Members noted Wirral has a high rate of residents passing away in hospital and queried this why this was. CH agreed to clarify why Wirral has one of the highest rates of its residents passing away in hospital instead of in other settings. The Board **NOTED** the report.	Catherine Hayle
14	**Committee Chairs Reports – Estates and Capital Committee** DH provided a verbal update and alerted members that the Committee received a health and safety update and subsequently requested a deep dive into fire safety to understand the fire risks and mitigations across the hospital. DH also alerted members that the Committee received a presentation detailing the progress with the delivery of the estate's integration and the development of the estate strategic priorities for integration.	

	DH alerted members that the Committee were provided with good assurance on the capital finance position and delivery of capital projects for this financial year. The Board **NOTED** the report.	
15	**Committee Chairs Reports – Charitable Funds Committee** SL provided a verbal update and alerted members that the Committee received a presentation from members of the Critical Care fund which detailed their ambition to raise funds for a critical care garden at Arrowe Park Hospital. SL added the Committee considered this a worthy cause for supported their plans. SL also alerted members that the Committee considered a proposal for closing the Tiny Stars appeal fund and agreed to close the fund by 30 November 2025. SL noted further approval of this was required by the Board as the Trustee of the Charity. SL alerted members that the Committee also received the finance report, detailing the funds available and the fundraising report which summarised the upcoming charity activity. The Board **NOTED** the report.	
16	**Committee Chairs Reports – Finance Business Performance Committee** SL noted the Committee had received the Finance Report which summarised the finance position and had been reported in the Chief Finance Officer agenda item earlier. SL alerted members that the Cheshire and Merseyside finance system review continued and that the Trust had fully engaged in the external reviews covering finance governance, forecasted risk and CIP processes. SL also alerted members that the risk of a low cash balance remains, and the Trust had applied to NHS for £16.5m of cash support in September. SL advised that the Committee had considered and supported the Trust's request for cash support and the Board also expressed its support as well. SL alerted members that the Trust had been placed into tier 1 for its performance in urgent and emergency care, resulting in regular oversight meetings and potential support for improvement. SL summarised the various "Advise" and "Assure" matters from the Committee meeting on 28 August. The Board **NOTED** the report.	

17	**Estates Compliance and Sustainability Annual Report** HK highlighted this was a new annual report provided to Estates and Capital Committee and the Board to provide assurance on the Trusts estates compliance. HK provided an overview of the report, explaining how the Trust had adhered to the various statutory legislation and health technical memoranda spanning water safety, fire safety and electrical safety etc. HK reported how the Trust was reporting carbon emissions and summarised this against scope 1, 2 and 3 for 2024/25 against 2023/4, noting this had increased the past two years. HK gave an overview of the Premises Assurance Model (PAM) audit outcome, noting the majority were rated as good with 27 requiring minimal improvement and 1 requiring moderate improvement. HK added an improvement plan has been developed outlining the evidence required to move the these to a good rating. The Board: • **NOTED** the report; and • **APPROVED** the PAM Self-Assessment scoring for submission to NHS England	
18	**Green Plan** HK recapped the various achievements during 2022-25 and set out the nine focus areas for 2025-28, noting the Trust remained committed to ensuring it was net zero by 2040. HK stated this Green Plan would run for 4 years and work would commence to develop a Joint Green Plan with WCHC when the organisations become a single one. HS queried the scope 3 carbon emissions and if the Procurement Team considered this as part of procurement exercises. HS also queried if the Trust was also working towards the United Nations (UN) Sustainable Development Goals. HK stated the Procurement Team did consider this as part of procurement exercises and the Trust was working towards this the UN goals. MD noted the carbon emissions had increased during the year because of increased use of the Trust's Combined Heat and Power (CHP) system. MD commented it was important to consider the impact on the financial position when assessing whether to retro fit alternative power systems which would reduce carbon emissions.	

	HK agreed and added the transition towards net zero had to be considered alongside value for money. CB commented about the importance of maintaining a focus on health inequalities, noting the challenges between this and net zero. The Board **APPROVED** the Trust's refreshed Green Plan.	
19	**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 July. JL stated there were no Patient Safety Investigation Incidents (PSIIs) declared for Maternity Services in May, June or July. There was one PSII in May for Neonatal Services related to the displacement of a nasogastric tube. JL gave an update on the Maternity Incentive Scheme (MIS) Year 7 and the ten safety actions, noting progress to date and that this was being routinely tracked through the Divisional Quality Assurance meeting. JL referenced the Perinatal Mortality Reviews Summary Report (PMRT) for quarter 4 2024/25 and quarter 1 2025/26 which summarised the number of stillbirths and perinatal deaths. JL explained the position in relation to Saving Babies Lives, noting the Trust achieved 94% compliance against the 6 elements based on evidence as of 30 June 2025. 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 referenced the Maternity and Neonatal Rapid National Investigation and summarised the Trust's current position against each of the statements, along with a gap analysis against the key themes and actions to work towards. JL provided an update on the midwifery workforce utilising the Birth Rate + workforce tool which was recommending the increase in midwifery establishment. JL set out the progress of the Maternity Portal Online Programme (MPOP), Maternity Self-Assessment Tool and noted the annual	

	maternity and neonatal culture report had been provided for assurance. JL highlighted work continued in regard to the redevelopment of the Neonatal Unit with completion expected in November 2025. MD commented it was positive to hear the Trust was rated highly in the North West for providing care to newly born babies. MD queried about the midwifery staffing changes. JL advised using the Birth Rate + methodology there was a variance of 9.14 whole time equivalents (WTE) and a business case had been accepted to fund the recruitment of 4.3 WTE Band 5 Midwives and 2.96 WTE Maternity Support Workers, resulting in a shortfall of 1.88 WTE. SR commented that culture, leadership and compliance were important, and these behaviours were noticeably visible by the team and staff. Members thanked JL and the team for their continued work. The Board: • **NOTED** the report and associated appendices. • **NOTED** the Perinatal Clinical Surveillance Assurance report • **NOTED** the position of the Maternity and Newborn Safety Investigations (MNSI) and declaration of one PSII for Neonatal Unit • **NOTED** the position with the Maternity Incentive Scheme Year 6 and launch of Year 7 requirements • **NOTED** the PMRT reports for Q4 24/25 and Q1 25/26. • Note the progress of the Trust's position with 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" • **SUPPORTED** the recommendations and action plan within the Maternity and neonatal inquiry report and appendices • **SUPPORTED** the recommendation in the midwifery staffing workforce paper. • **NOTED** the Neonatal Unit medical and nursing staffing position in accordance with BAPM. • **NOTED** the progress with the Maternity Portal Online Programme. • **NOTED** the continued outstanding practices with the Maternity and neonatal Voices Partnership (MNVP), • **SUPPORTED** the recommendations within the Maternity and Neonatal Annual report; and • **NOTED** the compliance with consultant presence on the labour ward in line with the RCOG guidance.	

20	**Guardian of Safe Working Annual Report 2024/25** AA provided an overview of the report, noting during the year General Medicine had the highest number of exception reports by department and foundation 1 doctors had the highest number of exception reports by grade. AA added the response time for addressing exception reports remained positive, noting the majority were dealt with within 48 hours or 7 days. AA summarised the changes to the exception reporting process, which was due to take effect from 12 September and has been delayed. JH stated the Executive Team were aware of the upcoming changes to the exception reporting, specifically the potential increase in fines and the financial implications of this. JH added a gap analysis of the upcoming changes had been requested to assesses what further work was required. HS commented that it was positive the number of fines were low and explained resident doctors considered WUTH a good location for their placement. The Board **NOTED** the report.	
21	**Learning from Deaths Report Q4 2024/25** CH summarised the mortality comparators, stating for the reporting period the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) were both within the expected range. CH noted WUTH continues to have a higher than average number of patients who have a palliative care code and this can result in a higher SHIMI. CH provided a summary of adult in patient deaths and case reviews, noting of the 487 deaths 15 cases were escalated for review by the Medical Examiner and the Mortality Review Group reviewed a random selection of 26 deaths. CH also provided a summary of the perinatal and neonatal deaths and the outcome of the PRMT reviews. CH explained the learning identified through the review of mortality reviews and added a CUSUM alert was identified for deaths due to pneumonia.	

	The Board **NOTED** the mortality indicators, ongoing Medical Examiner input and ongoing scrutiny of mortality through the Mortality Review Group.	
22	**Complaints Annual Report** SW provided a summary of the report, indicating during 2024/25 the Trust logged 221 formal complaints – an increase of 9% on 2023/24 and 2885 level 1 concerns – an increase of 32% on 2023/24. SW reported the most frequently cited theme in formal complaints remained communication, featuring in 63% of cases and aligned with national trends and Medicine Division received the highest number of complaints. SW explained for level 1 concerns access and admission was the leading theme (32%) and Medicine Division recorded the highest number of informal concerns. SW reported 6 PHSO cases had been opened in 2024/25, and one case had been upheld/partially upheld. HS queried the learning from complaints and sought an example. HS also suggested utilising a "you said, we did" approach to demonstrate to patients the Trust was learning from complaints. SW stated one example was installing a map in the Emergency Department to understand their patient journey and typical wait times. SW added the Trust had a Patient Experience Strategy and was a mechanism for patients to get involved in improvement. The Board **NOTED** the report.	
23	**NHS 10 Year Health Plan** MS explained that in July NHS England published the 10 Year Health Plan which outlined three key shifts in healthcare delivery, notable from hospital to community, from analogue to digital and from treatment to prevention. MS added a presentation had been appended to the report to brief members on this, including the supporting reforms and noted there was a Board Away Day in September to further discuss the opportunities. The Board **NOTED** the report.	
24	**Cheshire and Merseyside Provider Collaborative (CMPC) Joint Working Agreement and Committee in Common**	

	AH advised that two Cheshire & Merseyside provider collaboratives had come together to form the Cheshire and Merseyside Provider Collaborative (CMPC) from 1 May 2025. AH added a Joint Working Agreement and Committee in Common Terms of Reference had been produced for each provider in Cheshire and Merseyside for approval. AH noted once approved this would be signed by the Joint Chief Executive. The Board: • **ENDORSED** and **APPROVED** the CMPC Joint Working Agreement and Committee in Common as proposed; • **ADOPTED** the approaches to collaborative working and decision making, as described, recognising the anticipated evolution and development of these proposals under the direction of C&M Trust leadership; and • **COMMITTED** to the use of delegation when required and supported by Trust Boards as a means of embedding system decision making	
25	**Questions from Governors and Public** No questions were raised.	
26	**Meeting Review** Members agreed that the agenda structure of the meeting continue to evolve positively and suggested using the BAF to influence the agenda items.	
27	**Any other Business** No other business was raised.	

(The meeting closed 12:30)