Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Council Of Governors

Date: Thursday 14 August 2025
Time: 3 – 5pm
Location: Trust Conference Room, Warrington Hospital and via MS Teams

Agenda item	Time	Agenda item	Objective/ Desired outcome	Process	Presenter
Formal Business					
COG/25/ 08/23	**3:00pm**	Welcome and Opening Comments Apologies; Declarations of Interest		***Verbal***	Chair
COG/25/ 08/24	**3:02pm**	Minutes and Action Log of meetings held on • 15 May 2025	***For approval***	***Minutes & Action Log***	Chair
COG/25/ 08/25	**3:05pm**	Matters arising	***To note for assurance***	***Verbal***	Chair
Governor business					
COG/25/ 08/26	**3:10pm**	Chairs Update including Integration Progress	***To note for assurance***	***Verbal***	Chair
COG/25/ 08/27	**3:15pm**	Bi-monthly Strategy Highlight Report	***Info/update***	***Report***	Chief Strategy & Partnerships Officer
COG/25/ 08/28	**3:25pm**	Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability *(02.06.25,* 23.06.25, 28.07.25*)* – Jack Roper/ John Somers (b) Quality Assurance Committee *(13.05.15,* 10.06.25, 08.07.25*)Sue*	***Info/update***	***Presentation*** ***Papers***	Committee Chairs Governor Observers

		Fitzpatrick and Diane Nield/Cliff Richards c) Strategic People Committee in Common *(21.05.25,* 18.06.25, 16.07.25*)* – Margaret Bamforth and Carol Ann Kelly/Julie Jarman (d) Charitable Funds Committee (12.06.25) – Steve McGuirk, Sue Fitzpatrick (e) Audit Committee (23.06.25) Margaret Bamforth/Mike O'Connor			
COG/25/ 08/29	**3:45pm**	Items requested by Governors – Questions	***Info/update***	***Verbal***	Chair/Non-Executive Directors
COG/25/ 08/30	**4:05pm**	Lead Governor Update i)Trust Board Observation Reports ii) Governor Observation Visits a) 16.05.2025 - Halton Health Hub b) 21.06.2025 - K25 OPSSU c) 15.07.25 Cardiorespiratory	***Info/update***	***Report*** ***Reports***	Lead Governor
COG/25/ 08/31	**4:10pm**	Governor Engagement Group (GEG) Chairs Report from the meeting 7 August 2025	***Info/update***	***Verbal***	Diane Nield, Deputy Lead Governor
COG/25/ 08/32	**4:20pm**	Communications & Engagement Update Report	***Info/update***	***Paper***	Director of Communications and Engagement
COG/25/ 08/33	**4:30pm**	Membership Strategy Q1	***Info/update***	***Paper***	Company Secretary and Diane Nield, Deputy Lead Governor
COG/25/ 08/34	**4:40pm**	Annual Reports & Account 2024/25 and Annual Members Meeting 2025	***Info/update***	***Report***	Company Secretary
COG/25/ 08/35	**4:45pm**	Fit and Proper Persons Test - Annual Report on Board Members	***For assurance***	***Report***	Company Secretary
Governance					

COG/25/ 08/36	**4:50pm**	Governor Engagement Group in Common – Terms of Reference and Cycle of Business	***For decision***	***Report***	Company Secretary
Closing					
COG/25/ 08/37	**4:55pm**	Review of the Meeting	***To discuss***	**Verbal**	Chair
COG/25/ 08/38	**5:00pm**	Any Other Business	***To discuss***	**Verbal**	Chair

Supplementary papers* Information items to note				
COG/25/ 08/39	Chief Executive's Report – 6 August 2025	***Info/update***	***Report***	Chief Executive
COG/25/ 08/40	Quality Account 2024-25	***Info/update***	***Report***	Chief Nurse
COG/25/ 08/41	Workforce Race Equality Standard (WRES) Update (legislative requirement) & WDES Workforce Disability Equality Standard - 6-month update report	***Info/update***	***Report***	Chief People Officer
COG/25/ 08/42	People Strategy Bi-annual Update	***Info/update***	***Report***	Chief People Officer
COG/25/ 08/43	Learning From Experience Update Q4	***Info/update***	***Report***	Chief Nurse

* Supplementary papers are available on request to members of the public.

Next Meeting of the Council of Governors: Thursday 13 November 2025

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**
  Where an individual may get direct financial benefit[1] from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
  Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
  Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
  Where an individual has a close association[1] with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 15 May 2025
Trust Conference Room, Warrington Hospital and MS Teams

Present	
Cliff Richards (CR)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Mike O'Connor (MOC)	Non-Executive Director
Jayne Downey (JD)	Non-Executive Director
Nikhil Khashu (NK)	Chief Executive
Sue Fitzpatrick (SF)	Public Governor, Lead Governor
Diane Nield (DN)	Public Governor, Deputy Lead Governor
Nigel Richardson (NR)	Public Governor
Linda Mills (LM)	Public Governor
Jack Roper (JR)	Public Governor
Alan Davies (AD)	Public Governor
Paula Jones (PJ)	Public Governor
Catherine Ardern (CA)	Public Governor
Kevin Keith (KK)	Public Governor
Gemma Leach (GL)	Staff Governor
Maureen McLaughlin (MM)	Partner Governor
Nichola Newton (NN)	Partner Governor
In Attendance	
Kate Henry (KH)	Director of Communications and Engagement
John Culshaw (JC)	Company Secretary
Lucy Gardner (LG)	Chief Strategy & Partnerships Officer
Emily Kelso (EK)	Corporate Governance and Membership Manager **(minutes)**
Apologies	
Steve McGuirk (SMcG)	Chair
Julie Jarman (JJ)	Non-Executive Director
Carol Ann Kelly (CAK)	Public Governor
Anne Robinson (AR)	Public Governor
Margaret Bamforth (MB)	Public Governor
Keith Bland (KB)	Public Governor
Edward Rawlinson (ER)	Public Governor
Colin McKenzie	Public Governor
Akash Ganguly (AG)	Staff Governor
Erwin Tuballes (ET)	Staff Governor
Rachel Bold (RB)	Staff Governor
Jonathan Cliffe (JC)	Staff Governor
Mansimran Singh (MS)	Partner Governor

AGENDA REF	AGENDA ITEM

COG/25/05/01	**Welcome, Introduction, Apologies and Declarations of Interest** CR welcomed those in attendance to the meeting, the apologies were noted as above. CR declared an interest in agenda item **COG/25/05/16**, it was agreed he would excuse himself for the item. No other declarations of interest were noted.
COG/25/05/02	**Minutes and Action Log of meetings held on** • 20 February 2025 • 25 April 2025 CR asked that two the actions noted in the minutes from the 20 February meeting, be added to the Action Log for future follow up. These were: • communication with patients on waiting lists • bed utilisation in the CSTM building. **The Council of Governors approved the minutes of the meetings held 20 February 2025 and 25 April 2025.**
COG/25/05/03	**Matters Arising** **There were no matters arising.**
GOVERNOR BUSINESS	
COG/25/05/04	**Chairs Update** CR explained that he was chairing today's meeting in the absence of SMcG, the following key pieces of information were provided to Governors: • Despite financial pressures the focus of the board remained on efficiency without impacting the safety of care provided. • The Thank You Awards were to take place Friday 16 May 2025, with a number of Governors attending, the awards ceremony was taking place at the Titanic Hotel Liverpool. **The Council of Governors noted the update.**
COG/25/05/05	**Bi-monthly Strategy Highlight Report** LG provided an update on the strategy highlights, specifically the progress in Community Diagnostic Centre, Living Well Hub and Living Well Online, pathology collaboration, and the Runcorn town deal health and education hub. Also provided was an update on integration planning and progress. • **CDC Progress:** the community diagnostic centre new build aspect was close to receiving handover, the new facility would house MRI and CT adjacent to the Captain Sir John Moore building. The first patients were expected mid-June which may be bought forward slightly. • **Living Well Online:** The Living Well Online platform went live on March 26th, with ongoing efforts to ensure all services are included and staff are aware of how to use it for signposting and referrals.

	• **Pathology Collaboration:** Plans for pathology collaboration across Cheshire Merseyside were being finalised, with a full business case expected to be presented to the Trust board in July. This collaboration aims to streamline pathology services and improve efficiency. • **Runcorn Town Deal:** Construction for the Runcorn Town deal health and education hub started on April 1st. The hub would provide services tailored to the local community's needs, including respiratory care, children's mental health, and access to employment and education/training around health and care roles. LG went on to provide Governors with an update on Integration progress against programme plans, highlighting the following: • The Trust was now looking at options to accelerate the transaction, this was specifically around the legal aspect, the programme was continuing across the two organisations to bring clinical and corporate services together • Another clinical summit had taken place this time focussed on Children's services, the summit had been positive in identifying areas for improvement and was well attended by clinical colleagues • The intention was to take the Better Care Together Programme Clinical and Operational Services Integration Update and Recommendations on Next Steps to Trust Board in June. MM queried whether electronic patent systems could be integrated across the two organisations. LG explained that currently there was not patient information platform that could meet the needs of community and acute services on the market, given this it would not be possible to have a single system however the two systems would be able to interact with each other to share information. NR queried whether there was enough awareness in the community around the CDC. LG responded that when the CDC was first initiated there had been awareness training with GPs particularly around phlebotomy provision, and community spirometry. It was explained that presently patients could not refer themselves into CDC services, they could book an appointment for example phlebotomy once a referral was made. It was agreed some further awareness sessions would be provided. **The Council of Governors noted the update.**
COG/25/05/06	**Non-Executive Director Assurance Highlights from Committees** CR introduced the item explaining that the key highlights from committees would be covered under agenda item **COG/25/05/09** Items requested by governors – questions.
COG/25/05/07	**LEAD GOVERNOR UPDATE** SF introduced the report with details of the meetings and activities she had been involved in since the last Council of Governors meeting, these included: • Board meeting observational reports were included in the meeting pack, SF had also participated in the leadership observational visit prior to the April board meeting and encouraged fellow governors to observe board meetings and Leadership Observational Visits to support their triangulation of information. • Governor Observation Visits had taken place those areas visited during the quarter

	were, Halton elective orthopaedic ward, A9 and C23. Governors had discussed with the Head of Patient Experience and Inclusion ways to improve how recommendations/actions were tracked following visits, including proposals to add a column to the action sheet and the development of a monitoring spreadsheet to ensure follow-through. • The Governor Focus Conference, facilitated by NHS Providers was taking place via MS Teams, Thursday 5 June, three of the Trusts Governors were participating in the event. **The Council of Governors noted the update.**
COG/25/05/08	**GOVERNOR ENGAGEMENT GROUP (GEG)** DN provided a verbal update in relation to the GEG meeting, highlighting the following key points: • There had been a high governor attendance noted, and strong support from the Governance Team • The meeting included a presentation followed by a Q&A session from the PALS team, who manage a high volume of patient issues despite having only 1.5 full-time equivalent staff. Their average response time is currently 13 days, although some cases can take up to 60 days due to delays in receiving responses from various departments. Concerns were raised about the PALS office opening times, as it sometimes appeared closed despite being open, which may discourage engagement. There was a discussion on how to improve the office's visibility and ensure privacy, such as by adding screening. It was noted that volunteers were being considered to support the PALS office during busy times and to mitigate lone working. • Governors were reminded of the importance of signposting patients to PALS to ensure that all concerns were properly recorded and addressed. A deep dive into communications issues was to be undertaken by the PALs team given this was the main cause noted on PALS case files. • Following a data cleansing effort of the public members database, the Trust was now focused on growing membership through engagement at community events such as Armed Forces Day, Disability Awareness Day, and Warrington Pride, Governors were encouraged to attend events. **The Council of Governors noted the update.**
COG/25/05/09	**Items requested by governors – questions** CR outlined the proposed revised approach to handling questions submitted by Governors. Instead of providing formal written responses, questions would be discussed openly with Non-Executive Directors during the meeting to foster organic discussions and ensure comprehensive coverage of the topics. Governors discussed, highlighting their approach to asking questions, and reflecting on their duty to hold to account, and the differing duties/responsibilities of a Non-Executive Director and a Governor. It was agreed that less focus should be on the wording around questions and more on the different opportunities provided to Governors to ask questions and seek assurance

from the Chair and NEDs both informally and formally. CR confirmed that Chair's briefings would now be utilised as a platform for Governors to ask questions and seek assurance, these would continue to take place digitally, chaired by the Trust Chair and attended by Non-Executive Directors.

SF highlighted the opportunities around signposting governors to Board and committee meeting papers/minutes where questions had been previously answered.

The following key points were taken from the Governors discussion and NED responses to specific questions.

- **Question 1 -** CR responded from a Quality perspective, noting that in light of recent developments in artificial intelligence (AI), the Trust was applying its use with appropriate caution. While AI had demonstrated significant potential—particularly in areas such as waiting list risk assessments and the interpretation of chest X-rays, where it has shown high accuracy in diagnosing lung cancer—it also presented notable challenges. Technology was also being leveraged in the development of a new electronic patient record (EPR) system, currently underway in collaboration with Whiston Hospital. However, it was noted that community services have not been included in the planning process. The overarching digital strategy, which reports through the FSC, encompassed updates to core infrastructure and network systems. JD explained that the Medical Director is leading on the digital strategy and had expressed a strong interest in further exploring the potential of AI. JS highlighted ongoing discussions around the use of AI in administrative functions, with numerous projects aimed at enhancing efficiency and effectiveness across non-clinical operations.
- **Question 2** – A discussion was held regarding the utilisation of resources across both Warrington and Halton sites. Concerns were raised following a patient experience at Halton, where it appeared that the site was functioning primarily as a large outpatient clinic, with limited ward activity. It was clarified that while Halton has experienced a reduction in inpatient services over time—due to historical changes in service accreditation and strategic planning. Other developments were talking place to enhance utilisation, including the use of a winter escalation wards and plans for increased surgical activity following recent theatre investment. Staff and patients reportedly value the Halton site, though there remains a perception among some staff of being disconnected from the wider Trust. Governors acknowledged the importance of improving integration and communication. Additionally, the redevelopment of the CSJM building and the implementation of new software to monitor theatre utilisation were noted as steps toward enhancing operational efficiency and maximising the use of Halton's facilities.
- **Question 3:** NEDs and Governors discussed the success of the recent Easter MADE event and explored whether its benefits could be sustained more regularly. JS explained that while daily replication was deemed impractical due to resource constraints, there was agreement on the importance of identifying and embedding effective elements into routine practice. The event fostered stronger inter-agency collaboration, particularly with community partners, and highlighted the value of focused, coordinated efforts to improve patient flow and discharge processes. Governors were assured on the value of learning from these initiatives and the application of those lessons where feasible within existing resource constraints.
- **Question 4:** NEDS and Governors discussed the importance of clear public

	communication regarding the strategic rationale and anticipated outcomes of the Bridgewater acquisition. It was emphasised that constituents need accessible, concise information outlining the purpose, benefits, and potential impacts—particularly around staffing and service delivery. While job reductions were part of broader cost improvement plans across both organisations, these would be necessary regardless of integration. The Trust was beginning to see tangible benefits from joint working, such as improved services like the AI dermatology pathway at Halton. KH confirmed the Trusts commitment to proactively communicating these developments, highlighting efficiencies and service improvements to build staff and public confidence and demonstrate the value of integration. • **Questions 5 & 6:** JS provided an overview of data insights from the Newton Europe work, highlighting that too many patients were being admitted unnecessarily and staying longer than needed, which presented a clear opportunity for improvement. He shared a personal example from his role in Halifax, where a cost-effective primary care initiative that could save the equivalent of three hospital wards has stalled due to systemic funding barriers. He emphasised the need to break down such barriers to enable more efficient care models. JS also noted that extended hospital stays increase costs under the current payment system and stressed the importance of early discharge planning. The discussion concluded with agreement on the need for a culture that supports acting on data-driven insights to reduce inefficiencies and improve patient flow Governors and NEDs recognised the improvements being made around communication from the Non-Executive Team to governors. It was agreed that more proactive and targeted use of Chair's Briefs, earlier engagement on key issues, and increased face-to-face interactions were helping to close the gaps. Governors discussed committee observers producing a slide with 3 key points taken from their observations at each of the committee and board meetings, to complement their observational reports and the NED assurance reports presented at CoG meetings. It was agreed this format would be tested for the August meeting. **The Council of Governors noted the responses to questions provided by Non-Executive Directors**
COG/25/05/10	**Quarterly Communications & Engagement Update Q4** KH introduced the report, it was noted that the report had been presented and discussed in detail at the Governor Engagement Group Meeting on the 1 May 2025. An update was provided on the revised reporting schedule, which was being aligned with bimonthly Board meetings rather than the previous quarterly cycle. Key highlights included: • ongoing support for the integration programme • communications around the partnership name • the anniversary of the Living Well Hub • The Trust also delivered a successful RSV vaccination campaign and expanded its Experts by Experience programme. Efforts were underway to improve the quality

	and accuracy of patient information, now monitored through the Quality Compliance Oversight Group. • The Trust also supported several regional and national engagement initiatives, including NHS campaigns and consultations. KH invited governors to participate in the Warrington Running Festival in support of the Trust's charity. **The Council of Governors noted the update**
COG/25/05/11	**Membership Strategy Q4 Progress Report** EK introduced the report, it was noted that the report had been presented and discussed in detail at the Governor Engagement Group Meeting on the 1 May 2025. The following key highlights were taken from the report: • strong public member engagement with the members' newsletter continued • There had been successful member and governor participation in NHS Change engagement event • There had been positive feedback on membership stands held at both Warrington and Halton sites. • A welcome letter for new members has been introduced to improve initial communication with Trust members • Governors were thanked for their involvement, including contributions to the "Get to Know Your Governor" section of the members newsletter. • Plans were underway to align the Trust's Governor Engagement Group with Bridgewater's PACE group to support integration, with the first joint meeting scheduled at the Living Well Hub. Governors were encouraged to attend, **The Council of Governors noted the update**
COG/25/05/12	**Elections Activity Bi-Annual Update** EK provided an update on the upcoming governor elections, mentioning the vacancies and encouraging governors to reapply and recruit new members. The following key points were highlighted from the paper: • For the 2025/26 Governor Elections there were 7 seats to be elected • The governor elections proposed timetable was agreed, with elections opening on the 11 September 2025 and closing 25 November 2025. • Those members successful in being elected to the WHH Council of Governors would begin their term on the 1 December 2025. **The Council of Governors noted the content of the report**
COG/25/05/13	**Governor Training and Development Program** JC introduced the paper which provided evidence of the training and development opportunities provided to equip Governors with the skills and knowledge needed to undertake their role during 2024/25 financial year. **The Council of Governors noted the content of the report**
COG/25/05/14	**Amendments to the Constitution**

	JC introduced the paper which proposed two amendments to the constitution, these were: • the removal of the requirement for a non-executive director from Chester University • the addition of a partnership governor from the Cheshire Walking Mums MM quired whether the group were a member of Warrington in Mind, highlighting the importance of governance around groups offering mental health support. JC confirmed that the group was more a social community group rather than a mental health support provider. **The Council of Governors approved the amendments to the constitution**
COG/25/05/15	**Annual Appraisal of Chair Outputs and Non-Executive Directors Appraisal Process** JC provided an update on the Chair and Non-Executive Director appraisal process. It was explained that the Chair's appraisal process had run to plan and the Trust was able to meet the ICB submission deadline of the 31st March. NED appraisal meeting dates had been confirmed and would be completed during Q1/2. **The Council of Governors noted the update**
COG/25/05/16	**Ratification of Nonexecutive Director – Extension of Terms of Office** CR left the meeting room – given the conflict of interest in the agenda item JC introduced the report explaining the rationale for proposing the extension of CR's third term as a non-executive director until March 2026, highlighting his extensive experience as a GP, his lead role on cancer alliance, and valuable insight particularly from a quality perspective. Governors discussed the proposal agreeing they were supportive of the extension in particularly the importance of continuity during the integration process, and the impending end of the current Chairs final term, to ensure some support was provided to the new Chair once appointed. It was highlighted that following support from Governors the next step would be to seek formal approval of the extension from NHSE. **The Council of Governors approved the recommendation from the GNARC for a third term of office for Cliff Richards effective from 10 June 2025 – 31 March 2026.**
Trust Business	
COG/25/05/17	**Trust Operational Plan** JH presented the operational plan for 2025/26, highlighting the financial challenges, workforce reduction, and the need for productivity improvements. She emphasised the importance of reducing agency and bank staff and increasing substantive staff. The key highlights taken from the presentation and governor discussion were as follows: • the financial challenges for the 2025/26 operational plan, including a 10.4 million

	deficit. The plan included measures to reduce agency and bank staff and increase substantive staff to improve efficiency. • The plan included a reduction of staff, focusing on back-office and non-clinical roles. This reduction aimed to streamline operations and reduce costs while maintaining patient care quality. • the need for productivity improvements, including better utilisation of core hours and reducing premium rates for additional sessions. These measures aim to increase efficiency and reduce costs. • the process of quality impact assessments for cost improvement programs, ensuring that any changes are reviewed by nurse directors and medical directors to maintain patient safety. It was noted the PWC were confident with the Trusts process around check and challenge. • the importance of system collaboration for achieving the Level 3 cost improvement targets, emphasising the need for engagement across the system, including social services, GPs, community services, and the third sector. • Mandy Nagra had been appointed as the System Improvement Director on the ICB, to support system collaboration efforts. This role would ensure coordinated efforts towards achieving cost improvement targets. JH explained the revenue to capital initiative, where NHS organisations in surplus could access additional capital to reduce revenue spend. The example was providing of spending on solar panels to reduce energy bills. Governors discussed the challenges around understanding NHS financial matters JH confirmed a detailed session on NHS finances was planned for the Governor Development Day 10 July, including how patient funding was allocated and the impact on the Trust's deficit. **The Council of Governors noted the report.**
Governance	
COG/25/05/18	**Council of Governors Cycle of Business + Terms of Reference** JC introduced the report explaining that The Council of Governors was asked to review to and approve its Terms of Reference and Cycle of business on a annual basis. The following key points were taken from the report • For 2025/26 there were no changes being proposed to the Council of Governors Terms of Reference. • The one notable update to the Cycle of Business for 2025/26 was the addition of a quarterly update on Integration, to be presented at all scheduled Council of Governor meetings. **The Council of Governors approved:** - **The Terms of Reference for 2025/26** - **The Cycle of Business for 2025/26**
CLOSING	
COG/25/05/19	**Review of the Meeting** Governors reviewed the meeting, expressing satisfaction with the ability to ask

	questions and the overall effectiveness of the discussions.
COG/25/05/20	**Any Other Business** The was no further business raised. **The meeting closed at 5:31pm.**
Next Meeting Thursday 14 August 2025, Trust Conference Room Warrington	

ITEMS TO NOTE (see Supplementary Pack)	
COG/25/05/21	**Chief Executive's Report – 5 Feb 2025**
COG/25/05/22	**WHH People Strategy Bi-annual Update**

Signed Chair ……
Date ……..
Chair ……

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Warrington and Halton Teaching Hospitals
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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/25/08/25i	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	14 August 2025

1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
COG/25/02/81	20.02.25	Lead Governor Update	Elective Orthoptics CSTM facility Governors asked for some further assurance on bed utilisation. It was agreed DM would provide some further data on utilisation of the new CSTM facilities.	DM	Auguist 2025		ongoing	
COG/25/02/83	20.02.25	Governor Questions Question 5	Further assurance to be provided to Governors on communication with patients on waiting list..	CR	August 2025		ongoing	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
COG/23/11/66	09.11.23	Items requested by Governors - Questions	Observational visit to be organised for Governors to follow a typical patient pathway through ED.	Emma Painter & Patient Experience	TBA		Given the current ED pressures this is on hold, to be reviewed once einter pressures have decreased	

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status

RAG Key

	Action overdue or no update provided		Update provided but action incomplete		Update provided and action complete

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/26**			
SUBJECT:	**Chairs Update including Integration Progress.**			
DATE OF MEETING:	14.08.25			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	All workstream SROs (highlight report) Lucy Gardner, Chief Strategy & Partnerships Officer Carolyne Ward, Continuous Quality Improvement Lead Stephen Bennett, Head of Strategy and Partnerships Lefteris Zabatis, Senior Strategic Project Manager			
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Chief Strategy & Partnerships Officer			
LINK TO STRATEGIC OBJECTIVE	Choose an item.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	Attached to this cover paper are three separate documents: 1. Highlight Report (reporting period: 1 – 30 June 2025) 2. Strategic Case for the integration of BCH and WHH 3. Draft timeline for the accelerated transaction The highlight report summaries keys tasks completed under each of the workstreams during 1 – 30 June along with identified risks and forthcoming priority actions. The Strategic Case for the integration of BCH and WHH and the draft timeline for the accelerated transaction were both approved by both Trust Boards in July 2025, subject to minor amends of the Strategic Case. Those amends were made and the final versions were approved at Better Care Together Programme Delivery Group and subsequently shared with July's Cheshire and Merseyside ICB Board for support. The ICB Board supported both our Strategic Case and the draft timeline for the accelerated transaction.			
PURPOSE: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**	
RECOMMENDATION:	The Council of Governors are asked to note the final versions of the strategic case and draft timeline for the			

	accelerated transaction.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	None	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Highlight Report – Warrington and Halton Integration
Reporting Period-01.06.2025 to 30.06.2025
Director Lead – Carl Marsh/Lucy Gardner

Workstream	Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Overall Programme					
Corporate Governance				*N/A for this workstream*	
Clinical Governance & Quality				*N/A for this workstream*	
Workforce				*N/A for this workstream*	
Digital				*N/A for this workstream*	
Communications and Engagement				*N/A for this workstream*	
Clinical and Operational Services Integration					
Finance				*N/A for this workstream*	
Corporate services					
Estates					

Highlight Report – Warrington and Halton Integration
Reporting Period- 01.06.25 – 31.06.25
Director Lead – Carl Marsh/Lucy Gardner

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Amber	Green

Programme Description

NHS Cheshire and Merseyside wishes to support greater collaboration and integration opportunities across health and care in Warrington. The focus of this Programme will principally be on the opportunities for greater collaboration and integration between Bridgewater Community Health Foundation Trust (BCHFT) and Warrington and Halton NHS Foundation Trust (WHHFT). The aim of the programme is to support partners in building an appropriate system of delivery for health and care in Warrington and Halton that meets the needs of the population of the boroughs.

Key Achievements this period

- Announcement of joint Chief Nurse and Director of Delivery Unit
- Strategic case approved by both Boards
- Proposal to accelerate transaction approved by both Boards
- Draft timeline for accelerated transaction approved by both Boards
- Finance Committee-in-Common, business schedule drafted. Committee due to meet in July for first time
- Joint Committee of the Boards ToR signed off
- Developing draft Clinical and Operational structure
- Scoping meeting for the next 3 priority pathways, Heart Failure, Infant Feeding and Chronic Pain arranged for July / August
- Trial period complete for integrated transport service with positive feedback
- Paper presented to group on option of WHH delivering medical engineering service on behalf of BCH. Due diligence ongoing ahead of recommendation report to execs
- SLA approved by WHH's Charitable Funds Committee to create a designated BCH community fund – to be live in July
- CQC – benchmarking reports and processes commenced
- Collaborative partnership meetings in place between staff side chairs at BCH and WHH monthly – agreement to move towards an addendum for the partnership agreements in place to form a structured model for negotiation and discussion.
- Staff networks "in common" progressing, with approval from EMT to align governance. Joint introductory meetings held between networks with a soft launch in place during July with a formal launch in September.
- Development of the Organisational Change Framework handbook and resources, approved at the Workforce Integration Delivery Group with staff side consultation continuing into early July.

Next Period (action/deliverables)

- Present strategic case, proposal to accelerate and timeline to ICB for support
- Corporate Governance workstream to continue to work closely with Wirral Trusts in relation to accelerated integration
- Develop Tool Kit and flowchart for the governance of the smaller scale clinical services integration projects
- Commence development of options appraisal for future delivery of integrated domestic service
- Joint review of capital plans
- Determine public engagement approach to the six clinical priority pathway areas.
- Joint QIA Template to be approved across both Trusts following alignment with new June 2025 QIA framework
- Develop detailed plan and costing to implement single IT service desk
- Work with SBS to devise a migration strategy that enables a unified financial ledger.
- Review ICS contract arrangements to explore alignment opportunities.
- Expansion of staff engagement activities at local service level to enhance communications, with interdependencies on clinical and operational services and the accelerated transaction.
- Organisational Change Framework phase 2 to be launched in July 2025 following Staff Side consultation.

Highlight Report – Warrington and Halton Integration - Corporate Governance Workstream
Reporting Period – 01.06.15 – 30.06.25
Director Lead – John Culshaw / Jan McCartney

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	N/A for this workstream	Green

Programme Description

The programme is threefold;
1. To ensure both trusts continue to remain Well Led during the integration programme
2. To develop a strategy for greater collaboration between the trusts, focusing on joint / shared governance where appropriate, and
3. To safely guide the trusts towards the formal legal mechanism and ensure the governance is in place post transaction

Key Achievements this period	Red and Amber Highlights	Next Period (action/deliverables)
• Finance Committee-in-Common, business schedule drafted. Committees due to meet in July for first time • Joint Committee of the Boards ToR signed off, first meeting due 2 July. • **Integration savings** achieved to date (recorded under corporate services workstream) • Shared exec roles – £200,000 Shared NHS Providers membership - £24,000		• Establish/ embed Finance CiC . • Continue to work closely with Wirral Trusts in relation to accelerated integration

Significant achievements since beginning of programme

Committees in Common
Mutual aid across the corporate governance teams

Highlight Report – Warrington and Halton integration- Clinical Governance and Quality workstream
Reporting Period – July 2025
Director Lead – Ali Kennah, Jeanette Hogan
Operational Lead – Hayley Heard, Carolyne Ward, Michelle Eybers

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Amber	Green	Amber	N/A for this workstream	Green

Workstream description

The Clinical Governance and Quality workstream has been established to support the overall delivery of the Integration Programme, with particular focus on:

- Risk management, inclusive of complaints, incident management-, litigation and associated documentation, guidance and assurances.
- identifying opportunities and efficiencies for improvement in Clinical Governance services pathways and functions?
- Managing emerging risks of integration from a functional and operational standpoint.
- Integrating teams to create improved working models of care and safer outcomes for patients
- Developing aligned and sustainable services supporting patient experience such as bereavements, chaplaincy and medical examiners.
- Ensuring financial and clinical sustainability of services.

Key achievements this period

- Meeting Infrastructure in place for monthly oversight of all workstreams
- Master class delivered to workstream leads to support delivery plan completion
- All subgroups now meeting on a regular basis, identifying objectives and developing smart actions on delivery plan
- CQC – benchmarking reports and processes commenced
- Safeguarding – alignment of safeguarding training level 1& 2 completed across both trusts
- PSIRF training – places on this months WHH training opened to BW
- Clinical Policies – Meeting held and agreed actions for policy alignment, prioritisation and process review
- QIA – QIA templates reviewed and aligned. QIA processes flowchart in development

Red and Amber highlights

- Different electronic systems / contracts impacting on target achievements due to digital / procurement interdependence:

- Incident reporting systems
- FFT electronic systems
- Interpretation contract
- Audit system

Next period (action/deliverables)

- Joint meetings for workstream leads
- Monitor progress of objectives against time frames
- Further summits planned
- Gant chart completed for every area with key actions / milestones
- Joint QIA Template to be approved across both Trusts following alignment with new NQB June 2025 QIA framework

Items for escalation or support

Digital group support required to review key systems . Contracts to be aligned – Interpretation services, FFT

Highlight Report – Warrington and Halton integration: Workforce Workstream
Reporting Period – 01.06.2025 to 30.06.2025
Director Leads – Michelle Cloney & Paula Woods
Operational Lead – Adam Harrison-Moran

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	N/A for this workstream	Green

Workstream description

The Workforce Workstream has been implemented to support the overall delivery of the Warrington and Halton Integration Programme, specifically to:

- Enable staff from both organisations to work and behave as a single workforce.
- Establish the leadership and organisational structure.
- Align the vision and cultural behaviour.
- Support workforce transformation arising from integration workstreams.
- Develop effective change management and staff transition plans

Key achievements this period

- New risk included focused on workforce legal fees and the implication this can have on organisational financial impact.
- Continued with meetings to explore possibilities in terms of cost efficiencies and exploration of current service models – Occupational Health / Resus contracts.
- Collaborative partnership meetings in place between staff side chairs at BCH and WHH monthly – agreement to move towards an addendum for the partnership agreements in place to form a structured model for negotiation and discussion.
- Development and approval of the Better Care Together Culture Plan 2025-2027 by the Strategic People Committee in Common aligning organisational development support to the programme, with an emphasis on performance and patient outcomes mapped to staff voice feedback e.g. Staff Survey results.
- Continuation of the Strategic People Committee in Common with joint working scoped where possible.
- Review of actions and milestones for workforce, aligned with plans to accelerate the transaction (subject to national approvals).
- Staff networks “in common” progressing, with approval from EMT to align governance. Joint introductory meetings held between networks with a soft launch in place during July with a formal launch in September.
- Continued work to develop a task and finish group for a shared corporate induction programme.
- Development of the Organisational Change Framework handbook and resources, approved at the Workforce Integration Delivery Group with staff side consultation continuing into early July.

Red and Amber highlights

- Work progressing to review workforce specific contracts (e.g. Occupational Health / Resus) based on procurement advice.

Next period (action/deliverables)

- Expansion of staff engagement activities at local service level to enhance communications, with interdependencies on clinical and operational services and the accelerated transaction.
- Continue discussions about a single vacancy approach to understand the barriers/opportunities, including QIA oversight for vacancies.
- Further population of the SharePoint site – in line with the shared data agreement.
- Development of revenue requests and options appraisal for contracts following / subject to updated procurement advice and opportunities – focused on Occupational Health and Resus.
- Formal sign off for the Staff Side Partnership Agreement by both organisations.
- Implementation of the Shared Workforce Agreement following sign off by EMT.
- Continue to monitor risks associated with workforce, with mitigations incorporated into the workstream governance.
- Organisational Change Framework phase 2 to be launched in July 2025 following Staff Side consultation.
- Policy alignment for Organisational Change in both organisations to be continued.

Items for escalation or support

- Ensuring that workforce considerations in each workstream are escalated through the Head of Strategic Workforce Development & Culture, specifically focused on contract alignment, dissolution and TUPE implications.

Highlight Report – Warrington and Halton Integration: Digital Workstream
Reporting Period – 27.05.2025 to 30.06.2025
Director Lead – Paul Fitzsimmons
Operational Lead – Tom Poulter and Dave Smith

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Amber	Amber	Amber	N/A for this workstream	Green

Workstream description

This workstream will develop and deliver a strategy for Digital Integration of WHH & BW, ensuring the managed consolidation of systems and digital services to achieve quality improvements and efficiencies for both trusts.

Key achievements this period	Red and Amber highlights	Next period (action/deliverables)

• High level workstream plans developed
• E18 RPA contract convergence in place
	• Operational challenges for WHH Digital Services due to vacancy freeze - clarity on shared use/pooling of resources is being investigated
	• Management capacity challenges to deliver programme
		• Produce accelerated plan for digital integration for March 2026
		  • Draft 3- year plan aligned with model health system analysis reflecting cost reduction opportunities
		  • Priorities for year 1 to be agreed
		• SLT planning workshops
		  • Digital management structure options appraisal
		  • Target Operating Model
		  • Digital Strategy
		  • Confirmation of staff consultation process
		• Develop detailed plan and costing to implement single service desk

Items for escalation or support

Operational and Management capacity challenges

Highlight Report – Warrington and Halton Integration- Communications and Engagement Workstream
Reporting period– 01.06.25 – 30.06.25
Director Lead – Kate Henry/ Mike Baker
Operational Lead – Megan Wainwright

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	N/A for this workstream	Green

Programme Description

The project aims to develop a strategy for greater collaboration and integration across acute, community and primary care services in Warrington and Halton, with an initial focus on unscheduled care but also identifying any further areas of opportunity. The aim of the integration is to effectively address and optimise the use of resources and outcomes for patients.

Key Achievements this period

- 219 staff joined the most recent staff engagement session on 16 June, split by:
  - WHH – 120 people
  - BCH – 94 people
  - Unknown location – 5 people
- Microsite stats (1 May to 24 June)
  - Total site visits: 2508
  - Most viewed page after the home page: Frequently Asked Questions
- SLA approved by WHH's Charitable Funds Committee to create a designated BCH community fund – to be live in July
- Further communications on outcomes of the clinical summits have gone out and are available on the BCT Microsite
- Announcement of joint Chief Nurse
- Announcement of Director of Delivery Unit
- Design and formatting of Strategic Case for Change document in readiness of the July Board.
- BCH and WHH joint comms team development session held in June to further progress the coming together of teams.

Ongoing activity:

- Communication and Engagement Delivery Group continues to meet monthly
- BCT microsite continues to be promoted via both Trusts' internal communications channels, with additional content being added on a regular basis as the programme progresses
- Continue to keep staff and stakeholders informed (and involved where required) of progress

Red and Amber Highlights

Next Period (action/deliverables)

- Determine public engagement approach to the six clinical priority pathway areas.
- Finalise plan to merge further communications channels.
- Continue to pursue opportunities to join up communications and engagement activity.
- Continue updating staff/public and promote mechanisms to feed back views and ask questions as required.
- Actively monitor and evaluate activity.
- Identify and collaborate on joint initiatives / campaigns
- Workstream delivery plan is being developed and milestones for the programme are to be confirmed.

Highlight Report – Warrington and Halton Integration- Clinical and Operational Services Integration Workstream
Reporting Period – 1.6.25 – 30.6.25
Director Leads – Daniel Moore/Mark Charman
Operational Lead – Kath Roberts/Hayley Heard

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Amber	Green	Amber	Green	Green

Workstream description

The Clinical and Operational workstream has been established to support the overall delivery of the Integration Programme, with particular focus on:

- Managing emerging clinical and operational risks
- Integrating teams to create clinically improved models of care and better outcomes for patients
- Urgent and emergency care pathways and delivery of flow
- Developing sustainable services which are delivered in settings which are accessible, and which facilitate the delivery of optimum care
- Ensuring financial and clinical sustainability of services.

Key achievements this period	Red and Amber highlights	Next period (action/deliverables)
• 6 new priority pathways and next steps paper approved by Executives • 6 new priority pathways delivery plans updated to reflect timelines of the above paper. • Approved CODG actions to be completed before transaction occurs April 26 • DM/LC developing draft Clinical and Operational structure • Outcome presentation from the Children's summit completed and distributed to all attendees. • Scoping meeting for the next 3 priority pathways, Heart Failure, Infant Feeding and Chronic Pain arranged for July / August • Smaller scale projects (quick wins) reviewed and confirmed – categorised into taking forward with CODG support, needs further clarification and those within the team gift / BAU	• Delivery plans for 6 new priority pathways need the risks to be reviewed and confirm risk scores – will be completed by beginning of July.	• Scoping meeting for the next 2 priority pathways, Heart Failure and Infant Feeding. • DM/LC to present draft Clinical and Operational Structure to CODG • Develop Tool Kit to support teams with the smaller scale projects • Develop flowchart for the governance of the smaller scale projects • Delivery plan for CODG actions to be completed before transaction occurs April 26 • Define the risks on the Delivery Plans for the 6 new priority pathways

Highlight Report – Warrington and Halton integration: Finance Workstream
Reporting Period – 01.06.25 – 30.06.25
Director Lead – Jane Hurst and Nick Gallagher
Operational Lead – Paula Brereton & Jess Phillips

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	N/A for this workstream	Green

Programme Description

Aim to make both Trusts more financially sustainable, create opportunities for efficiencies and productivity gains, and make the best use of our shared resources.

Key Achievements this period	Red and Amber Highlights	Next Period (action/deliverables)
• **Charitable Funds:** SLA put into place, awaiting funds to be transferred to WHH. • **Single Financial Ledger:** Meeting held with SBS to discuss moving to a single financial ledger. • **Costing:** Process initiated to give WHH access to BCH files. • **Action Tracker:** Detailed review and updating of the workstream action tracker.	• Finance resources to undertake the necessary actions towards integration of the Finance teams.	• **Charitable Funds:** Facilitate the transfer of funds from BCH to WHH. • **Financial Ledger Consolidation:** Work with SBS to devise a migration strategy that enables a unified financial ledger. • **Costing Services SLA:** Draft a service level agreement for WHH to deliver costing services on behalf of BCH. • **Data Sharing for Costing:** Establish a shared environment to enable access to patient-level data required for costing. • **SLA Review:** Examine all existing SLAs to identify current or potential overlaps between BCH and WHH. • **External SLA Evaluation:** Assess SLAs with other NHS organisations to determine the need for continuation. • **ICS Contracts Alignment:** Review ICS contract arrangements to explore alignment opportunities.

Highlight Report – Corporate Services Integration
Reporting Period – 01.06.2025 to 30.06.2025
Director Lead – Nick Gallagher, Jane Hurst, Paula Woods, Michelle Cloney
Operational Lead – Stephen Bennett

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit Status
Green	Green	Green	Amber	Green

Programme Description

Aims to develop and then implement plans to create single services for each corporate function serving a new integrated organisation between WHH and BCH.

Key Achievements this period

- Specific next steps for corporate workstream agreed in line with proposed accelerated transaction timeframe.
- Pro-forma compiled to capture next layer of service level information from each corporate function.
- Simple document produced to help guide Execs and corporate teams through next steps and required timeframes.
- Revised reporting for corporate services financial benefits agreed and aligned to existing WHH and BCH CIP trackers.

Red and Amber Highlights

Delivery against individual corporate services CIP targets for 25/26 will be tracked and any savings enabled by integration will be flagged.

(See accompanying slide for details)

Next Period (action/deliverables)

- Further work to update detailed action trackers for each sub-workstream to provide oversight and support production of highlight reports moving forwards.
- Issue pro-forma documents to each corporate service (return date 18th July). The info captured in the pro-formas will help inform next steps and provide greater understanding of services and potential measures to support TUPE transfer process and/or organisational change as and when teams start to come together.

Items for escalation or support

Discussions on Estates noted and escalations to the Estates Group include:

- Requirement to understand current capacity within Spencer House and the cost of relocation needs to be aligned with the Workforce Integration Delivery Group due to terms and conditions (e.g. travel expenses).
- Requirement to understand timeframes for Estates plans to ascertain opportunities pre-April 2026 and April 2027.

Deadline for all corporate workstreams to return completed pro-forma documents is 18th July 2025

Highlight Report – Warrington and Halton Integration- Estates Workstream
Reporting Period – 01.06.25 – 30.07.25
Director Lead – Daniel Moore / Nick Gallagher
Operational Lead – Val Doyle / John Morris

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Red	Green

Programme Description

Integration of the estates department functions, contracts, and sites of Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare to appropriately serve the population of Warrington and Halton.

Key Achievements this period

- Trial period complete for integrated transport service:
  - Delivery of mail and samples by BCH drivers on behalf of WHH
  - Really positive feedback
  - Trial to continue ahead of presentation of recommendation report to Executives
- Paper presented to group on option of WHH delivering medical engineering service on behalf of BCH. Due diligence ongoing ahead of recommendation report to execs
- Strategic assessment of estate portfolio ongoing, supported by GB Partnerships and aligned to NHS C&M / NHS England methodology
- Opportunity around potential for shared bed store in the community at exploratory phase
- Recruitment ongoing for delivery of integrated grounds and gardening service

Red and Amber Highlights

- Development of risk management plans

Next Period (action/deliverables)

- Commence development of options appraisal for future delivery of integrated domestic service
- Joint review of capital plans
- Commence Green Plan reviews
- Recommendation report for integrated transport service
- Recommendation report for integrated medical engineering service
- Submission of strategic estates portfolio to NHS C&M
- Development of fire safety and compliance workstream

DRAFT INTEGRATION TIMELINE

MILESTONES	2025 MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2026 JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	DEC
Strategic programme delivery																			
Maintain programme risk register	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Maintain programme financial benefits tracker	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Maintain non-financial benefits tracker	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Develop and maintain programme delivery plan and associated reporting	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Develop strategic case	■	■	■																
Approval of acceleration			■																
Approval of strategic case			■																
Develop business case		■	■	■	■	■	■												
Procure external support			■																
Due diligence				■	■	■													
Business case approvals							■	■	■	■									
Board certification									■	■									
Develop shared clinical strategy				■	■	■	■	■	■	■	■	■	■	■	■	■			
Develop shared overall strategy				■	■	■	■	■	■	■	■	■	■	■	■	■			
Clinical & Operational Services Integration																			
Clinical due diligence				■	■	■													
Clinical and operational input to business case			■	■	■														
Agree transitional clinical structures			■	■	■														
Agree transitional operational structures			■	■	■														
Align clinical SOPs						■	■	■	■	■	■								
Align on-call arrangements						■	■	■	■	■	■								
Align EPRR procedures						■	■	■	■	■	■								
Agree priority improvements and timelines from clinical summits	■	■	■																
Support implementation of integrated pathways and improvements	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Corporate Services Integration																			
Agree transitional structures for each corporate service			■	■	■														
Confirm benefits of integration for each corporate service		■	■	■	■	■													
Corporate services input to business case			■	■	■														
Implementation of new corporate structures												■	■	■	■	■	■	■	
Finance																			
Develop high level 5 year financial strategy	■	■	■																
Maintain financial benefits tracker	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Finance input to business case			■	■	■	■													
Contract due diligence				■	■	■													
Review all contracts and draft agreement of principles for transferring contracts	■	■	■	■	■	■													
Rationalisation and alignment of all external contracts and SLAs	■	■	■	■	■	■	■	■	■	■	■								
Communicate with suppliers and novate all live contracts across to new organisation								■	■	■	■								
Transfer all open orders across to procurement system of new organisation								■	■	■	■								

Taxation due diligence																				
Migrate to single finance ledger																				
Set up all budget codes and ledger infrastructure																				
Arrange a single bank account																				
Align policies and procedures																				
Training for both finance and non-finance staff																				
Migrate to a single capital system and asset register																				
Appoint single internal and external auditors																				
Workforce																				
Human resources and pension due diligence																				
Sign off Joint Vacancy Review and Management Framework.																				
Sign off Integrated Organisational Change Framework.																				
Workforce input to business case																				
Single ESR system in place																				
Single payroll system in place																				
Joint culture plan																				
New model for partnership working with staff side																				
Development of joint people strategy, aligned to overall joint strategy																				
Integration of learning, development, medical and clinical education procedures, processes and systems, e.g. combined induction, appraisal processes etc..																				
Align workforce policies and procedures																				
TUPE - measures																				
TUPE - completion of employee liability information																				
TUPE - consultation																				
TUPE - implementation																				
Organisational development programme of focussed support																				
Estates																				
Complete Review of all Trust sites to confirm assets and liabilities, including lease agreements																				
Complete review of all FM contracts and SLAs to confirm assets and liabilities																				
Estates due diligence																				
Environmental and health and safety due diligence																				
Estates input to business case																				
Transfer of assets and liabilities																				
New ODS (organisation data service) codes to be issued and CQC location database and departmental reporting structures updated																				
Supporting software, apps, portals and data sets to be updated																				
Communications to key external agencies, including Fire and Rescue, HSE, NHSE estates																				
Alignment of estates policies and SOPs																				
Complete mandated returns e.g. ERIC for 2 sovereign organisations for 25/26																				
New signage																				
Digital																				

Review and agree plan for digital system architecture integration																				
IT due diligence																				
Digital input to business case																				
New organisational code - obtain and update systems accordingly																				
Migrate to single email domain																				
Register changes with ICO																				
Align digital SOPs																				
Align digital policies																				
Confirm digital governance																				
Communications and engagement																				
Remaining internal comms channels to be joint																				
Communications input to business case																				
Joint staff intranet/extranet																				
Joint arrangements for email analytics																				
Joint communications and engagement reporting																				
Brand identity, including full engagement on creation of joint vision and strategy																				
Visual identity, including updated brand guidelines																				
Joint website																				
Joint social media channels																				
Communications plan to explain/launch new organisation																				
Engagement and consultation support to clinical service changes																				
Clinical governance and corporate nursing																				
Clinical due diligence																				
Clinical governance input to business case																				
Develop a shared risk register and joint risk management system																				
Develop single incident reporting and management system																				
Align clinical policies																				
Corporate governance and legal																				
Develop and agree Partnership/management agreement																				
Establish joint committee																				
Establish committees in common																				
Legal due diligence																				
Corporate governance input to business case																				
Agree and implement leadership team structure																				
Board certification																				
Amend license of enlarged organisation (inc name change)																				
Grant of acquisition (secretary of state)																				
Target Trust dissolved																				
Assets, property and liabilities transfer to enlarged organisation via section 56AA																				
Revised constitution																				
Agree Board of enlarged organisation (schedule 7)																				
Board appointments																				
Board membership (section 61 (2))																				
Revised constitution																				
Agree constitution																				

Approvals																				
WHH secures Board of Directors approval for the Integration																				
BCH secures Board of Directors approval for the Integration																				
Trusts secure Council of Governors approval for the Integration																				
Trusts submit a joint application in respect of the Transaction to NHSE/ICB																				
NHSE/ICB/Secretary of State approves the Integration																				
CQC registration of enlarged FT																				

Strategic Case

NHS
North Cheshire and Mersey Healthcare Partnership
Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals









Better Care Together

Home · Community · Hospital

Contents

1 Foreword

Warrington and Halton Teaching Hospitals NHSFT (WHH) and Bridgewater Community Healthcare NHSFT (BCH) are currently two separate NHS organisations providing care to broadly the same population.

Each organisation currently specialises in different parts of patients' clinical pathways, and as an acute, secondary care trust and a community trust we recognise the benefits of bringing our services together. Opportunities exist through integration to improve local health outcomes, enhance the quality and experience of care, and support financial and clinical service sustainability as a single provider.

Put simply, we want to provide better care together and we want to do that as soon as we possibly can!

In order to meet the current and future health and care challenges presented by an ageing and growing population, we recognise the need for our organisations to adapt and change how, when and where we deliver services. Our organisations have more than 6,700 staff between us and a combined turnover of around £0.5bn. We serve a population of over 330,000 people and deliver services from 75 different locations.

The opportunities to do things differently and better that are created through the integration programme are significant and unprecedented. This collaboration is not just about addressing fragmented pathways and reducing duplication in current service delivery or reducing our financial deficit; it is about working together to create a sustainable healthcare system for the future, focused on clinical excellence that prioritises the needs of our patients rather than the limitations of the current system infrastructure.

We recognise broader demand, workforce, and financial pressures are impacting the quality and effectiveness of patient care, requiring a whole-system response. Challenges include patient flow in the acute system, with a significant number of beds on the acute sites occupied by patients who no longer meet residency criteria. We will work with our system partners in these areas, while taking collective responsibility for the patients under our care.

As leaders of the two partner organisations, we commend the Strategic Case, a document that marks the start of our collaborative journey, not its conclusion. As we move forward, we invite continued engagement and feedback as we further define the opportunities. Together we can shape the future of acute and community healthcare across Warrington and Halton and the wider population we serve.

Steve McGuirk
Chair of WHH

Martyn Taylor
Chair of BCH

Nikhil Khashu
Joint CEO of BCH and WHH

2 Executive summary

2.1 Introduction and strategic context

The current operating and financial environment for the NHS nationally and regionally is extremely challenged. Increasing demands from an ageing and growing population set against a background of restricted public finances creates the scenario where change and transformation of services is now an essential requirement for future sustainability.

In order to achieve the goal of becoming clinically and financially sustainable for the future, Warrington and Halton Teaching Hospitals NHSFT (WHH) and Bridgewater Community Healthcare NHSFT (BCH) have commenced a programme of work titled 'Better Care Together'. This programme will see the partner organisations formally integrate to become one single NHS provider delivering both acute and community healthcare for the local population across Warrington and Halton and beyond.

Through the programme we see huge opportunities for improvement across a wide range of measures, and we are looking to progress the integration as quickly as possible in order to unlock those opportunities. The programme also creates a positive platform that will enable us to deliver on the Government's requirement for three strategic shifts, namely:

- Hospital to community
- Analogue to digital
- Ill-health to prevention

2.2 Overview of current state

Between BCH and WHH we employ more than 6,700 staff, have a combined turnover of £500m and deliver 174 different acute and community services across 75 different locations.

The local population we serve totals over 330,000 people and incorporates some of the most deprived areas in England. This creates some significant challenges in terms of inequality of health outcomes and ensuring access to services, resulting in some stark differences in life expectancy and healthy life expectancy recorded between different parts of the catchment area.

The current challenges facing NHS organisations are significant in both volume and scale. Managing increasing demand from a growing number of more complex patients with finite financial and workforce resources is becoming increasingly difficult for all providers, and WHH and BCH are no exception. The financial deficit of WHH and BCH combined stands at around £72m (before cost savings measures and deficit support).

The time to adopt a more transformative approach is most definitely upon us and we see the integration programme as the most important enabler for positive change and improvement that we have.

2.3 Key opportunities

We know that there are inequalities in life expectancy between and even within areas of our local populations.

We know that there are communities and groups of residents that have poorer health outcomes and sometimes greater difficulty in accessing health and wellbeing services.

We know that we can do more to improve and enhance access to diagnostic services and secondary care expertise for our community health services.

We know that we have much greater opportunities to reduce Emergency Department (ED) attendances and avoid ED admissions as well as much greater opportunities to improve discharge and out-of-hospital flow through improved collaboration between acute and community teams.

We know that we can make much better use of population health data and work in a more proactive way to prevent ill health and support early intervention by working more closely together.

We know that we can build on well-established and strong relationships with our local authorities and other local partners to transform the healthcare we provide across our places.

We know that integration will provide greater resilience to some of our more fragile clinical services and greater opportunities to develop our workforce.

We know that we have many millions of pounds worth of financial opportunity tied up in two separate organisations serving the needs of broadly the same population. These opportunities are most obvious across our corporate functions and our estate footprints.

We know there are opportunities all around us and we also know that our Better Care Together programme provides the key to unlocking the potential to make real, lasting change and improvement happen across Warrington, Halton and our surrounding areas.

2.4 Summary of financial opportunity

National benchmarking and cost collection data suggests that the combined organisations have financial improvement opportunities totalling up to £28m, £12m of which are reliant upon integration to deliver and a further £16m are enabled via the integration programme. A number of the known financial opportunities can only be delivered at the point from which the organisations come together to form a single legal entity. Therefore, the sooner the formal transaction can take place, the sooner those benefits can be realised.

Delivery of financial improvement enabled via integration forms a crucial part of the four-year financial strategy to take the financial position of the combined organisations from a £72m deficit back to a sustainable level.

2.5 Next steps

The development of our Case for Change has highlighted that we can do better for the patients we serve. From a clinical perspective, we see huge benefits to joining up our pathways and recognise that organisational boundaries are impacting the care we provide across several pathways, while also influencing how patients experience our services.

Financially, our individual trusts face significant risks that require effective management. Operating as an integrated single organisation creates the largest opportunity to mitigate these risks over the long term and move as swiftly as possible towards financial sustainability.

To address these challenges, we must now develop a comprehensive programme of work to simplify the delivery of our clinical and corporate services, supporting a more efficient and effective future.

We have developed a timeline for the integration of our trusts to become one single organisation by April 2026 and are committed to working with partners to deliver our ambitious vision as quickly as possible to enable benefits to the populations we serve and our staff and to ensure financial sustainability of the services we provide.

3 Our Trust Boards' approved transaction option

BCH and WHH have previously explored integration, driven by the need to improve services for the shared population we serve and to deliver clinical and financial sustainability.

In April 2024 the CEOs and Chairs of both trusts met with Graham Urwin, CEO of Cheshire and Merseyside ICB. An agreement in principle made in the meeting was confirmed in writing, which was that BCH and WHH need to vertically integrate. A programme of integration commenced, and the two CEOs agreed a memorandum of understanding (MoU), which set out a series of initial principles for the programme.

On 4 September 2024, our Boards met together for the first joint board development session. In this session both Boards reviewed and refined the content of the MoU with further points of clarity and considerations of how we work together. The revised principles of how we work together were formally approved and adopted by both Boards independently in October 2024.

A series of other documents were approved at our October 2024 Boards, reflective of the progress we had made together, including:

- our Strategic Case for Change
- our communications principles and key messages
- our joint programme branding

Our draft milestone plan and risk and gain share agreement were shared at these Board meetings for information as both had been previously approved at our joint executive team meeting.

Within our approved Strategic Case for Change we state that 'we hope to become a single organisation as soon as possible', which reflects the discussion and agreement at the joint Board development session. A key action agreed at our joint Board development session in September 2024 was therefore to progress, as a priority, an options appraisal to help determine the most appropriate legal mechanism for us to integrate and become a single organisation.

In October 2024 we further demonstrated our commitment to integration by appointing a joint CEO, Nikhil Khashu, who started in post on 1 November. The joint CEO role has been followed by two more joint executive posts – our shared Executive Medical Director and Chief Operating Officer.

This section provides an overview of the process and consideration taken to reach the decision to integrate via an acquisition of BCH by WHH.

A detailed, robust and transparent options appraisal process was undertaken to provide a recommended option to legally integrate the two organisations. Members of both executive teams and Boards were engaged throughout the process and approved aspects of the process as appropriate. Partners have been engaged and NHS England (NHSE) have supported and endorsed the process.

The options appraisal process was purely about the legal mechanism for integration and was an enabler to transformational change to improve service delivery.

The options appraisal process aimed to:

- identify options, including legal mechanisms, to bring our organisations together to support and enable integration
- develop and agree a shortlist of options
- evaluate the shortlist of options against agreed criteria
- recommend an option, based on the evaluation
- put the recommendation to both Boards for review and approval

In summary the process included the following key steps:

- the development and agreement of a timetable
- the development and approval of a long list of options
- an appraisal of the long list of options to provide a shortlist
- a review and approval of the shortlist
- the development and approval of criteria and weightings, against which to score shortlisted options
- the development and approval of detailed evidence and information pack to support panel members to score the shortlisted options
- an agreement on panel members
- an independent evaluation and scoring of each shortlisted option against agreed criteria by each of the panel members
- the collation of those scores
- a dedicated workshop with panel members to review collated scores and agree a recommended option
- the recommended option and scores shared with all Board members
- the recommended option proposed to both Boards for approval

All executives, key partners including local authorities, the ICB, voluntary sector and primary care colleagues, and NHSE contributed to the detailed evidence and information pack used to support the evaluation of options. Board members were engaged throughout the process and feedback informed the process.

The panel members independently assessed and scored the four approved shortlisted options, which were:

- Option 4: Shared leadership with joint operational governance
- Option 5: A merger of BCH and WHH
- Option 6: The acquisition of BCH by WHH
- Option 7: The acquisition of WHH by BCH

Option 6, the acquisition of BCH by WHH, was approved by both Boards in February 2025. The acquisition of BCH by WHH enables delivery of broadly the same high levels of patient, staff and financial benefits as options 5 and 7. This option provides the best value for money and does not present significant delivery risks against the Department of Health and Social Care's (DHSC) risk assessment process.

In terms of patient impact and benefits, full integration of services via acquisition of BCH by WHH would formally bring community and hospital staff together to enhance the community service offer and deliver streamlined pathways which are likely to lead to improved long term health outcomes, aligned to the national 10 Year Health Plan.

This chosen approach will facilitate the development of a single workforce with improved opportunities for career development through shared training and educational resources, new roles and challenges supporting development and retention. These changes will help with filling workforce gaps, reducing agency staffing and premium rates through integrated teams, particularly in support of fragile services.

4 Who we are: An overview

Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) are joining forces and working as one to improve healthcare services for our communities.

Our executive teams and Trust Boards have been working together to carefully develop the proposal to integrate the Trusts and since 1 November 2024 we have had a joint Chief Executive. Governance arrangements have been established, including joint executive team meetings, joint Board meetings, and the creation of a steering group made up of senior representatives from both trusts as well as system partner organisations.

This section provides an overview of WHH and BCH as distinct organisations and the local north west health economy including a summary of our key opportunities and the key challenges we face locally.

4.1 Overview of the WHH and BCH Trusts

WHH comprises three acute (secondary) care hospitals across two sites in the boroughs of Warrington and Halton and provides services across more than 30 community sites.

The Warrington Hospital site provides emergency care, general medicine, surgery, cardiac care, stroke care, cancer care, maternity, paediatrics, and support services like physiotherapy, pathology and pharmacy.

The Halton Hospital site in Runcorn specialises in elective and diagnostic care. It includes the Captain Sir Tom Moore Building and Nightingale Building, offering services including general surgery, urology, cancer care, chemotherapy and outpatient care. The site is also home to the Delamere Macmillan Unit, Halton Clinical Research Unit and Runcorn Urgent Treatment Centre.

All three facilities on the Trust sites offer outpatient clinics and diagnostic services in a range of settings to ensure patients can access care close to home. In addition to hospitals, community hubs and mobile facilities, the Trust also offers virtual options to improve access to quality care and reduce health inequalities.

The Trust is rated 'Good' by the Care Quality Commission, and its workforce of nearly 5,000 staff comprises more than 80 nationalities. The organisation's turnover in 2024-25 was £392 million.

BCH provides community adult and children's nursing and therapy services in Halton and Warrington. The Trust also provides specialised community dental services reaching more than 18,500 people across Cheshire, Merseyside and Greater Manchester.

As a dedicated provider of community services, the Trust strategy is to bring more care closer to home. The majority of services are delivered in patients' homes or at locations close to where they live such as clinics, health centres, GP practices, community centres and schools.

The Trust employs approximately 1,700 people and has more than 100 apprentices working within its clinical and corporate teams.
BCH was recognised by Riverside College as Employer of the Year for its collaborative approach in working with the higher education provider on apprenticeship training.

The Trust is rated 'requires improvement' by the Care Quality Commission and its turnover in 2024-25 was £108 million.

The elective waiting list for both organisations stands at 37,437 as of 11 May 2025.

This is broken down as below:

Organisation	**Total waiters**	0-52 weeks	53-78 weeks	79-104 weeks
Warrington and Halton Teaching Hospitals	**34,043**	32,403	1,630	10
Bridgewater Community Healthcare	**3,394**	2,547	828	19

BCH

Bridgewater Community Healthcare NHS Foundation Trust

- 1,730 staff
- £108m annual turnover
- CQC Rating: Requires Improvement
- £10m 25/26 planned deficit*
- Quartile 4 - National corporate services cost benchmarking
- 66 community sites in Warrington, Halton, Cheshire, Merseyside and Greater Manchester
- Community adult and children's nursing and therapy services in Halton, Warrington and St Helens. Community dental services across Cheshire, Merseyside and Greater Manchester

WHH

Warrington and Halton Teaching Hospitals NHS Foundation Trust

- 5,000 staff
- £392m annual turnover
- CQC Rating: Good
- £62m 25/26 planned deficit*
- Quartile 3 - National corporate services cost benchmarking
- 3 hospital buildings on 2 sites with a further 30 community locations
- Full range of acute general hospital services, across unplanned care, planned care and clinical support services

4.2 The local population

4.2.1 Warrington

Warrington is a large town and unitary authority area in Cheshire, England, situated on the banks of the River Mersey. Historically part of Lancashire, it became a significant industrial centre during the Industrial Revolution, known for its traditional industries including wire, textiles and brewing.

Today, Warrington has a diverse economy with strengths in logistics, advanced manufacturing and retail, benefiting from its strategic location at the intersection of major motorways and railways. It serves as a key regional hub with a vibrant town centre, numerous business parks and a growing population, making it an important economic and residential area in the north west.

The population of Warrington as of 2023 is 212,389[1], and this is projected to grow by 1.3% by 2033[2] to more than 215,000. Life expectancy at birth for females born in Warrington is 82 years, and for males is 79 years, against national averages of 83 years and 79 years respectively.

There is variation across the borough of 7.5 years for females (78.7 years, Latchford East ward; 86.1, Stockton Heath ward) and 9.6 years for men (73.4 years, Bewsey and Whitecross ward; 82.9, Grappenhall ward) demonstrating the impact of deprivation across the borough[3].

The healthy life expectancy at birth for males in Warrington is 63.4 years (1.9 years higher than England average of 61.5 years), and for females is 64.3 (2.4 years higher than England average of 61.9 years).[4]

By 2033 it is estimated that that the proportion of young people (0-19) and of working age people (20-64) within Warrington will fall by a larger per cent than that of England and the north west. Conversely, the proportion of Warrington's population aged 65 or over will increase at a larger rate than England or the north west.[5]

Age group	England	NW	Warrington
0-19	-2.56%	-1.73%	-6.49%
20-64	0.65%	-0.16%	-3.14%
65+	21.44%	19.11%	22.72%

Figure 1: Estimated change in population by age, 2023 to 2033

As of 2019, Warrington is considered the 148th most deprived of 317 local authorities in England. It was previously ranked 147th out of 326 local authorities in 2015 and indicates that the overall pattern of deprivation within the borough has remained broadly the same from 2015 to 2019.

[1] Population estimates for England and Wales: mid-2023, **ONS**, Population estimates for England and Wales - Office for National Statistics, accessed 22/05/2022
[2] Population projections, **ONS**, Population projections - Office for National Statistics, accessed 22/05/2025
[3] Life expectancy at birth and age 65 years by sex for Middle Layer Super Output Areas (MSOAs), England: 2016 to 2020, **ONS,** Life expectancy at birth and age 65 years by sex for Middle Layer Super Output Areas (MSOAs), England: 2016 to 2020 - Office for National Statistics, accessed 22/05/2025
[4] Public health profiles, **PHE**, Fingertips | Department of Health and Social Care, accessed 22/05/2025
[5] Population projections for local authorities, **ONS,** Population projections for local authorities: Table 2 - Office for National Statistics, accessed 22/05/2025

In general, the more deprived areas lie in the central parts of Warrington, and the less deprived areas lie in the outer parts, particularly in the wards south of the Manchester Ship Canal.[6]

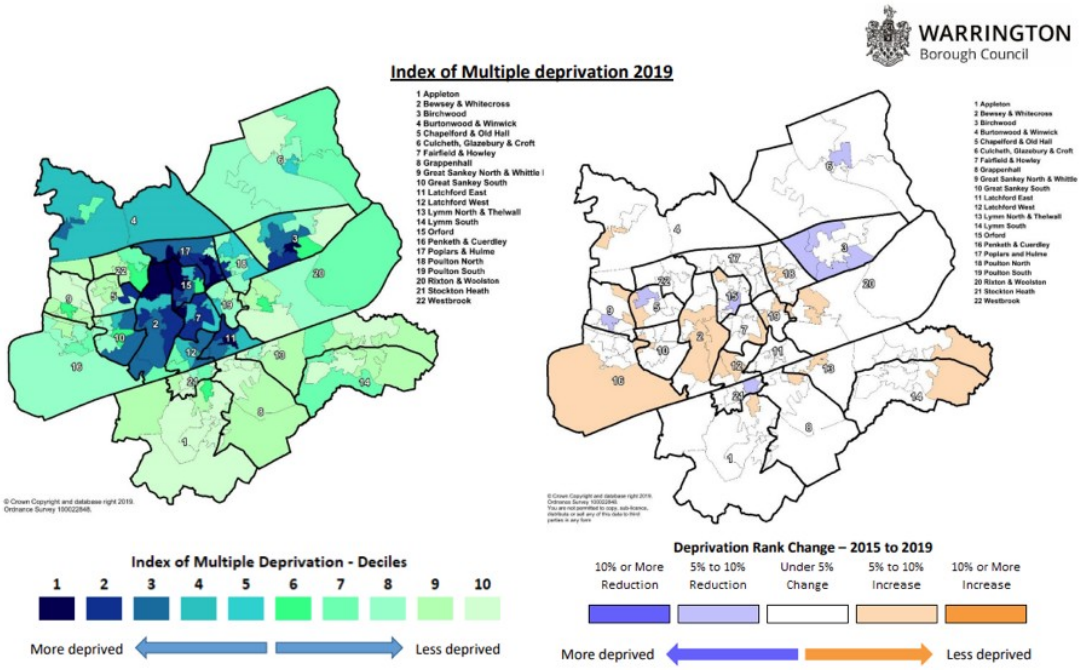


Figure 2: Map of deprivation within Warrington, WBC, 2019

As of 2019, five wards within Warrington are amongst the 20% most deprived wards in England, equating to more than 35,000 residents or 17% of Warrington's population.[7]

Warrington is less ethnically diverse than England as a whole, with a larger proportion of residents identifying as 'White' than England or the north west.[8]

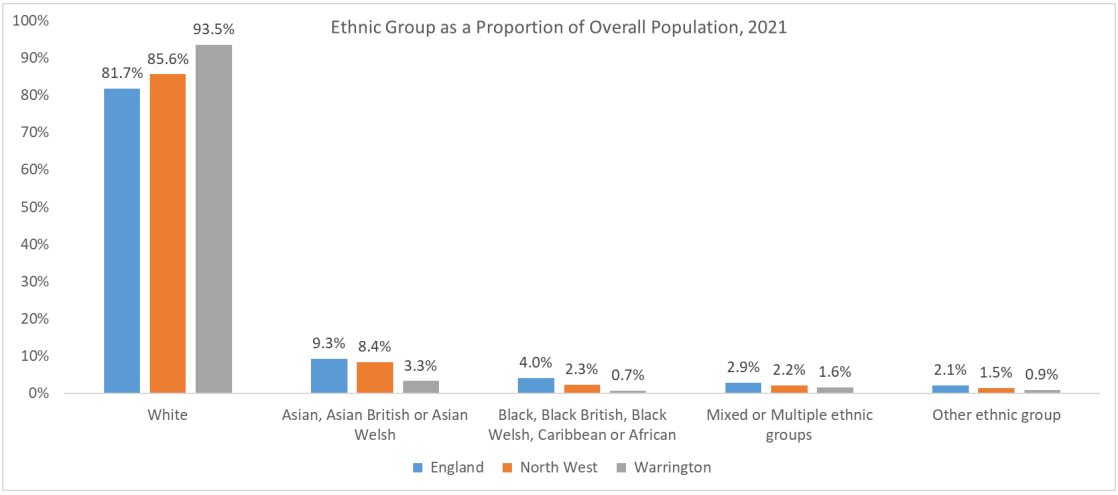


Figure 3: Ethnic Group Identification as per 2021 Census

4.2.2 Halton

[6] Joint Strategic Needs Assessment (JSNA), **Warrington Borough Council**, warrington_2019_deprivation_profile_report.pdf, 2019

[7] Public health profiles, **PHE**, Fingertips | Department of Health and Social Care, accessed 22/05/2025

[8] Ethnic Group, **ONS**, Ethnic group - Office for National Statistics, accessed 22/05/2025

Halton is a unitary authority and borough in Cheshire, England, comprising the towns of Runcorn and Widnes, along with several smaller parishes. Situated on both banks of the River Mersey, it is perhaps best known for its industrial heritage – particularly in chemicals and engineering, and its iconic bridges, including the Silver Jubilee Bridge and the more recent Mersey Gateway, which significantly improved regional connectivity.

Historically rooted in the ancient Barony of Halton, the area has transformed from industrial centres to a diversified economy with a focus on logistics, science and manufacturing, while also offering cultural attractions and green spaces. Since 2014 Halton has been part of the Liverpool City Region Combined Authority, playing a role in the wider regional development.

The population of Halton as of 2023 is 129,587,[9] and this is projected to grow by 2.6% by 2033[10] to around 133,000. Life expectancy at birth for females born in Halton is 81 years, and for males is 78 years, against national averages of 83 years and 79 years respectively.

There is variation across the borough of 9.1 years for females (77.8 years, Highfield ward; 86.9, Farnworth ward) and 9.9 years for males (72.7 years, Halton Lea ward; 82.5, Daresbury, Moore and Sandymoor ward) demonstrating the impact of deprivation across the borough.[11]

The healthy life expectancy at birth for males in Halton is 56.6 years (4.9 years lower than England average of 61.5 years), and for females is 56.8 (5.1 years lower than England average of 61.9 years).[12]

By 2033 it is estimated that that the proportion of young people (0-19), working aged people (20-64), and aged 65 or over within Halton will fall by a larger per cent than that of England.[13]

Age group	England	NW	Halton
0-19	-2.56%	-1.73%	-5.50%
20-64	0.65%	-0.16%	-0.09%
65+	21.44%	19.11%	20.10%

Figure 4: Estimated change in population by age, 2023 to 2033

As of 2019, Halton is considered the 39th most deprived of 317 local authorities in England. It was previously ranked 27th out of 326 local authorities in 2015 and indicates that the overall pattern of deprivation within the borough has slightly improved from 2015 to 2019. In general, the more deprived areas lie in the central parts of both towns of Widnes and Runcorn, and the less deprived areas lie in the outer parts.[14]

[9] Population estimates for England and Wales: mid-2023, **ONS**, Population estimates for England and Wales - Office for National Statistics, accessed 22/05/2022
[10] Population projections, **ONS**, Population projections - Office for National Statistics, accessed 22/05/2025
[11] Life expectancy at birth and age 65 years by sex for Middle Layer Super Output Areas (MSOAs), England: 2016 to 2020, **ONS,** Life expectancy at birth and age 65 years by sex for Middle Layer Super Output Areas (MSOAs), England: 2016 to 2020 - Office for National Statistics, accessed 22/05/2025
[12] Public health profiles, **PHE**, Fingertips | Department of Health and Social Care, accessed 22/05/2025
[13] Population projections for local authorities, **ONS,** Population projections for local authorities: Table 2 - Office for National Statistics, accessed 22/05/2025
[14] Indices of deprivation, DCLG, Indices of Deprivation 2015 and 2019, accessed 22/05/2025

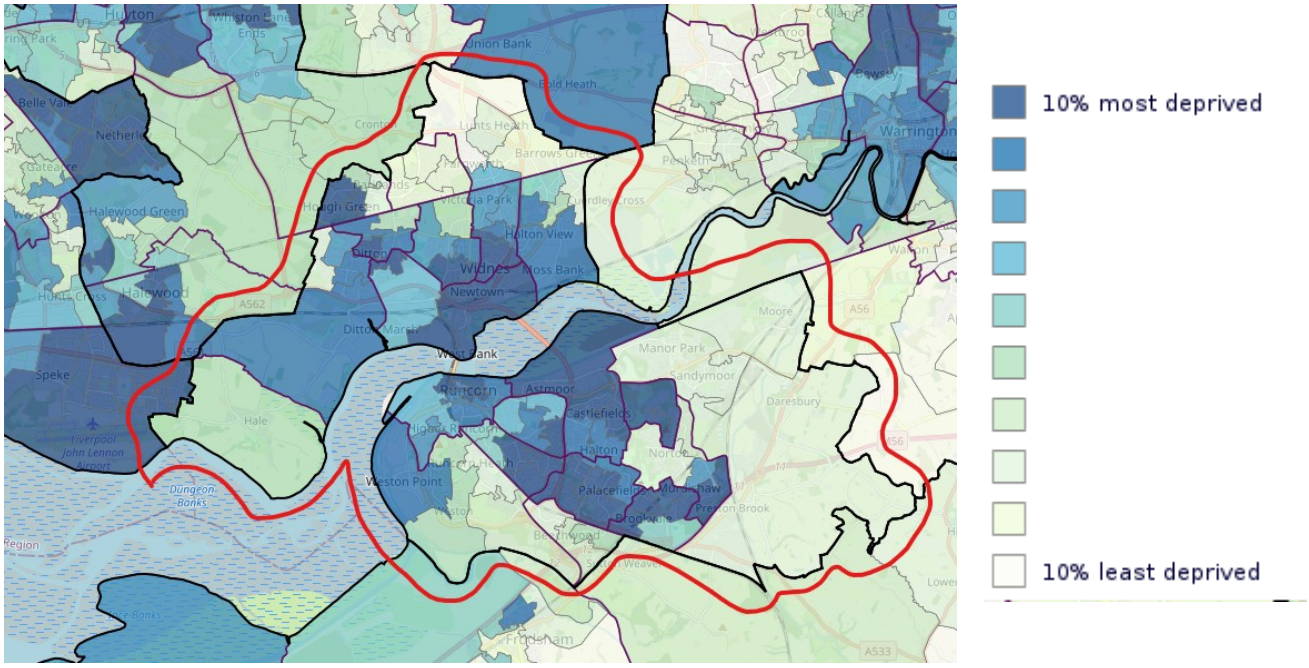


Figure 5: Deprivation within Halton

As of 2019, seven wards within Halton are amongst the 20% most deprived wards in England, equating to more than 53,000 residents or 42% of Halton's population.[15]

Halton is less ethnically diverse than England as a whole, with a larger proportion of residents identifying as 'White' than England or the north west.[16]

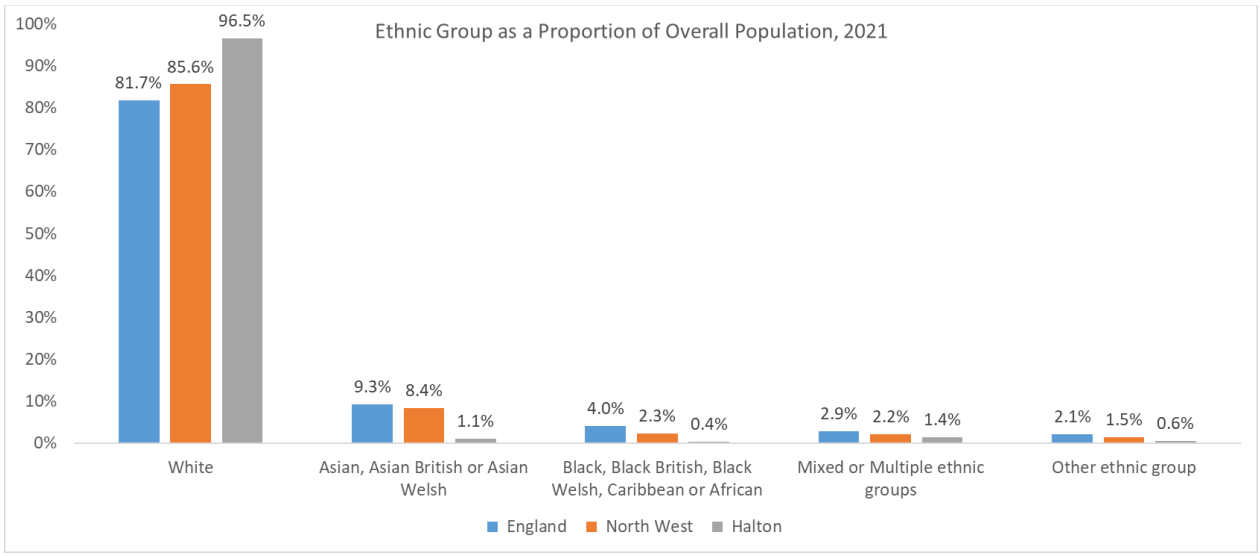


Figure 6: Ethnic Group Identification as per 2021 Census

4.3 Strategic context

[15] Public health profiles, **PHE**, Fingertips | Department of Health and Social Care, accessed 22/05/2025
[16] Ethnic Group, **ONS**, Ethnic group - Office for National Statistics, accessed 22/05/2025

This Strategic Case highlights the opportunities presented by integrating an acute trust (WHH) and a community trust (BCH).

The integration aims to enhance the quality and efficiency of healthcare delivery across the local community by adopting a unified approach to providing acute and community care that is responsive to the evolving needs of the population.

This collective effort is driven by an understanding that the future of healthcare delivery requires innovative and collaborative solutions to meet patients at their point of need.

This aligns with national priorities, such as the 2024 Darzi Report, which advocates for better integrated care, and with the government's call to action to reshape the NHS through the 10 Year Health Plan.

4.4 National landscape

The NHS continues to operate under intense pressure. Referral to treatment (RTT) figures show 6.34m patients are awaiting treatment, of which 3.1m have been waiting more than 18 months.[17]

Furthermore, the demand for emergency services surpasses the available capacity. In July 2024, the total number of attendances at Emergency Departments (A&E) was more than 2.3m, which is an increase of 5.5% compared to July 2023.[18]

The financial outlook for the NHS as a whole is under unprecedented pressure with NHSE's total revenue allocation only rising by 0.2% in real terms in 2024-25, placing demands on trusts to identify unprecedented levels of efficiency savings.

This highlights the need to think differently about how healthcare is delivered to achieve longer-term financial sustainability. Members of the public and NHS staff have been called to inform the government's 10 Year Health Plan which seeks to reshape healthcare in the UK.

In alignment with the elective care reform plan, change is needed to meet the 18-week standard for RTT and transform elective care by March 2029.

This change is needed to meet the evolving holistic needs of patients and alleviate pressure on the entire system.

The government has recently stated its primary aims for the coming years, focused on three strategic shifts:

- Hospital to community
- Analogue to digital
- Ill-health to prevention

[17] BMA, NHS Backlog Data Analysis, 2024
[18] NHS England, A&E July 2024 Statistical Commentary, 2024

Through the planned integration of the local acute and community provider, we will create opportunities to drive forward this agenda by transforming how and where we deliver our services.

The recent release of the neighbourhood health guidelines 2025-26 by NHS England[19] highlights the urgent need to transform the health and care system. This is centred around a requirement to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery.

More people are living with multiple and more complex problems, and as highlighted by Lord Darzi,[20] the absolute and relative proportion of our lives spent in ill-health has increased.

As detailed in section 4.2.1 and 4.2.2, the gap between life expectancy and healthy life expectancy in Warrington is around 16 years and in Halton that figure increases to 22 years. It is these years in poor health that drive most of the demand for statutory health and care services across the two boroughs.

By working together, WHH and BCH will develop a new model of care in full collaboration with local partners from across a range of sectors. We will improve pathways into, and away from, the acute hospitals, providing secondary care expertise to teams supporting increased care in communities and at home. Working in true partnership alongside our local communities, we will work to support people to 'live well' and live healthier for longer.

4.5 Regional landscape

Cheshire and Merseyside ICB have four key aims, which are:

- Tackle inequalities in outcomes, experience and access
- Improve outcomes in population health and healthcare
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

Through the proposed integration of WHH and BCH, we believe that all four of these aims can be met over the coming years.

Cheshire and Merseyside ICB has invested heavily in data and analysis tools to help improve knowledge and understanding of health and social care challenges in local areas and communities.

The immediate challenge for organisations within the region is around how to unlock the potential within the data by using it to drive meaningful change and improvement. The opportunities created through integration create new ways to use the data in a more proactive and targeted way that will improve health outcomes and address inequalities.

[19] NHS England, Neighbourhood Health Guidelines, 2025
[20] UK GOV Independent Investigation of the NHS in England, 2024

Similarly, the financial challenges facing Cheshire and Merseyside at present are significant. We know there are opportunities for improved productivity and efficiency across clinical pathways and corporate support functions within both individual organisations. The integration programme will create the conditions to drive financial improvement in the short to medium term.

4.6 Our local priorities

The current health and wellbeing strategies for both Warrington and Halton (Living Well in Warrington Health and Wellbeing Strategy, 2024-28 and One Halton Health and Wellbeing Strategy, 2022-27) identify the importance of partnership working and addressing the wider determinants of health and wellbeing to improve health outcomes for local populations.

Across both Warrington and Halton boroughs, there are pronounced inequalities in life expectancy between some wards. In Halton, the difference in life expectancy between the most affluent and least affluent wards is around 9.9 years for men and 9.1 years for women. In Warrington, there is a similar gap.

The integration of our organisations creates a unique opportunity to redesign how and where our services are delivered and allow us to focus on the delivery of intervention and support into areas with the most significant challenges.

Most of our staff live in the local communities they serve. They know how to access the help and support available and understand the challenges facing some of our neighbourhoods. This will ultimately help to address some of the known inequalities over the medium to long term.

Collaboration. Quality. Health equity. Thrive. Workforce. Sustainable. People. Partnership. Innovation. Improvement. These are all words that feature heavily in the current organisational strategies of both WHH and BCH and highlight that the respective strategic direction for the individual organisations is already closely aligned.

We envisage the integration programme will work alongside and connect closely with wider strategic programmes of work that are underway across our local places. This includes the development of neighbourhood health models of care, the transformation of children's centres into family hubs, the development of shared digital and physical estate infrastructure, and the ever-closer working with partners from the voluntary, community, faith and social enterprise sectors.

Over recent years WHH and BCH have worked closely together on several successful strategic projects across place. These include the Warrington Living Well Hub, the new Living Well in Warrington digital platform, and the amalgamation of the Halton community midwifery service into the WHH continuity of care antenatal model. Collaboration and co-creation have been fundamental to the success of these projects and help provide our teams with the ambition and confidence to make future collaborations successful.

5 Clinical pathways and patient experience

5.1 Clinical pathways overview

Bridgewater Community Healthcare employs 1,550 members of staff to deliver more than **80,000** episodes of nursing, medical and therapy care each year in 66 community locations across Warrington and Halton. It also provides dental services across a wider area that includes Greater Manchester. Warrington and Halton Teaching Hospitals delivers a full range of acute general hospital services including planned care, unplanned care and clinical support services. Around 5,000 members of staff provide **742,469** episodes of care on two hospital sites and in 30 community locations.

Collectively, 124 different clinical services are delivered by BCH and WHH (51 by BCH and 73 by WHH). Most services are delivered by a single organisation, but 19 are delivered entirely or in part by both organisations. There are opportunities for greater collaboration, optimisation of clinical pathways and reduction in overlap and duplication to improve services for the population we serve.

Both trusts are facing significant challenges with increasing demand for services, funding, staffing and a backlog of patients waiting for procedures. This is compounded by an increasing population (1% growth in Warrington and 1.6% in Halton across 10 years). Our population is ageing and by 2033, 24% will be over the age of 65 years (currently 20%). Significant deprivation exists in our community, with Warrington being ranked 148th out of 317 local authorities for deprivation and Halton is ranked 39th.

The current service model results in too many people coming into hospital. Although attendance at the Emergency Department (ED) has reduced recently (4% less in 2024-25 compared to the average of 2023-24) there are still more than 7,000 people presenting each month (230 per day) and of those that attend over 30% of them remain in the department for more than four hours before a decision to admit, transfer or discharge. When a decision has been made to admit, more than 20% of people remain in the department for over 12 hours before being transferred to a ward. This leads to significant overcrowding in ED and prevents efficient flow through the hospital.

On average WHH has 112.7 (2024-25) patients in hospital each day with no right to reside and who would be better cared for in the community. More than 360,000 outpatient appointments are conducted each year in WHH, the vast majority of these are delivered on a hospital site which hinders access for our most deprived population. This is demonstrated by the rate of people who do not attend hospital appointments (DNA). The average DNA rate for WHH is 8.01% (2024-25), meaning that 36,757 clinic appointments were lost last year.

Integration between BCH and WHH brings opportunity to improve clinical services by working as one organisation across Warrington and Halton. It will enable us to take responsibility for the entire patient pathway and to optimise care.

Optimisation of pathways will result in fewer, better planned appointments and interventions for patients and improve their overall experience. We will reduce waste and variation in practice and improve equity of access to services by strategically redesigning pathways.

As detailed below, all 124 clinical services have been considered and four priority areas for integration emerged:

- Starting well – women, children's and family services
- Ageing well
- Urgent and emergency care and discharge
- Long term conditions and prevention

Pathways within these services have been discussed with clinical and operational teams and the following were agreed as priorities:

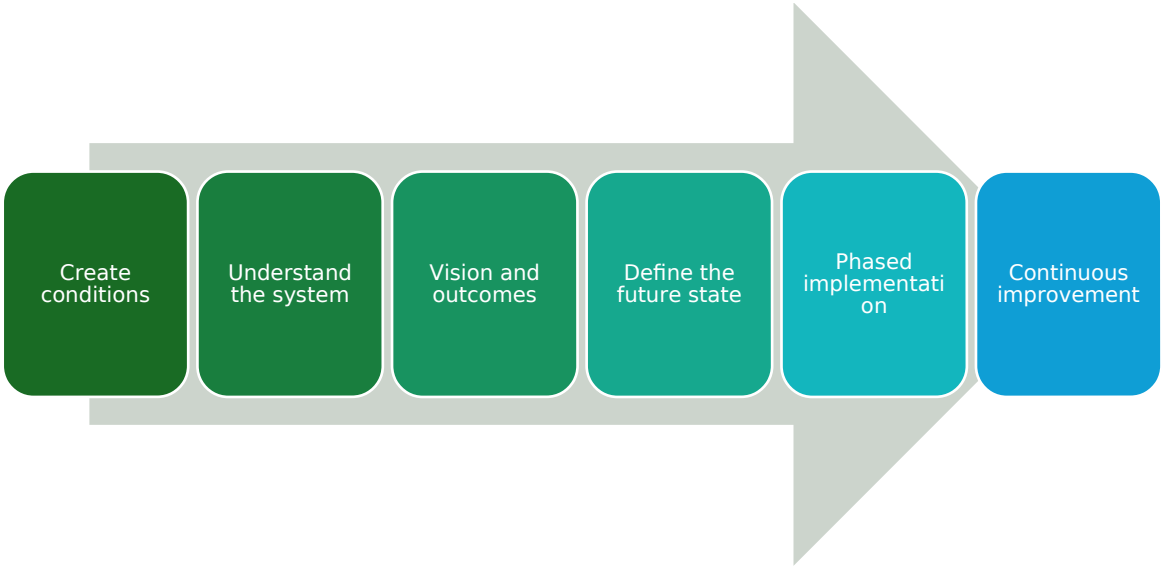
- Heart failure
- Infant feeding
- Chronic pain management
- Movement disorders
- Female urinary incontinence
- End of life

In this section we will describe the approach taken to the integration of clinical and operational services, and include examples of pathways within services identified as priorities for integration.

The integration of clinical services between BCH and WHH will undoubtedly remove barriers and improve care, experience and outcomes for our patients. It is likely that through pathway redesign and improvement there will also be a level of financial improvement to be achieved, for example through reduced duplication of duties and activities or more efficient/effective ways of seeing and treating patients.

5.2 The approach

The approach to clinical and operational services integration was approved by the Executive Team and is outlined in the Case for Change along with the clinical vision and principles for integration as detailed below.



The principles for integration of clinical and operational services are:

- Any changes to clinical service delivery should aim to improve access and reduce health inequalities
- Clinical service delivery should align to GIRFT and model healthcare principles and seek to achieve compliance with national, college and NICE guidance where applicable
- Services should be delivered as close to home as feasibly possible and centralised when necessary
- Services that are complex, specialised or small volume should be consolidated to enable future sustainability
- Co-production should be considered wherever possible

Home first, community next and only then hospital.

5.3 Clinical and Operational Services Workshop

An initial workshop for clinical and operational leads was held in October 2024. The aim of the workshop was to understand services across both trusts, to understand where we care for the same people, to identify clinical alignment and to make recommendations on priority services for integration.

Staff from both organisations attended the workshop (50 in total: 27 WHH, 17 BCH, 6 partners) which provided an opportunity for teams to get to know each other. Following two interactive sessions service areas emerged as priorities for integration:

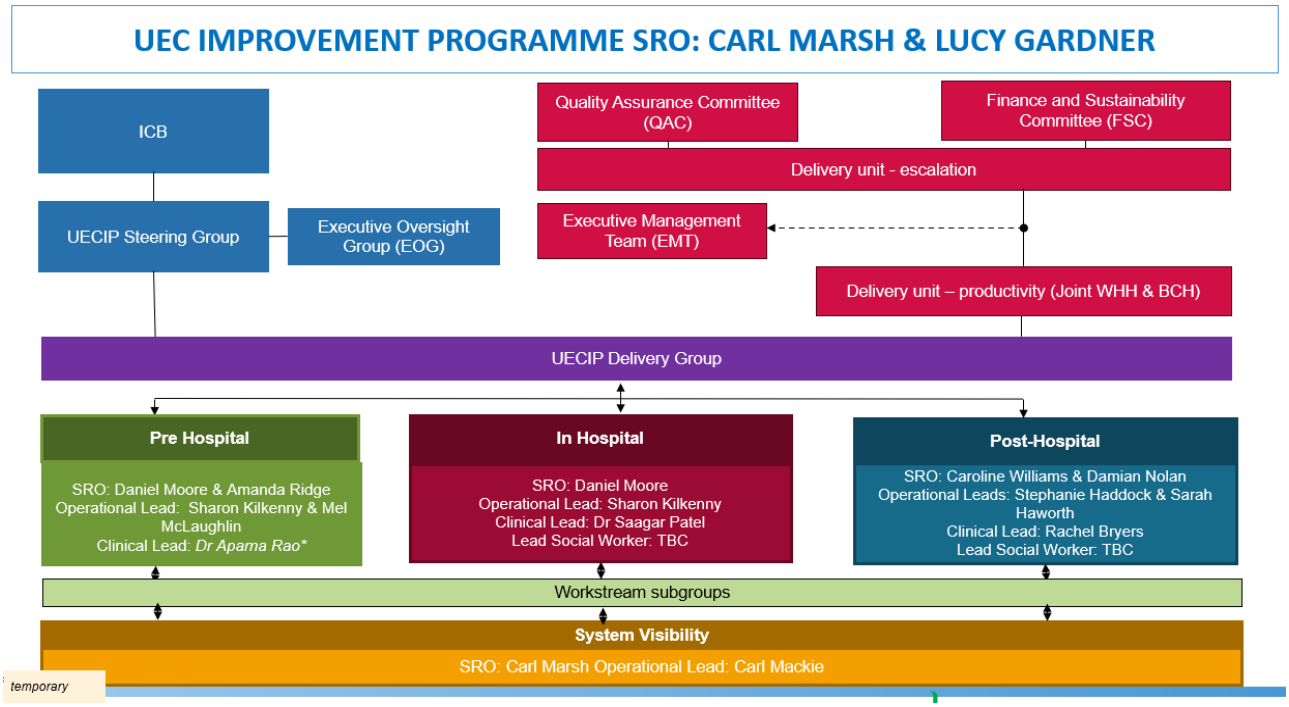
- Starting well – women, children's and family services
- Ageing well
- Urgent and emergency care and discharge
- Long term conditions and prevention

Risks and challenges were identified along with examples of good practice and the opportunities of integration. Outputs of the initial workshop were presented to the Better Care Together Delivery Board and next steps of progressing to clinical summits for three of the priority areas agreed. Urgent and emergency care already has a programme of work (Emergency Department Improvement Programme) which is being undertaken collaboratively between WHH, BCH and local authority colleagues, and a separate summit for this area was not considered necessary.

The ED Improvement Programme facilitated a multidisciplinary workshop on 9 May 2025. The aim of the workshop was to review achievements from the past 12 months, assess remaining challenges and align the programme to address them.

Achievements include a **4%** reduction in attendance at ED from **7,359** per month in 2022-23 to **7,060** in 2024-25 and a **17%** improvement to the length of time patients spend on the ED corridor (from 8.2 hours in 2022-23 to 6.8 hours in 2024-25). Referrals to the urgent community response team in Warrington have increased by 126 patients per month compared to 2023 and more people are being referred to the Same Day Emergency Care (SDEC) department (246 more each month compared to 2023). On average patients are spending 1.5 days less in hospital than they were in 2023 (12.2 days compared to 13.7 days).

It was agreed at the workshop that the programme should revise its structure to establish three distinct workstreams to address the remaining challenges. Areas of focus are outlined below.



Each workstream has a senior responsible officer (SRO), clinical lead and project management support to deliver their work plan. Key areas of focus are outlined in the table below.

UEC Improvement Programme: Key areas of focus		
Pre-hospital	**In-hospital**	**Post-hospital**
• Reduce ED attendances • Alternatives to ED • Education/training on alternatives to ED • Decision to refer GP/111 • Conveyances – NWAS • Single point of access • Palliative / end of life care • Utilisation of virtual wards • Urgent community response*	• Decision to admit • Front door UTC • Frailty • SDEC and FAU • 4 and 12-hour waiting time • Non-elective length of stay • Transfer of care (discharge)	• ICAHT single assessment • In-reach (pull model) • Flow through ICAHT / bed bases • Standardisation and optimisation of information • NCTR

** UCR = Urgent community response*
SDEC = Same Day Emergency Care
FAU = Frailty Assessment Unit
ICAHT = Intermediate Care at Home Team
NCTR = No criteria to reside
The UEC Improvement Programme will work closely with the Better Care Together integration programme with shared SROs and alignment of delivery plans.

5.4 Clinical summits

Long term conditions were divided into two sub-groups to consider physical conditions and neurological conditions separately. Service groupings for each of the priority areas were considered and appropriate clinical and operational teams from each trust invited. Director level partners including local authority, primary care and voluntary sector representatives were also included.

The clinical vision and ambition to move more care into the community were integral to the clinical summits. Discussions focused on high level pathways and opportunities to strengthen services rather than detailed plans or organisational structure.

Focused discussion was facilitated to:

- understand the pathways within each service and the challenges within them
- consider how integration could support improvement in pathways and priority order

A summary of outputs is included below:

Summit 1: Physical long-term conditions	
Service	**Priority pathway**
Heart failure	• New patients' diagnosis • Recognition of terminal heart failure
Diabetes	• Follow up patients and insulin support
Podiatry/orthotics	• Assessment of new patients
Respiratory	• Management of chronic respiratory disease in adults
Overall priority pathways: • New patients' diagnosis • Recognition of terminal heart failure	
Summit 2: Neurological long-term conditions	
Service	**Priority pathway**
Neuro rehabilitation	• Referral
Stroke	• Early supported discharge including SALT
Parkinson's disease	• Consultant assessment • Early supported discharge
Overall priority pathway: • Consultant assessment for patients with confirmed or suspected Parkinson's	
Summit 3: Women's services	
Service	**Priority pathway**
Women and families	• Visibility of electronic care records
Gynae bladder and bowel	• Urinary incontinence
Breast screening	• Referral
Overall priority pathway: • Female urinary incontinence	
Summit 4: Children's services	
Service	**Priority pathway**
Community paediatrics	• Virtual ward

Community therapies	• Neonatal and two-year follow up
Antenatal and intrapartum	• Infant feeding
Postnatal and neonatal	• Infant feeding and virtual ward
Overall priority pathways: • Infant feeding • Virtual ward	

5.4.1 Long-term conditions (physical)

Clinical and operational teams representing cardiology/heart failure, respiratory disease, diabetes and podiatry attended the summit on 20 February 2025. There was equal representation from both trusts and 34 delegates in total (15 BCH, 16 WHH, 3 partners).

Cardiology/heart failure

Discussions focused on heart failure services, specifically the rapid access clinic, routine outpatient follow up, community service for housebound or palliative patients and secondary care presentation. Challenges include:

- a variation in practice for referrals and wider clinical practice by area
- delayed diagnosis leading to an increase in admissions
- availability of diagnostic tests
- waiting times for outpatient appointments (currently 48 weeks for an urgent appointment)
- a lack of clinical vetting for patients on the waiting list
- visibility of medical history and test results
- waiting times for treatment e.g. intravenous diuretic medication
- poorly managed terminal heart failure pathway leading to unnecessary admissions

Improvements through integration were identified and included:

- developing a primary care model with GPs specialising in heart failure
- developing a community diagnostic service for cardiac echo
- developing a community IV diuretics service
- establishing community clinics for heart failure nurses
- increasing the scope of heart failure nurses
- developing a one-stop approach to diagnosis and treatment
- reducing variation in practice between Halton and Warrington

Quick wins were identified including:

- cardiology nurses to support clinical vetting
- nurse access to blood results
- standardised referral criteria for cardiac echo
- establishing a community service for delivery of IV diuretics
- identify and train GPs with special interest in heart failure
- train specialist GPs to perform cardiac echo

Diabetes

Discussions focused on services for patients with diabetes (type 1 and 2) including education, referrals to district nurses, health checks, pregnancy, ambulance pathways, diagnosis and recognition of end of life. Challenges include:

- access to computers for professional training
- a variation in provision of education
- district nurse capacity
- length of appointment due to co morbidities

Improvements through integration were identified and included:

- facilitating visibility of medical records across organisations
- hospital teams completing a review of treatment regime on discharge
- direct referrals from district nurses to specialist care
- community matrons to access specialist upskilling
- increasing knowledge of the district nursing service offer

Quick wins were identified including:

- diabetic specialist nurses to have access to GP patient list to arrange reviews

Podiatry and orthotics

Discussions focused on the annual examination, home and clinic appointments, inpatients, footwear, fracture bracing, and bracing for MSK conditions, neurological disorders and spinal issues.

Challenges include:

- the length of appointments due to comorbidities
- waiting times for treatment
- separate waiting lists for biomechanical services

Improvements through integration were identified and included:

- district nurses could perform annual podiatry checks
- a direct referral to services from district nurses
- community matrons could be upskilled to assess
- a triage of referrals with podiatry receiving less complex patient referrals
- standardisation of referral criteria
- professional education

Quick wins were identified including:

- combining waiting lists for biomechanical services to reduce average waiting time

Respiratory disease

Discussions focused on inpatient and community patients with respiratory disease and included virtual ward, palliative care, assessment and early supported discharge, nursing homes and rehabilitation beds, palliative care and physiotherapy. This included referrals, step up and step-down care and patients with complex needs.

Challenges include:

- multiple referral forms for physio and early supported discharge
- different service offers for Halton and Warrington patients
- patients in multiple services because of comorbidities
- a lack of knowledge regarding other services
- GPs' awareness of community offer

Improvements through integration were identified and included:

- the development of healthcare hubs and community outreach clinics
- simplifying the referral processes
- training opportunities
- an awareness of offer to include community services and voluntary organisations
- simplifying IT systems and pre-populated system forms with patient historical data
- access to previous tests i.e. blood results, ICE system
- better communication between all healthcare professionals
- developing pathways for multiple conditions – MDT complex cases

Quick wins were identified including:

- inviting respiratory teams to the WHH high intensity user group
- implementing an MDT for chronic conditions
- increasing usage of health and lifestyle services

Each workgroup identified priority pathways for integration:

- Heart failure – early diagnosis for new patients and recognition of palliative patients
- Diabetes – follow up patients and insulin support in the community
- Podiatry/orthotics – assessment of new patients
- Respiratory – management of chronic respiratory disease in adults

The overarching priority pathways for this summit were early diagnosis for new patients with heart failure and recognition and management of patients with terminal heart failure.

5.4.2 Long-term conditions (neurological)

Clinical and operational teams representing neurology rehabilitation, stroke and Parkinson's disease attended the clinical summit on 12 March 2025. There was equal representation from both trusts and 27 delegates in total (13 BCH, 12 WHH, 2 partners).

Neurological rehabilitation

Discussions focused on new referrals from primary care, re-referral for an alternative pathway and follow up of patients over the age of 18 years.

Challenges include:

- referrals lack clarity on which team needs to see the patient
- a variation in referral processes between hospital and community
- computer systems differ between hospital and community
- services are not aware of each other's potential/capacity
- clinical governance and oversight differences in who leads the service
- spasticity services are not commissioned
- social services' reduced capacity for neurological conditions
- a lack of specialist support for long-term neurological conditions in care homes
- a lack of joined up commissioning

Improvements through integration were identified and included:

- minimising the reliance on GP referrals
- working to a single commissioning service
- having a single referral receiving centre with triage to relevant specialties
- the development of community clinics
- the development of outpatient services to support the transition to home
- the development of a model to support community in reach to patients in hospital

Quick wins were identified including:

- direct communication between hospital and community services
- development of a multi-disciplinary team
- self-referral/PIFU (where appropriate)
- sharing and optimising referral criteria
- honorary contracts, which would allow in-reach into hospital
- creating a virtual network for service delivery for community and hospital teams
- developing a community in-reach model with patients in hospital

Stroke

Discussions focused on referral to the Stroke Unit, transient ischaemic attack patients, early supported discharge and supporting services.

Challenges include:

- speech and language therapy (SALT) wait list
- a variation in early supported discharge models in Halton and Warrington
- vocational rehabilitation capacity
- catering for the needs of young stroke patients
- a variation in waiting times for assessment by location

Improvements through integration were identified and included:

- the opportunity to expand the Drive Ability North West service
- standardising the referral process
- potentially simplifying commissioning arrangements

Quick wins were identified including:

- greater collaboration between hospital and community psychology staff
- increasing Drive Ability North West referrals

Parkinson's disease

Discussions focused on referrals to diagnosis and consultant follow up appointments as well as referrals to the nurse-led Parkinson's service.

Challenges include:

- 56 weeks' waiting time to see a consultant
- deconditioning of patients whilst waiting for appointments and in hospital
- staffing capacity
- the length of stay in hospital
- different IT systems
- a variation in practice between Halton and Warrington

Improvements through integration were identified and included:

- expanding the team (WHH and BCH together)
- improving the skill mix
- a single IT system (with social worker access)
- linking with community matrons

Quick wins were identified including:

- community in-reach into hospital
- education for hospital staff and GPs
- the development of a Parkinson's passport to support holistic care
- creating links with community matrons and district nurses

Each workgroup identified priority pathways for integration:

- Neurology rehabilitation – the development of a central point for referrals and appropriate triage
- Stroke – an improvement in waiting times in Halton for patients, and inclusion of speech and language therapy as part of the early supported discharge pathway
- Parkinson's – improved waiting times for consultant assessment

The overarching priority that emerged from this summit was for improvement in the whole pathway for patients with movement disorders.

5.4.3 Women's services

Clinical and operational teams representing gynaecology, midwifery, bladder and bowel services, and breast screening attended the summit on 9 April 2025. Both trusts were represented with 18 delegates in total (13 BCH, 3 WHH, 2 partners).

Women and family

Discussions focused on antenatal pathways, education, specialist services and maternal mental health.

Challenges include:

- funding
- competing priorities
- recruitment and retention of staff
- information sharing including medical records
- increased complexity of need
- understanding of roles and responsibilities

Improvements through integration were identified and included:

- a holistic physical examination for victims of domestic violence
- a family approach for all departments and services for information sharing purposes
- direct referrals and notification of physical treatments under specialist services
- understanding of available local services to support women and families
- information sharing
- joint training

Quick wins were identified including:

- joint training
- replicating good practice and communication in areas that already work well
- quick easy access to contacts and links
- understanding roles and responsibilities

Gynaecology, bladder and bowel

Discussions focused on the referral to gynaecology, urgent treatment centre (UTC), referrals to bladder and bowel services, and care navigation in primary care.

Challenges include:

- the availability of female clinicians
- waiting list for gynae appointments
- patients being seen at the right place and at the right time
- UTC referrals back to primary care
- estates
- a lack of joined up commissioning
- complex prescribing pathways

Improvements through integration were identified and included:

- more collaborative working and understanding each trust's pathway
- MDT to discuss complex patients (hospital and community)
- a single referral pathway and direct referral
- seamless care
- access to IT systems to improve visibility of lab results
- the development of community-based clinics

Quick wins were identified including:

- having access to blood test results

Breast screening and surgery

Discussions focused on referral pathways and access to services in Whiston.

Challenges include:

- delays in accessing primary care
- the volume of inappropriate referrals
- flow from primary care to secondary
- a lack of specialist workforce

Improvements through integration were identified and included:

- sharing successful models
- reducing the postcode lottery and promoting equity of service
- aligning Warrington and Widnes residents' pathways
- the development of an integrated planning process and post operative care package
- efficient use of staff skillsets
- upskilling staff to enable treatment in the community
- standardising inclusion and exclusion criteria
- streaming referrals to appropriate clinics
- improving accessibility and response time
- reducing treatment needs e.g. implement disposable stitches

Quick wins were identified including:

- exploring the possibility of using disposable stitches
- scoping of all community pathways to identify productivity and quality gains
- the process for map treatment room usage

Each workgroup identified priority pathways for integration:

- Women and family services – enabling visibility of full care records across WHH and BCH
- Gynaecology – female urinary incontinence
- Bladder and bowel – pathways between primary and secondary care
- Breast screening and surgery – direct referral pathway

The overarching priority pathway for this summit was the female urinary incontinence pathway.

5.4.4 Children's Services

Clinical and operational teams representing therapies, community paediatrics and nursing care, antenatal and intrapartum care, and post-natal and neonatology care, attended the summit on 14 May 2025. Both trusts were represented with 46 delegates in total (23 BCH, 20 WHH, 3 partners).

Discussion focused on referral pathways and access to services across community paediatric medical and nursing care, antenatal and intrapartum care, therapies and post-natal and neonatal care.

Community paediatric and nursing care

Discussions focused on pathways relating to paediatric acute response, community outreach, school nursing, 0-19 years integrated services, community consultant serves and bladder and bowel pathways.

Challenges include:

- bladder and bowel nurses are not able to refer for scans
- no visibility of results on ICE
- long waiting list for patients referred to Alder Hey Children's Hospital with complex needs
- no access to a virtual ward for acute response team
- no service for children with tics
- limited support for children under five with developmental delay and sensory issues
- the Neurodevelopment Nursing Team is not commissioned
- no neurology outreach model
- a lack of mental health services for children

Improvements through integration were identified and included:

- improved communication on trust systems and practices
- regular meetings between services
- the potential to reduce variation between Warrington and Halton
- the development of a virtual ward
- streamlining audiology services
- strengthening phlebotomy services
- improved learning disability diagnosis pathways

Quick wins were identified including:

- scoping consultants with a specialist interest and assess referral possibilities
- developing an enhanced directory of services on the intranet
- enabling nurse access to ICE

Paediatric therapies

Discussions focused on pathways relating to neonatal therapies, two-year follow up, respiratory disease, orthotics, orthoptics, audiology, dietetics and speech and language therapy.

Challenges include:

- a gap in service for patients with neurological presentations
- community physiotherapy for cystic fibrosis does not continue into hospital
- capacity due to an increased demand on services
- highly specialist needs and complex cases are not always understood by commissioners
- access to equipment on wards is limited
- unattended appointments in orthoptics
- a wide catchment area – delivering services into Helsby and Frodsham

Improvements through integration were identified and included:

- improved equity of service provision for audiology between Halton and Warrington residents
- improved neonatal and two-year follow up pathways
- improved continuity of care leading to better safeguarding and attendance of appointments
- improved transition of care between hospital and community, and paediatric and adult services

Quick wins were identified including:

- joint meetings with all therapy teams across BCH and WHH
- access to appropriate IT systems including ICE and Lorenzo
- mapping availability of space across the estate
- shared supervision and training

Antenatal and intrapartum care

Discussions focused on pathways relating to maternity, IT systems, the happy child programme, mental health, baby bonding and education.

Challenges include:

- streamlining pathways
- the set up of funding in different areas
- engagement with BABS (Building attachment and Bonds Service) and specialist perinatal services
- estate location and cost of room hire
- sometimes staff are unaware of pregnancy losses
- cross trust boundary communication
- the complexity of different offers in Warrington and Halton

Improvements through integration were identified including:

- improved communication with access to IT systems in both trusts
- the utilisation and collaboration of support staff for infant feeding
- reviewing estates, reduce costs and facilitate joint working
- streamlining and clarity of services across both organisations e.g. infant feeding support

Quick wins were identified including:

- the development of visual pathways for staff and families
- a link to ‘Best Start to Life’ workstream
- reviewing estate to reduce costs by co-locating
- developing professional and peer support groups and build networks

Postnatal and neonatal care

Discussions focused on pathways relating to the birth suite, screening, discharge and support services, family nurse partnership and paediatric in patients and community services, including immunisation and infant feeding.

Challenges include:

- a variation in the standard of communication
- a variation in the standard of documentation and multiple discharge forms
- different systems IT systems across and within organisations
- a variation in paediatric phlebotomy services by location i.e. not available in Halton
- a lack of mental health support
- a variation in practice for babies with tongue tie between Warrington and Halton
- a variation in infant feeding support

Improvements through integration were identified and included:

- mapping community and hospital pathways in detail to optimise practice across trusts
- creating a directory of services

Quick wins were identified including:

- a tongue tie project approved to support infant feeding
- further support for infant feeding
- the development of a paediatric virtual ward
- streamlining discharge information for families to ensure consistency
- facilitating access to patient notes for hospital and community staff

Each workgroup identified priority pathways for integration:

- Community paediatric services – virtual ward
- Therapies – neonatal and two-year follow up
- Antenatal and intrapartum – infant feeding
- Postnatal and neonatology – infant feeding and virtual ward

The overarching priority pathways for this summit were infant feeding and virtual ward.

5.5 Wider engagement

In addition to clinical summits a wider professional audience was engaged at the joint WHH and BCH Start of the Year Conference in April 2025. Delegates were asked to consider what services could be provided together at home that are not currently in people's homes and what could be provided in the community that is not currently. They were also asked to consider improvements that could be made to the care we provide and the one thing we should improve in the next year.

Suggestions of care that could be delivered in people's homes included virtual wards, virtual outpatients, digital monitoring and the use of telemedicine. Intravenous therapy was also suggested such as IV antibiotics. New hospital services considered included one-stop clinics, virtual wards and integration of electronic patient record systems. Multiple delegates said the one thing they would do in the next 12 months would be to prevent hospital admissions, stop corridor care and develop seamless clinical pathways.

Combined with outputs from the clinical summits, this data informed recommendations on integration and optimisation of services.

In addition to the above we have undertaken wider communication and engagement activities, which are summarised in section 12.

5.6 Benefits of clinical integration

The clinical summits and follow up conversations provided a clear steer on priority clinical areas, where our clinical and operational leaders have identified the greatest potential for patient benefit is to be delivered through integration.

Enhanced coordination, sharing of expertise and establishing formal pathways for joint patient care initiatives, such as the collaboration between WHH midwives and BCH health visitors, will generate quality and financial benefits. Benefits are captured throughout the integration programme and cost improvement programmes identified and reported through care groups and directorates as well as the Better Care Together Delivery Group.

5.7 Clinical integration improvements delivered to date

In parallel to the clinical summits, work has progressed in other areas previously identified as priority services for integration. A new pathway for dermatology has been established between WHH and BCH at the new Warrington and Halton Diagnostics Centre (CDC) in the Sir Tom Moore Building at Halton Hospital. The pathway uses technology and artificial intelligence to assess malignant potential of a lesion at a one-stop clinic. The pathway went live on 7 April 2025 and approximately 4,000 patients are expected to be seen this year.

Around half of all cancers diagnosed in England and Wales are skin cancers, with 227,000 new diagnoses each year (17,000 melanomas and 210,000 non-melanomas). This number is growing by around 8% each year and there are currently more than 290 people in Warrington with melanoma and over 150 in Halton.

A review undertaken by GIRFT (Getting It Right First Time) in 2021 found significant variation in dermatology services across the UK and recommended the use of technology to support diagnosis. With a national shortage of dermatologists, this new service will provide faster diagnosis for patients with skin cancer in Warrington and Halton.

The urgent care improvement programme continues to work collaboratively with WHH, BCH and local authority colleagues, and benefits of integration are demonstrated with significant increased referrals to the Urgent Community Response (UCR) Team as an alternative to ED. More than 120 more patients each month were referred to UCR in 2024 compared to 2023. Other improvements include a 4% reduction in attendance at ED and a 17% reduction in the length of time spent on the ED corridor from 2022-23 to 2024-25.

Integrated working practices for midwifery and health visiting now exist with improved communication pathways between partners. A new enhanced pathway for 0-19 years health visiting service in BCH has been launched based on the maternity (Team River) model in WHH where targeted support is offered to women based on vulnerabilities. A link health visitor is now attached to Team River and attends monthly case discussions to ensure the best possible care is planned. When a woman with additional vulnerabilities is identified, information is shared with the health visitor team and joint working begins. Following the baby's birth the family remain under the care of their named health visitor until the child starts primary school. This reduces the number of times the family must retell their story and leads to improved relationships and outcomes.

The BCH Warrington 0-19 Service and midwifery services at WHH are also jointly involved with the 'Best Start for Life' workstream with the local authority children's centres. One of the most recent workstreams that launched recently was the first Warrington Family Hub. The hub will bring services closer together in more deprived areas within Warrington West/Dallam to improve the care and experience for families, supporting the principles of integration and the move to more community services.

5.8 Further clinical opportunities

The pathways described in this section are examples of how integration will support service improvement by overcoming existing challenges and providing an opportunity to optimise services. Work will continue with clinical and operational teams to integrate pathways and learning will be shared to inform further integration of services.

Nationally, there is a focus on the development of neighbourhood health models at place level. The move towards a neighbourhood-centred approach to the delivery of health and wider wellbeing services presents a transformational opportunity to redesign how BCH and WHH deliver services in collaboration with other local partners.

It creates opportunities to make better use of rich and insightful population health data to truly understand the needs and challenges within local communities and target services at the right groups in the right places for maximum impact. This approach aligns perfectly with wider national strategic priorities around addressing health inequalities and a shift towards prevention of ill health.

Plans for the development of a co-located Urgent Treatment Centre, enabled and enhanced through the integration of services, will have a significant impact on the four-hour Emergency Department performance, with projected figures forecasting an improvement from the current 69% against a target of 78%, to 81% through integration.

The timing of the Better Care Together programme is perfect in terms of creating the environment for change and improvement that is required to transform secondary and community care services to support proactive, localised neighbourhood healthcare.

5.9 Patient experience opportunities

The integration of community and acute services will provide streamlined care pathways. An integrated service can create more cohesive care pathways, reducing transitions and improving continuity of care. Better communication and data sharing between teams can ensure a more personalised and responsive care provision, and optimised resourcing may reduce waiting times for appointments, tests and treatments.

Integration can facilitate a more comprehensive approach to patient care, considering both acute and community needs. Patients in community settings may gain better access to specialised services, expertise and treatments previously only available in acute settings. Patients with chronic conditions may benefit from more coordinated and proactive management, supporting the implementation of more effective care plans, tailored to individual patient needs.

Ultimately, an integrated service can provide patients with more opportunities for education, support and engagement in their care, significantly improving their quality of life.

The following Living Well Hub examples demonstrate how multi-agency partnership working and collaboration can truly make a difference to the support provided to those who need it most. The hub is a successful and pioneering initiative led by WHH and BCH, along with Warrington Borough Council and Mersey Care NHS Foundation Trust.

User story 1:

“I can’t thank the Living Well Hub team enough for first of all listening without judgement and understanding the difficulties I was facing. They made so much effort to determine the services that would be best placed to help me and direct me to the right person. After hitting brick walls everywhere I enquired, the hub opened all the doors. I must stress that if it was not here, I don’t think I would be either. The sun is shining again.”

User story 2:

“I visited the Living Well Hub after my wife started showing changes in behaviour and I didn’t know where to turn. I had the opportunity to engage with various teams present at the hub, including the dementia and delirium nurse specialists from Warrington and Halton Teaching Hospital, and other health and community workers. Although this transition has been challenging, I continue to attend the hub, which helps me to navigate the health and social care system and receive the right support for both of us. The opportunity to engage with professionals knowledgeable about dementia and the associated network of support locally has proven to be extremely beneficial. In turn I have found myself again and my relationship with my wife has improved significantly.”

User story 3:

Collaborative working has enabled the resources required for the AI Dermatology Service, a joint project between BCH and WHH. Through its use of artificial intelligence, the service will improve Bridgewater’s adherence to the faster diagnosis standard. Located at WHH’s Warrington and Halton Diagnostics Centre at Halton Health Hub within Runcorn Shopping City, one patient, Richard, described the service in the following way: “*It is easy to find, with friendly helpful staff who explained everything you are going through as well as detailing your procedures. It's going to make it easier to get the results because normally it would take longer. It’s a good place to come to."*

6.1 Overview

We understand that our staff want to deliver the highest standard of compassionate care. Therefore any enhancements in patient and service user care will also enhance our ambition to move care from our hospitals to as close to our service users' homes as possible, making it more fulfilling and meaningful for our teams. Through integration we will open up better opportunities for career development. By providing shared training and educational resources we aim to support, develop and retain our workforce. This will create new roles for those looking to advance their careers, take on new challenges, or transition into different positions within our combined organisation.

Recognising that culture is 'the way we do things around here', through our integration we will complement and bring together the best of each organisation. The NHS Staff Survey is a pivotal indicator of how our workforce feel. By developing a shared culture we will work at an organisational and team level to ensure that all our workforce have a 'good day at work'. Building on existing collaboration we will prioritise a consistent approach to the experience our staff, patients, service users and communities have on a day-to-day basis.

These changes will help us share and realign our resources and become more appealing to new recruits whilst also retaining our talented workforce. This includes not only patient-facing roles but will also support teams across both organisations, and creates the conditions to work across our region. Through these enhancements we will ensure that our staff have access to the support and services they need to deliver the best possible care, whether that be in our patients' homes, community or in hospital.

6.2 Our people and locations

Across our organisations we have more than 6,700 staff that represent the communities of Warrington, Halton, Cheshire, Merseyside and Greater Manchester. They deliver services from a range of sites across our communities as well as in our service users' homes.

Our combined workforce includes over 80 nationalities, reflecting the diverse communities we serve, and together we will have further opportunities to advance equality of opportunity for our workforce and enable us to address health inequalities for the population we serve. With this we have a vision to unite into one inclusive, empowered team where everyone, regardless of who they are or what they do, consistently has a good day at work and feels they belong, while delivering exceptional care and embracing all elements of the NHS People Promise.

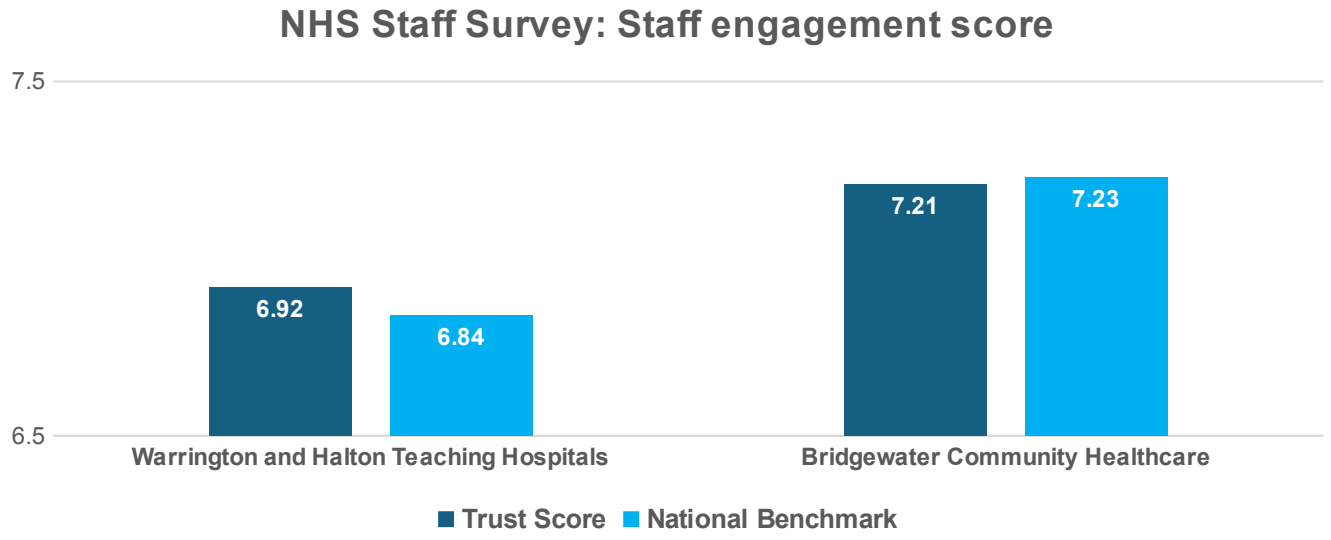
From listening to the lived experience of our workforce, we know that there are differences between how our teams feel listened to on an individual and team basis, how they feel valued and supported, and how they are developed.

Most importantly, by listening to our teams we know how they wish to be treated in the workplace as we create the conditions for them to realise their full potential. We want to shift the dial so there is consistency in each individual's experience, raising the bar in a compassionate and inclusive way which is good for our workforce and even better for our patients.

6.3 Staff satisfaction and engagement

The NHS Staff Survey is an example of where staff voice provides intelligence of the experience of our workforce.

WHH reported a staff engagement score of 6.92, slightly above the national acute benchmark of 6.84, while BCH scored 7.21, just below the national community benchmark of 7.23. By utilising the results of the 2024 survey for each organisation, as outlined below, this provides us with further opportunities to improve the experience of our combined workforce.



N.B. It is noted that acute and community trusts have different national benchmark comparators.

These figures underscore the importance of responding proactively to staff feedback, using it as a catalyst for positive change. Integration provides a timely and strategic opportunity to address these variances, ensuring that all staff benefit from a consistently high-quality experience.

By aligning efforts around learning and development, sharing best practices and fostering an integrated culture, we can enhance workforce morale, retention and ultimately patient quality, safety and experience.

Working as one, our integrated organisation can unlock greater potential, promote equity in staff experience and deliver improved care through a more engaged and supported workforce.

6.4 Staff engagement

We have already commenced extensive staff engagement across both organisations with the aim of developing one organisational culture, and to help colleagues feel valued, informed and engaged. For further details of our approach to staff, patient and public engagement turn to page 56.

Hosting staff networks in common across the two trusts plays a pivotal role in uniting lived experience and fostering shared understanding. These networks provide a structured forum for staff to voice insights, challenges and successes, helping to shape a more inclusive and responsive working culture.

By aligning these networks, we can harness collective knowledge to inform a compelling case for change which is rooted in real experiences and strengthened by cross organisational thinking and efficiencies.

6.5 Benefits of integration

We recognise that our organisations already have a lot in common; at the heart of this is our people. Integration provides us with greater benefits for our workforce within the integrated organisation, for example:

- we anticipate that there will be more opportunities for career progression by combining community and acute services
- through shared training and educational resources we aim to support, develop and retain our workforce
- creating new opportunities should colleagues wish to transition into a different position within our future organisation
- these changes will help us fill gaps by sharing resources and becoming more appealing to new staff
- opportunities for all staff, both in patient-facing roles and support teams

From April 2025 we commenced the Strategic People Committee in Common. By bringing our people committees together this provides greater assurance of workforce priorities aligned to the delivery of:

- the annual Operational Workforce Plan
- our People Strategies
- our Workforce Equality, Diversity and Inclusion Strategies
- key integration milestones

A comprehensive workplan is available, allowing us to do things once where possible across both trusts. Through integration we recognise that culture is continuously evolving. By strengthening the relationship between our People Professionals this provides support for our managers and workforce, aligned to the NHS People Promise.
We recognise the research by Michael West (2021) which identified that where there is higher staff engagement and satisfaction, this leads to improved patient experience and outcomes.

By coming together as one trust we can more effectively align workforce supply with the health needs of our shared populations. This collaboration will ensure that the right staff and resources are deployed where and when they are most needed. Through joint strategic planning we can reduce staffing gaps and lessen our reliance on costly, short-term measures such as bank or agency staff.

A shared view of demand patterns, fragile services and system-wide capacity also enables more proactive workforce planning, supporting greater consistency, resilience and long-term sustainability in staffing needs across both trusts.

Early collaboration on events such as the Joint Start of the Year Conference in 2025, *pictured below*, identified opportunities of bringing our services together to discuss similarities, successes and shared challenges. Focusing on moving care as close to our patients and service users' homes allows our senior leaders to recognise the impact we have as one organisation by working together.

Recognising the importance of implementing efficiencies because of integration, we are introducing new harmonised bank staffing rates of pay, achieved by working collaboratively with partners across Cheshire and Merseyside ICB. This coordinated approach is already achieving tangible benefits at WHH, with further benefits to be realised by BCH by quarter 3 of 2025-26. Anticipated savings in 2025-26 are currently estimated at **£1m+**.

7 Clinical support and diagnostic services

7.1 Overview

Clinical support and diagnostic services are an integral part of our health services, providing the foundation for accurate diagnoses, effective treatments and seamless patient journeys. While we have already made significant progress in enhancing these services, integration presents an exciting opportunity to further align our efforts and reduce duplication.

By working together we can streamline pathways and optimise our resources, creating more efficient and coordinated experiences for both patients and staff, as well as enabling the sustainability of these vital services.

The delivery of clinical support and diagnostic services across the Warrington, Halton and wider Bridgewater demographics faces several challenges that affect operational efficiency, resource utilisation, and ultimately patient care. Significant progress has been made through collaborative efforts of integration, however there are further opportunities for improvement.

WHH has seen a substantial improvement in diagnostic performance over the past 12 months, notably an 8% improvement from April 2024 to the end of March 2025. The additional diagnostic capacity created at Warrington and Halton Diagnostics Centre through the CDC programme has played a significant part in this improvement and creates opportunities to support further improvements through increased access to diagnostic services for community teams as part of the integration plans.

7.2 Pathology collaboration

In 2016 Lord Carter published a review[21] which concluded that the NHS could save £5bn per year if the significant and unwarranted variations in costs and clinical practice were addressed. The report confirmed that the consolidation of NHS pathology services would make them most efficient in both service quality and cost effectiveness.

In 2019 The NHS Long Term Plan[22] set out the key ambitions for the NHS over the next 10 years. The plan envisioned that by 2021, all pathology services in England would be part of a pathology network. The new pathology networks will produce quicker test turnaround times and improve access to more complex tests at a lower overall cost, with better career opportunities for healthcare scientists and clinicians.

In 2020 Professor Sir Mike Richards published an independent review of diagnostic services[23] which revealed that the COVID-19 pandemic had ‘exacerbated the pre-existing problems in diagnostics’. Recommendations included the need for regions to oversee work to complete the establishment of pathology networks.

[21] Operational productivity and performance in English NHS acute hospitals: unwarranted variations, Dept of Health and Social Care – last updated February 2016.
[22] NHS Long Term Plan, NHS England, January 2019.
[23] Diagnostics: Recovery and Renewal, NHS England, November 2020

The Cheshire and Merseyside Pathology Network (CMPN) was established in 2020 and aims to consolidate pathology services by bringing together seven NHS trusts to work more collaboratively and ensure delivery of a regional pathology service fit for the future. The target operating model comprises three hubs (East, West and North) with essential services laboratories.

Mersey and West Lancashire Teaching Hospitals (MWL) and WHH will come together to form the CMPN East Pathology Hub. If the full business case is approved by the Executive Teams in July 2025 there will be a single east hub with essential services laboratories on other sites, including WHH, from 2026.

A new laboratory information management system (LIMS) is an interdependency for development of the hub. A preferred supplier has been identified for the new LIMS and implementation is scheduled to begin in MWL from January 2027. Currently skin biopsies, blood tests (haematology, biochemistry and cell pathology) and microbiology are collected in the community by BCH teams and sent to WHH for analysis. In 2024 there were 4,483 dermatology cases of care performed by BCH staff and analysed at WHH via a service level agreement (SLA).

The integration between BCH and WHH will ensure that the sustainability of pathology services for the community as well as the acute trust are included in the Cheshire and Merseyside pathology collaboration.

There are also some specific operational benefits of integration which have been identified through the Clinical Summits. For example, clinicians from both BCH and WHH highlighted that children in Halton cannot currently access blood tests either in the community or in the hospital. This will be addressed immediately through the delivery of an integrated service within Halton Health Hub in Runcorn Shopping City, ensuring easy access for some of our most vulnerable patients.

7.3 Community Diagnostic Centre

WHH has been working as part of the national Community Diagnostic Centre (CDC) programme, which aims to improve access to diagnostic services and develop new facilities with state-of-the-art equipment in key locations across the country.

Through this programme WHH has invested more than £16m into CDC facilities, delivering services via Warrington and Halton Diagnostics Centre in four different locations – in the Nightingale Building at Halton Hospital (phase one), in Halton Health Hub in Runcorn Shopping City (phase two), and in the Sir Tom Moore Building at Halton Hospital (phase three), with an additional satellite CDC for phlebotomy within the Living Well Hub in Warrington town centre.

Recently WHH has been linking with BCH to explore options for utilising and expanding the existing use of the facilities to community teams. This has led to the commencement of a new AI-led dermatology skin analysis pathway delivered primarily by BCH staff, using WHH facilities and support.

Through the CDC programme WHH has already delivered more than 95,000 additional diagnostic tests since the opening in May 2023, including imaging, respiratory testing, sleep studies and audiology tests to the population of Warrington and Halton.

This will enable delivery of the six-week diagnostic target, ensuring delivery of a sustainable community spirometry service, and increasing the number of sleep studies by 45%.

The integration programme will help create further new opportunities for increased collaborative working and the development of new pathways to support improved access to services and faster diagnosis and treatment for those who need it.

The CDC offers shorter waiting times for tests in a convenient community location and supports early diagnosis.

To increase the offer of diagnostic tests, funding has been secured for the following new pathways:

- Children's respiratory conditions
- Gynaecological cancer
- Liver fibrosis

The children's respiratory pathway aims to provide a one-stop clinic for the diagnosis of childhood asthma. It went live in November 2024 and operates from Runcorn Shopping City (CDC phase two), a convenient community location. Asthma is the most common long-term medical condition in children.

Although related deaths are preventable, the UK has one of the highest rates amongst children in Europe. Deprivation is a significant risk factor for hospital admission for asthma. Runcorn is a deprived community where 2,000 children and young people have an asthma diagnosis.

In 2024 only 39% of women referred to the hospital with suspected gynaecological cancer were seen within two weeks as per national cancer standards (the target is 93%). Referrals of women with suspected gynaecological cancers have increased by 67% since 2020 and each woman needs a diagnostic test.

The CDC pathway is due to go live during 2025 and will provide a one-stop clinic for women with suspected gynaecological cancer, enabling faster diagnosis and ultimately saving lives by supporting early treatment with improved success rates.

Chronic liver disease is the third most common cause of death in the UK in people under the age of 65 years with more than 10,000 people dying from it each year. Linked to deprivation, liver disease can be treated effectively when diagnosed early and funding has been secured to implement a liver fibrosis pathway in the CDC in Halton.

With the aim to implement in 2025, the pathway will establish a one-stop nurse led clinic using fibroscan assessment to measure liver stiffness.

8 Research, development, innovation and commercialisation

8.1 Overview

This case outlines a collaborative research growth strategy between Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare which is being developed as part of the Better Care Together programme.

While the integration is being guided by national and regional governance, both organisations are committed to a partnership built on shared values, mutual respect and co-design. This collaboration seeks to enhance research capacity across acute and community settings, with a focus on increasing access to research for all patients, improving population health and ensuring financial sustainability.

Since 2021 WHH has generated nearly £4.8m in commercial research income, enabling reinvestment into infrastructure, workforce and study delivery. Working together with BCH, services will expand access to diverse community patient populations, strengthen recruitment capabilities and support participation in largescale NIHR-backed initiatives such as the Commercial Research Delivery Centre (CRDC).

8.2 Current state: Research strengths and opportunities

WHH research portfolio:

- Proven commercial trial delivery generating £4.8m+ since 2021
- Strong infrastructure including Halton Clinical Research Unit, capable of running large-scale phase II/III trials
- Key specialties: Gastroenterology, paediatrics, maternity, microbiology, respiratory and rheumatology
- Growing number of principal investigators and governance capacity including research sponsorship

BCH research portfolio:

- Strengths in community-based oral and dental health research
- Systems and workforce development research
- High engagement of nurses, midwives and Allied Health Professionals (NMAHPs) in early-career research and education
- Valuable access to underserved and community-based patient populations

Together, these complementary strengths provide a strong foundation for research growth.

8.3 Future state vision (following integration)

Shared objectives:

- Continue to income generate via commercial research across various settings
- Expand patient access to clinical research opportunities, improving population health outcomes
- Apply for and deliver a greater volume of clinical trials
- Develop multidisciplinary staff to increase the number of principal investigators
- Grow the academic portfolio to support recruitment and retention
- Expand the research footprint using WHH infrastructure and BCH's community settings
- Increase the number of Halton Clinical Research Unit (HCRU) trials by 50%, from two to three per year
- Increase annual commercial research income by 30%, from £1,095,990 to £1,424,787 by year three

Strategic opportunities through integration:

- BCH enhances access to underserved patient populations, expanding recruitment and trial diversity
- WHH contributes infrastructure, governance and trial delivery experience
- Integration supports NIHR goals around health equity, workforce development and collaboration
- Joint governance and delivery models reduce duplication and increase efficiency

8.4 Leveraging the Commercial Research Delivery Centre (CRDC)

The newly established CRDC, hosted by the University Hospitals of Liverpool Group, is one of 20 national centres designated by the NIHR. The CRDC aims to:

- provide early patient access to cutting-edge commercial research across Cheshire and Merseyside
- attract prestigious commercial trials through system-wide collaboration
- deliver additional income, capacity and visibility for research-active partners

WHH and BCH, through Better Care Together, are jointly positioned to contribute to CRDC delivery:

- WHH provides proven commercial trial infrastructure and experience
- BCH brings access to broad community populations essential for trial feasibility
- Together, the collaboration aligns with CRDC goals and positions both organisations for future growth

8.5 Financial and strategic benefits

Opportunity	Impact
Proven commercial income	£4m+ since 2021 reinvested into research growth
Expanded patient recruitment	Community access through BCH enhances feasibility
Sustainable reinvestment cycle	Income supports more staff, infrastructure and trials
CRDC alignment	Participation increases visibility, funding eligibility and prestige
Workforce development	Shared staff development creates new principal investigators
Infrastructure sharing	Reduced duplication, increased capacity to host high-value studies

8.6 Risk mitigation and governance

- **Regulatory compliance:** Integrated governance structure aligned with UK clinical research standards
- **Operational capacity:** Shared infrastructure and staffing to handle increased study volumes
- **Financial risk:** Diversification of income via grants, commercial trials and charitable funding
- **Reputation management:** Maintaining high standards for ethics, safety, set up and recruitment targets

8.7 Summary

The research collaboration between WHH and BCH, under the Better Care Together integration programme, represents a strategic opportunity for system-wide growth, innovation and sustainability.

This partnership honours the strengths of both organisations and supports their shared goals which are to:

- increase patient and public access to research
- generate sustainable income for reinvestment
- attract high-value commercial and academic trials
- support staff development and retention

Together, WHH and BCH can lead a joined-up, equitable approach to research delivery that improves outcomes and builds a more resilient and inclusive research eco-system across the Cheshire and Merseyside region.

9 Corporate services integration

One of our key aims through the integration programme is to improve efficiency and productivity, and we see significant opportunities in corporate services across the two providers. We will be looking to drive as quickly as possible towards median national cost performance as a minimum, whilst maintaining the highest possible standards of service and supporting delivery of our clinical services.

Data from national model health system benchmarking suggests there are significant opportunities for financial efficiency and improvements through the integration of our corporate services. The formation of a new integrated organisation creates the opportunity to reduce variation and overall corporate services costs through the standardisation and sharing of services, systems and processes within each corporate function and sub-function:

- Digital services
- Finance and procurement
- HR (including payroll services)
- Clinical governance and corporate nursing
- Corporate governance (including Trust Board)
- Communications and Engagement
- Strategy and transformation

We estimate that the integration of BCH and WHH corporate services could have an annual recurring opportunity of between £8.1m to £15.6m in corporate services costs as per the integration sub-workstreams table below. If corporate services costs of integrated organisation match national median levels, the recurring financial opportunity is around £8.1m per year.

If corporate services costs of integrated organisation match national lower quartile levels, the recurring financial opportunity is around £15.6m per year.

Corporate Services Integration Sub-Workstream	BCH annual budget ('000)	WHH annual budget ('000)	Combined annual budget ('000)	Combined opportunity v National LQ ('000)	opportunity v National Median ('000)
Communications	£230	£420	£650	£310	£180
Corporate Governance (incl. Trust boards)	£1,830	£2,710	£4,540	£660	£510
Digital Services	£4,520	£5,980	£10,500	£3,950	£1,250
Finance Directorate (incl. procurement)	£2,300	£5,700	£8,000	£3,000	£1,640
Clinical Governance & Quality	£4,290	£4,790	£9,080	£2,740	£1,650
Corporate Nursing and Medical	£70	£2,800	£2,870	N/A	N/A
People Directorate	£2,610	£8,020	£10,630	£4,940	£2,830
Strategy & Partnerships	£240	£490	£730	N/A	N/A
Grand Total	**£16,090**	**£30,910**	**£47,000**	**£15,600**	**£8,060**

We know there are a number of financial improvements and productivity gains that we are only able to capitalise on at the point at which we become a single, integrated legal entity. This is one of the key reasons why we are looking to complete the required transaction and supporting actions as quickly as possible.

10 Estates and facilities

Estate strategy and master planning is a key enabler to the Better Care Together integration programme. We can make more efficient use of our joint estate, taking a strategic approach based on patient, clinical and organisational need to optimise the use of estates and capital expenditure.

Across both organisations our staff operate across 75 buildings to deliver our services. This includes 18 buildings across our two hospital sites, and 45 leased spaces across Warrington, Halton, Knowsley, St Helens and Greater Manchester.

Since 2016, while the NHS estate has grown by 3%, patient attendances have risen by 11%, highlighting the need for efficient space management to meet rising demand and provide a safer and more compliant care environment for patients (as per NHS England 'Delivering productivity through NHS estate', 2024). This provides an opportunity to align investment with clinical pathway transformation, identifying suitable and potential under-utilised space across our boroughs.

The condition and functionality of NHS estates are often constraints for NHS trusts, with significant investment required to modernise and make aging estate fit-for-purpose. This is certainly true of the hospital estate, where 50% of our buildings are more than 40 years old, and as such the case for new acute estate remains strong.

Taken as a whole however, 71% of the buildings our combined trusts occupy have been constructed within the past 30 years, including properties leased from other NHS sectors. That includes NHS Property Services, community health partnerships and GPs. Through the integration we will ensure that our portfolio across our boroughs aligns to our clinical strategy and national policy.

The estates and facilities integration programme is underway, with opportunities for efficiencies and service enhancement currently being explored across the portfolios of both organisations. As of May 2025, task and finish groups have been established to progress work on many areas, including the development of new integrated clinical facilities, facilities management, fire safety training, transport, grounds and gardening, medical engineering, and soft FM services.

Recognising the critical role of estates across our catchment, we are working with our place estates groups within both Halton and Warrington to identify and pursue opportunities for estate optimisation.

A dedicated workstream will be established to undertake a baseline assessment of estate across our combined organisation, providing a strong foundation for future planning.

11 Digital

Our existing organisations already utilise a mix of traditional and cloud-based digital capabilities to deliver a wide range of scalable technologies and solution capabilities for both community and acute care. Our digital teams also possess differing complementary skills and competencies.

By leveraging this joint digital capability and expertise we can ensure the most appropriate and latest technology solutions will be available to everyone. This will accelerate the new organisation's transformation from analogue to digital, supporting transition plans for integrated care across digitally enabled pathways, regardless of service or location.

Our EPR strategy will streamline inpatient care with efficient, optimised services. Unifying patient administration, records, prescribing and imaging technologies, it will ensure full interoperability with both specialist systems and our community services, which are also highly integrated with primary care and wider regional systems.

The combined data and analytics capabilities will enable us to enhance population health modelling and provide insights for targeted interventions, support the optimisation of pathways, and the development of new care models aligned with the population health agenda. Additionally, this analytical approach will help address health disparities and ensure that our future services are aligned with areas of deprivation while promoting digital inclusion for our communities.

Doing digital together means we can efficiently leverage our combined skills and capabilities to advance digital maturity and literacy, and drive efficiencies, while safely adopting new technologies such as artificial intelligence to support our transformation and vision.

11.1 Digital key opportunities

- **Cyber security and governance – keeping us safe, best practice**
  The two trusts' individual cyber solutions and processes when combined will provide greater capabilities to prevent and mitigate potential attacks/breaches, keeping our patient information safe and reducing the chances of disruption to our clinical service delivery and the significant ongoing effects and cost of a cyber incident.

- **Agile working – staffing and resourcing models, locations etc**
  A single digital agile working capability will aid the redesign of our services, allowing staff to work at any location. This facilitates 'care closer to home' for our patients. It provides flexible modern ways of working for staff with flexible hours increasing our ability to recruit and retain staff.

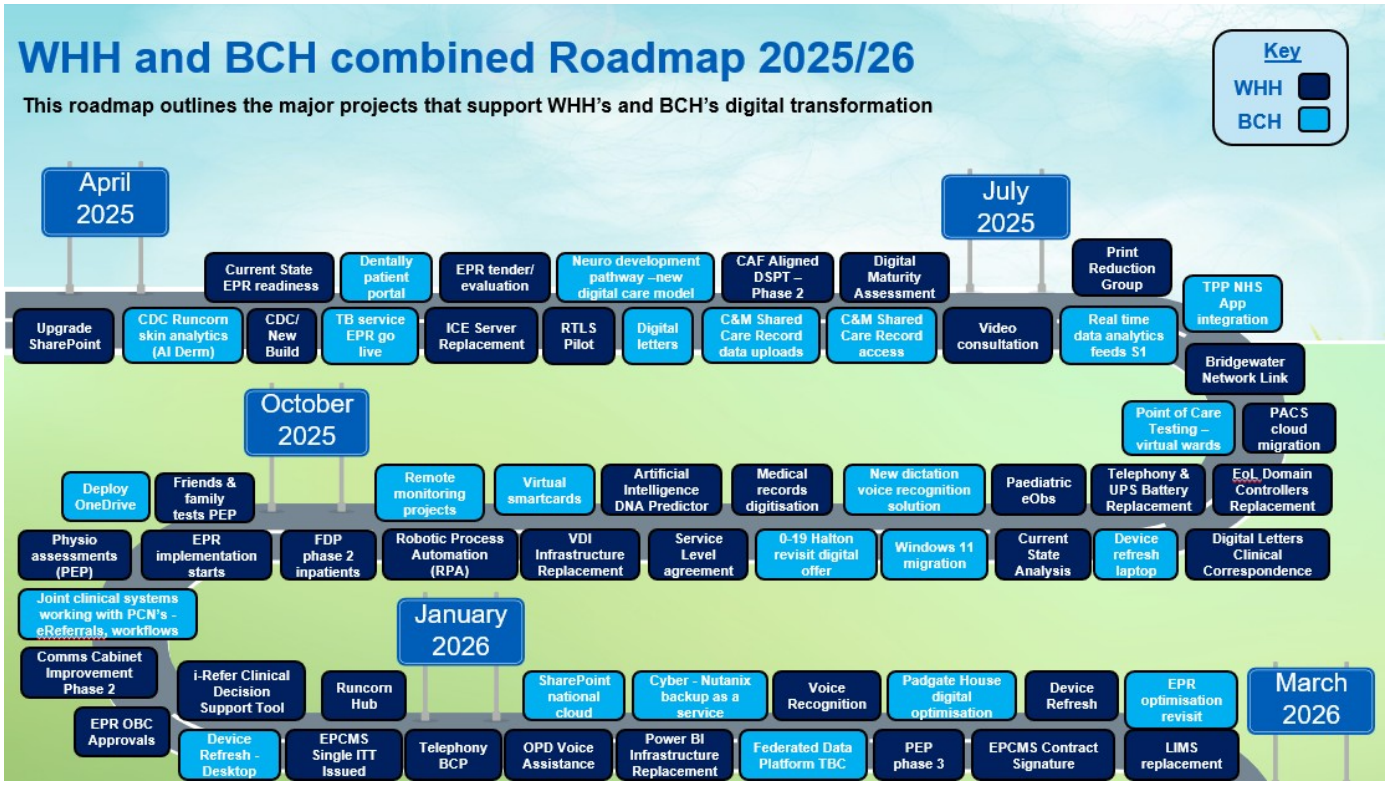
- **Digital literacy / training for staff / patients – driving capabilities and useability of our solutions**
  Our combined training resources and knowledge will enable us to further focus on digital literacy. For our workforce this will help with their acceptance and capability to adopt new and efficient digital ways of working. For our patients it will ensure inclusion and confident easy use of our services.

- **Service management – portal ITIL, end user digital experience**
  Introduction of a single digital self-service management function covering the new organisation will provide standards based, efficient and timely responses to service requests and problems on a 24x7 basis. This will create a further enabler for digital efficiencies and change within the new combined trust.

- **Print management – reduction, green agenda**
  Introduction of a common print management solution will enable staff to work flexibly, being able to print documents at any location. It will deliver a common maintainable device estate whilst reducing print costs and wastage, hence supporting the new organisation's net zero journey.

- **Patient engagement – patient portals, NHS App online services and appointments, self-referrals, digital comms channels**
  The ability to reuse/share existing organisational solutions across both acute and community settings will ensure a common look and feel for our digital channels for our patients whilst further increasing our digital engagement capabilities. As we implement new pathways of care it is crucial that we consider these digital capabilities (for example virtual consultations) in our designs to drive efficient patient focused care and experiences.

- **Leveraging emerging technologies – ambient voice / AI futures, diagnostics, efficiencies, speed**
  Whilst the trusts are integrating with significant changes to our structures and services, the opportunity to leverage emerging technologies in our processes is key. Digital and AI solutions present a significant efficiencies opportunity and ability to offer services that transform our patients' experience offering faster diagnostics and outcomes.


WHH and BCH combined Roadmap 2025/26
This roadmap outlines the major projects that support WHH's and BCH's digital transformation
Key
WHH
BCH
April 2025
July 2025
October 2025
January 2026
March 2026
Current State EPR readiness
Dentally patient portal
EPR tender/ evaluation
Neuro development pathway –new digital care model
CAF Aligned DSPT – Phase 2
Digital Maturity Assessment
Print Reduction Group
TPP NHS App integration
Upgrade SharePoint
CDC Runcorn skin analytics (AI Derm)
CDC/ New Build
TB service EPR go live
ICE Server Replacement
RTLS Pilot
Digital letters
C&M Shared Care Record data uploads
C&M Shared Care Record access
Video consultation
Real time data analytics feeds S1
Bridgewater Network Link
Point of Care Testing – virtual wards
PACS cloud migration
Deploy OneDrive
Friends & family tests PEP
Remote monitoring projects
Virtual smartcards
Artificial Intelligence DNA Predictor
Medical records digitisation
New dictation voice recognition solution
Paediatric eObs
Telephony & UPS Battery Replacement
EoL Domain Controllers Replacement
Physio assessments (PEP)
EPR implementation starts
FDP phase 2 inpatients
Robotic Process Automation (RPA)
VDI Infrastructure Replacement
Service Level agreement
0-19 Halton revisit digital offer
Windows 11 migration
Current State Analysis
Device refresh laptop
Digital Letters Clinical Correspondence
Joint clinical systems working with PCN's - eReferrals, workflows
Comms Cabinet Improvement Phase 2
i-Refer Clinical Decision Support Tool
Runcorn Hub
SharePoint national cloud
Cyber - Nutanix backup as a service
Voice Recognition
Padgate House digital optimisation
Device Refresh
EPR optimisation revisit
EPR OBC Approvals
Device Refresh - Desktop
EPCMS Single ITT Issued
Telephony BCP
OPD Voice Assistance
Power BI Infrastructure Replacement
Federated Data Platform TBC
PEP phase 3
EPCMS Contract Signature
LIMS replacement

12 Communications and engagement

12.1 The principles and key messages

In line with the core principles of communication in the NHS, we have established a number of key messages to support our Better Care Together programme.

Key message 1 (why) We want to provide better care together	Key message 2 (what) We are joining forces and working as one	Key message 3 (how) With shared leadership, we are integrating our services
Warrington and Halton need strong and resilient clinical services	Together we will improve healthcare services for our communities	We have a joint CEO and shared executive team
Our healthcare system must be sustainable for the future	We'll involve staff, partners and people with lived experience	We've established an integration programme called Better Care Together
We can achieve more together for patients and staff	We will work and behave as a single organisation	We need your support to make it a success

12.2 Internal and external communication

Effective communication of the Better Care Together programme's aims and achievements, along with the progress made across key workstreams, is crucial to securing ongoing support and is ultimately crucial to the programme's success. We will do this by:

- being proactive with our communications, using existing BCH and WHH channels
    - Internally with our combined workforce of 6,500 staff
    - Externally with stakeholders, including patients and the public, partner organisations, commissioners, regulators, voluntary sector groups and the media
- developing a single, dedicated Better Care Together staff microsite, which will become the hub of all integration information for our staff
- developing web pages on the BCH and WHH websites, with a view to creating a dedicated public microsite as the programme progresses
- developing and maintaining a set of frequently asked questions, published on staff and public sites, and updated on a regular basis
- managing dedicated Better Care Together email accounts, so there is a clear point of contact for queries and questions
- sharing case studies and personas, bringing to life examples of how we will make things better for the people we serve
- ensuring the co-ordination of communications across all programme workstreams and engagement activity

12.3 Staff engagement

Aligned to the Better Care Together workforce workstream, our approach to staff engagement will help ensure that staff feel valued, informed and engaged through:

- **collaborative engagement through joint staff engagement channels** – we will establish joint engagement groups where this is appropriate, including representatives from both trusts to collaborate on integration goals and share feedback. By involving staff in decision-making processes, we will ensure that integration respects and reflects the insights of our workforce.

- **open and transparent communication forums** – we will conduct regular, open forums with programme leadership, offering clear, transparent updates on the integration process. These sessions will include Q&A opportunities where staff can voice concerns and ask questions directly. The aim of this is to ensure that our staff remain informed and confident in the integration progress and are given a platform to express their views openly.

- **consistent mechanisms to gather and act on staff feedback** – we will establish reliable, easy-to-use feedback channels, such as surveys, suggestion boxes and focus groups, to continuously gather staff input. Feedback will be reviewed and outcomes will be shared to demonstrate how staff input informs integration decisions. With mechanisms such as the Quarterly People Pulse and Staff Survey in place, the review of this information will be themed and aligned to inform staff engagement plans.

- **continuous and accessible communication channels** – we will ensure that staff have access to regular engagement mechanisms in a variety of formats, ensuring all staff can access them and feel informed. Ensuring an open engagement approach when even if there are no new updates we will maintain these channels to reassure staff and share progress reminders.

- **taking a diversity and inclusivity approach** – we will take an inclusive approach to engagement which respects the diversity of our workforce, perspectives, roles and contributions within both trusts. Celebrating shared successes and addressing personal challenges collectively, aiming to create a positive environment where staff from all backgrounds feel welcomed and integral to our unified future.

12.4 Patient and public engagement

Within BCH:

- Engagement and involvement is currently overseen by the Bridgewater Engagement Group. This includes patient, carer, public and staff engagement, as well as public governors and representation from both Healthwatch Halton and Healthwatch Warrington. The main vehicles for supporting and facilitating co-design and involvement in projects within clinical services are through local patient partner projects.

Within WHH:

- Engagement and involvement is co-ordinated within the Communications and Engagement Team, in partnership with clinical and corporate teams. The main vehicles for supporting and facilitating co-design and involvement in projects and future developments are WHH's lived experience volunteer programme (Experts by Experience), foundation trust public governors (including WHH's Governor Engagement Group and BCH's Public and Community Engagement) and via sharing information with foundation trust members.

Our combined communications plan sets out an approach that will cover both engagement and involvement, and public consultation where required, across both BCH and WHH stakeholders and services. To support accessibility, communication and engagement, assets and events will be made available / facilitated in alternative formats.

We will:

- establish a Better Care Together Patient and Public Reference Group, which will formally report into the Better Care Together Programme Delivery Group. This group will tap into wider engagement networks and will help to ensure that the voice of our patients and local public is heard

- provide wider opportunities for local people to hear about our integration plans directly from senior leaders. We will support opportunities to ask questions, make suggestions and share thoughts and concerns, ensuring these are shared across the wider integration programme

- engage and consult as required on specific changes to clinical services which impact on how people and communities in the core areas of Warrington and Halton access services across both BCH and WHH

- engage with people and communities regarding services delivered over a wider footprint:
  - BCH Community Dental Services (Bolton, Bury, East Cheshire, Halton, Heywood, Middleton, Oldham, Rochdale, Sandbach, St Helens, Stockport, Tameside and Glossop, Trafford, Vale Royal area of Cheshire, Warrington, Cheshire West and Chester, and Wigan borough)
  - WHH Breast Screening Services (Warrington, Halton, St Helens and Knowsley)
  - BCH services delivered in St Helens (paediatric audiology / hearing screening, community IPC, Community Equipment Service, occupational therapy for assistive technology, Wheelchair Service)
  - BCH Drive Ability North West

12.5 Sharing information and seeking views

Both BCH and WHH will work together to engage with the public by:

- including feedback mechanisms on the public websites of both trusts and the creation of a dedicated Better Care Together public-facing microsite
- carrying out surveys to seek views and feedback from the wider public
- sharing information within a regular programme of engagement events
- organising and leading focus groups / workshops in relation to specific service changes, in line with NHS Duty to Involve and Public Sector Equality Duty requirements
- attending community network meetings in Warrington, Halton and St Helens (e.g. Staying Connected Forum, Halton VCFSE Forum, St Helens VCFSE Forum)
- attending events covering the wider footprint of services not in the core area of Warrington and Halton

Events will be promoted through both trusts and partners (local councils, ICB, community health providers), and local communication channels (website, social media, media and stakeholder updates). Community partners in each area will be asked to share information and events through their networks and channels.

13 Financial sustainability

Both WHH and BCH are operating within a financially challenged regional and national NHS environment. This means that we need to think differently about how to make best use of our collective resources to sustainably deliver healthcare to our local population. Achieving financial sustainability in light of growing external demand for services is a huge challenge but one that is imperative in order to allow us to invest in providing the healthcare required for the future.

13.1 Current state

The current underlying deficit of WHH and BCH combined for 2025-26 stands at around £72m (before cost savings measures and deficit support).

13.2 Financial improvement opportunities

The 2023-24 National Cost Collection Index (NCCI) score for WHH and BCH is shown in **Table 1**. A weighted average of 102 across the two organisations implies the costs are 2% more expensive than the national average.

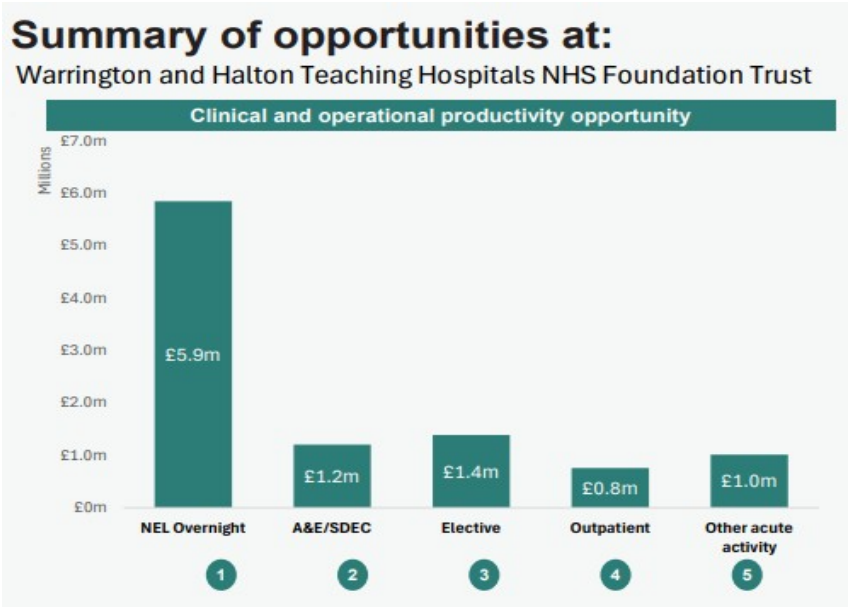
Table 1 – 2023/24 NCCI scores

	2023/24 NCCI SCORE						
Provider	Overall	Non elective	Outpatient	Elective/ Daycase	Community	Emergency Care	Other
WHH FT score	98	105	79	108	*46	91	109
WHH % of cost quantum £	100%	42%	18%	16%	0%	11%	13%
Bridgewater score	119	62	-	-	124	55	-
Bridgewater % of cost quantum £	100%	2%	0%	0%	96%	2%	0%
Weighted NCCI score	**102**	105	79	108	123	88	109

** WHH's Electronic Payment Record System (Lorenzo) is not set up to record community data to allow the Trust to do a national HES return however, this is not material as the costs relative to the overall quantum are <1%.*

A Productivity and Efficiency Opportunities planning support tool was released by NHS England in January 2025 utilising the NCC data, which identified £10.3m of financial improvement opportunities (uplifted to 2025-26 levels) as illustrated in **Graph 1** for WHH.

Graph 1 – WHH 2023/24 NCC opportunities (£10.3m)



In addition to the £10.3m savings highlighted for WHH using the direct NCC data, BCH has an identified opportunity in community services of £16.3m for 2025-26. This is calculated using BCH's actual cost compared to the national average cost for the same level of activity, uplifted to 2025-26 levels. The net opportunity across the two organisations totals £26.6m. NCCI represents a 'whole cost' measure (with overheads absorbed within clinical activities) so to be conservative we have developed three scenarios to estimate the total opportunity:

- Low scenario: Assume the Trusts achieve 50% of the opportunity
- Medium scenario: Assume average of low and high scenarios
- High scenario: Assume the Trusts achieve 75% of the opportunity

From this, we estimate the financial opportunity for the Trusts to range between £13.3m and £19.9m as shown in **Table 2**.

Table 2: WHH and BCH financial opportunity (fully absorbed cost base)

	Financial Opportunity 100% £m	Low 50% £m	Medium £m	High 75% £m
WHH	10.3	5.2	6.4	7.7
BCH	16.3	8.1	10.2	12.2
TOTAL	26.6	13.3	16.6	19.9

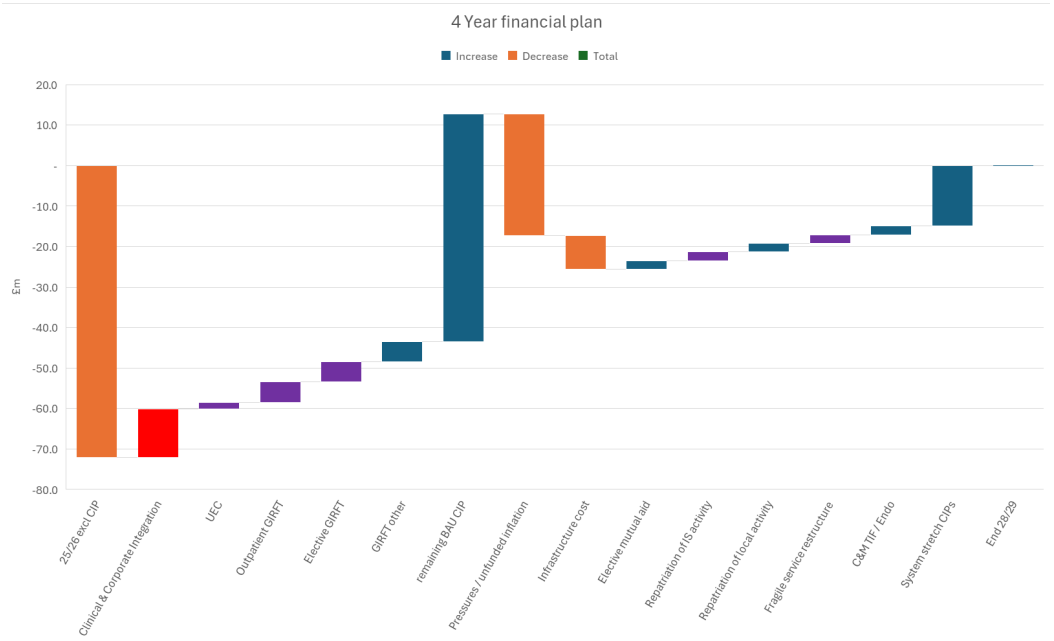
13.3 Future state

The financial opportunities available to BCH and WHH are evident and significant. The opportunities available from the point at which the organisations become a single legal entity are greater still. We believe that the integration programme creates the ideal opportunity to realise these opportunities through genuine transformation and the sooner we can formally bring together the partners, the sooner we can deliver the benefits.

Graph 2 below shows a projected four-year financial plan for the combined organisations, illustrating how WHH and BCH collectively plan to move to an annual break-even position from the current deficit plan of £72m. This plan incorporates the NCC data.

The blocks in red on the graph indicate those movements that are fully enabled by the integration programme (total £12m). The blocks in purple indicate those movements that are partly enabled / supported by the integration programme (total £15.9m).

Graph 2 – projected four-year financial plan



14 Risks and mitigation strategies

14.1 The risks of not integrating

The challenges faced by our communities are significant, with rising service demand and cost pressures outpacing budgets, creating a challenging financial landscape for NHS organisations nationwide. We are making progress locally and within the broader region, but further improvements are needed to improve the experience of patients. Many still face challenges accessing care, often perceiving services as disconnected. Common concerns include a lack of coordination between community and acute trusts; long waiting times and delays; poor communication; and difficulty navigating between our trusts for different parts of their care journey.

Challenges also exist within our clinical pathways, where our organisational boundaries can lead to disconnected care. This causes unwarranted variation in the quality of care delivered to patients and in their health outcomes. Staff satisfaction and recruitment are also priorities. Some staff members feel disconnected and under pressure, highlighting the need for a supportive environment to enable them to work at their best, with greater opportunities for professional development.

The scale of our combined planned deficit suggests our current way of operating is unsustainable and requires rethinking to achieve long-term financial sustainability and create a more resilient workforce. Whilst there are collaborative efforts in isolation there is still significant potential for greater achievements through a more joined-up approach.

Continuing in the present state would see the organisations continue as two separate entities with limited collaboration and very limited benefits. This would result in both partner organisations continuing to be financially and clinical unsustainable into the longer-term.

14.2 Integration risks and mitigations

A number of the key risks associated with the integration programme are set out in the table below along with the potential mitigations to those risks.

Risk	Mitigation strategy
Limited time for full and detailed engagement with staff, governors and stakeholders	Intensive communications and engagement plan with dedicated resources. Regular engagement sessions and two-way communication with staff and unions to build confidence
Emergence of ‘change fatigue’ among staff	Likely phased implementation of operational / clinical service integration, with early wins highlighted. Establishing a dedicated integration programme office with accelerated workstreams to drive key milestones
Regulatory and legal readiness	Proposal to accelerate and simplify the

	transaction process due to reduced risk associated with providers. Ongoing engagement with regional ICB team and national NHS England team to ensure compliance and transparency throughout the transaction process
Cultural integration risk	Joint leadership programmes and early cultural alignment activities planned. Joint culture plan written
Service disruption	Phased integration of high-risk services with pilot evaluations to assess impacts before wider rollout

14.3 Benefits:

To the patient:

- A full integration of services would formally bring community and hospital staff together to enhance the community service offer and deliver streamlined pathways which are likely to lead to improved long term health outcomes.
- By working together as one, we will improve patient outcomes and service delivery. We will see shorter waiting times, with a more streamlined patient journey through the joining up of services. Importantly, patients will have a better experience when accessing community and hospital healthcare services.
- Services will be delivered as close to home as feasibly possible and only centralised when necessary.
- Where services are complex, specialised or small volume, they will be stronger and more resilient because of consolidation, making the services more sustainable for future patients who may need them.

To the staff:

- Any enhancements in patient and service user care will also improve the work environment, making it more fulfilling and meaningful for our teams.
- Through integration, we will open up better opportunities for career development. By providing shared training and educational resources, we aim to support, develop and retain our workforce.
- This will create new roles for those looking to advance their careers, take on new challenges, or transition into different positions within our organisation.
- These changes will help us fill gaps by sharing resources and becoming more appealing to new talent. This includes not only patient-facing roles but also support teams such as safeguarding, digital design, medical engineering, recruitment, and patient experience.

Financial benefits:

- We will make significant financial savings, first by working together as one, before becoming a single organisation, subject to all necessary approvals.

- We will leverage economies of scale, benefiting from the efficiencies of being a larger organisation. This includes, for example, the reduced cost of borrowing through internal cash support and increased buying power when procuring goods and services together.
- We will continue our work to reduce spend on agency staffing, and we will think differently about our vacant posts.
- We may also see a reduction in premium rates using integrated teams, particularly in support of our fragile services.
- By bringing together our corporate functions, we will be able to improve the quality of our services at a reduced cost. This may also enable us to cease contracts for externally provided services where it can be delivered at a minimal cost by one of our respective organisations.
- The latest benchmarking by NHSE suggests that there is between £8m and £15m of financial improvement opportunities available across both organisations through reduced corporate service costs alone.

We fundamentally believe that the inherent risk associated with the planned transaction between WHH and BCH is materially lower than in many other integration scenarios seen across the health service. For example, where two large acute trusts with emergency departments and maternity units are coming together.

An accelerated acquisition of BCH by WHH offers challenges and may present a degree of potential risk, however there are clear and significant strategic, clinical, operational and financial benefits to be achieved. We believe that the potential gains far outweigh any potential risks.

15 Conclusion and next steps

This document outlines the potential opportunities created through the integration of WHH and BCH.

With a clear focus on aligning our ways of working, driving financial improvement and transforming clinical pathways, we aim to create a clinically and financially sustainable organisation configured to support more people to live healthier lives away from a hospital setting.

The need for change is clear and evident. The opportunity for improvement is here and now.

We aim to bring together the two partner organisations to create a locally focused integrated community and acute trust as soon as possible, to transform the care provided to our local populations and improve health outcomes across all of our communities.

From a clinical perspective, we see huge benefits to joining up our pathways and recognise that organisational boundaries are impacting the care we provide across several pathways, while also influencing how patients experience our services.

Financially, our individual trusts face significant financial risks that require effective management. Operating as an integrated single organisation creates the largest opportunity to mitigate these risks over the long term and move as swiftly as possible towards financial sustainability.

To address these challenges, we must now develop a comprehensive programme of work to simplify the delivery of our clinical and corporate services, supporting a more efficient and effective future.

We have developed a timeline for the integration of our two trusts to become one single organisation by April 2026.

We are committed to working with partners to deliver our ambitious vision as quickly as possible to enable benefits to the populations we serve and our staff and to ensure financial sustainability of the services we provide.

Glossary of terms

Abbreviations	Meaning
A&E	Accident and Emergency
AHP	Allied Health Professional
APC	Acute Provider Collaborative
BCH	Bridgewater Community Healthcare NHS Foundation Trust
CEO	Chief Executive Officer
CiC	Committee in Common
CIP	Cost Improvement Programme
CoG	Council of Governors
CNST	Clinical Negligence Scheme for Trusts
CQC	Care Quality Commission
DGH	District General Hospital
EBITDA	Earnings Before Income Tax Depreciation and Amortisation
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
FBC	Full Business Case
FIC	Financial Investment Committee
GDP	Gross Domestic Product
HAWB	Health and Wellbeing
HSE	Health and Safety Executive
HTA	Human Tissue Authority
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
INT	Integrated Neighbourhood Teams
ITU	Intensive Therapy Unit
LTFM	Long Term Financial Model
LTP	Long Term Plan
M&A	Merger and Acquisition
MDT	Multi-Disciplinary Team

MHRA	Medicines and Healthcare products Regulatory Agency
NED	Non-Executive Director
NHS	National Health Service
NHSE	NHS England
ONS	Office for National Statistics
PCN	Primary Care Network
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PMO	Programme Management Office
PTIP	Post Transaction Implementation Plan
QI	Quality Improvement
RPA	Robotic Process Automation
RTT	Referral to Treatment
STI	Sexually Transmitted Infections
TUPE	Transfer of Undertakings (Protection of Employment)
UTC	Urgent Treatment Centre
WHH	Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

<table>
<tr><td>AGENDA REFERENCE:</td><td colspan="4">COG/25/08/27</td></tr>
<tr><td>SUBJECT:</td><td colspan="4">Bi-monthly Strategy Highlight Report</td></tr>
<tr><td>DATE OF MEETING:</td><td colspan="4">14 August 2025</td></tr>
<tr><td>ACTION REQUIRED:</td><td colspan="4">To note</td></tr>
<tr><td>AUTHOR(S):</td><td colspan="4">Megan Wainwright, Strategy Project and Team Support Officer</td></tr>
<tr><td>EXECUTIVE DIRECTOR SPONSOR:</td><td colspan="4">Lucy Gardner, Chief Strategy & Partnerships Officer</td></tr>
<tr><td rowspan="3">LINK TO STRATEGIC OBJECTIVE</td><td colspan="4">SO1: We will … Always put our patients first delivering safe and effective care and an excellent patient experience.</td></tr>
<tr><td colspan="4">SO2: We will … Be the best place to work with a diverse and engaged workforce that is fit for now and the future.</td></tr>
<tr><td colspan="4">SO3: We will … Work in partnership with others to achieve social and economic wellbeing in our communities.</td></tr>
<tr><td rowspan="4">EQUALITY CONSIDERATIONS: (Please select as appropriate)</td><td rowspan="2">SO2: We will … Be the best place to work with a diverse and engaged workforce that is fit for now and the future.
SO3: We will … Work in partnership with others to achieve social and economic wellbeing in our communities.</td><td>Patients</td><td>Workforce</td><td>Public</td></tr>
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<tr><td rowspan="2">Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:</td><td>Yes</td><td>No</td><td>N/A</td></tr>
<tr><td></td><td></td><td>✓</td></tr>
<tr><td colspan="4">Further Information / Comments:</td></tr>
<tr><td>EXECUTIVE SUMMARY:</td><td colspan="4">• WHH and BCH continue to work towards becoming a single organisation. Trust Boards approved a proposal to accelerate the transaction to become a single organisation from April 2026.

• Over 100,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since it opened in May 2023. The third phase of the CDC programme completed in May 2025 and both the new CT and MRI scanners are now fully operational. There is a potential opportunity to develop a fourth phase of the CDC with further funding from the national programme pending approval of a business case. If successful, this would enable ophthalmology assessment services to be provided at Runcorn Shopping City.
• The Living Well Warrington online platform went live to the public on 26th March. The site has</td></tr>
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• The full business case for development of the East Pathology Hub has been developed and is being presented to the Trust Board in August for approval.</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Approval</td><td>To note
✓</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="3"></td></tr>
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<tr><td>Date of meeting</td><td colspan="2"></td></tr>
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<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="3">None</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="3">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED:
(if relevant)</td><td colspan="3">None</td></tr>
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Strategic projects update
May-June 2025

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Slide 2	Summary of key developments this reporting period
Section 2 - Stakeholder engagement	
Slide 3-4	Summary of key stakeholders engaged during the reporting period
Section 3 - Key strategic projects	

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Slide 7-8	Runcorn town deal	Carl Mackie/Viviane Risk	
Slide 9-10	Community diagnostic centre	Lefteris Zabatis/Stephen Bennett	
Slide 11-12	New hospitals programme and strategic estates	Carl Mackie	
Slide 13-14	Warrington Living Well Virtual Health & Wellbeing Hub	Rachel Moran/Stephen Bennett	
Slide 15	Completed projects	Strategy team	

Section 4 - Other trust strategic updates	
Slide 16-17	Summary of other Trust strategy related updates
Section 5 - Cheshire and Merseyside strategic updates	
Slide 18	Summary of strategic updates from Cheshire and Merseyside

Key messages

- WHH and BCH continue to work towards becoming a single organisation. Trust Boards approved a proposal to accelerate the transaction to become a single organisation from April 2026.
- Over 100,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since it opened in May 2023. The third phase of the CDC programme completed in May 2025 and both the new CT and MRI scanners are now fully operational. There is a potential opportunity to develop a fourth phase of the CDC with further funding from the national programme pending approval of a business case. If successful, this would enable ophthalmology assessment services to be provided at Runcorn Shopping City.
- The Living Well Warrington online platform went live to the public on 26th March. The site has received 64,000 views with the membership growing daily. The platform showcases over 600 activities that support living well across Warrington.
- The full business case for development of the East Pathology Hub has been developed and is being presented to the Trust Board in August for approval.

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Caroline Williams	Director of Adult Social Services, Warrington Borough Council	Warrington neighbourhood health plan, UEC system improvement
Alex Kirkpatrick	Deputy DoF, NHSE NW	Integration
Su Foster	Estates Delivery Lead, Cheshire and Merseyside	Halton Place Estates, Potential CDC expansion
Naz Ghodrati	CEO, Warrington Voluntary Action	Warrington Virtual Hub, UEC Steering group, Warrington poverty working group
Ian Triplow	CDC Programme Director, Cheshire & Merseyside	Community Diagnostic Centre and potential CDC expansion
Damian Nolan	Director Commissioning and Provision, Adult Social Care, Halton Borough Council	Urgent and Emergency Care System Improvement
Sally Yeoman	CEO, Halton And St Helen's Voluntary and Community Action	Wider determinants of health priorities and prevention programme in Halton
Marianne Loynes Peter Bryant	Mergers and acquisitions team, NHS England	Integration transaction support
Rob Cooper	CEO, Mersey and West Lancashire Teaching Hospitals	Pathology Collaboration
Phil Merrifield	CEO, Made Open Software	Future developments of Living Well Warrington digital platform
Mark Swift	CEO, Wellbeing Enterprises	Runcorn health and education hub
Wesley Rourke	Executive Director, Environment and Regeneration	Runcorn Shopping City, Levelling up, Runcorn Town Deal
Debbie Watson	Director of Public Health, Warrington Borough Council	Warrington Virtual Hub, Warrington poverty working group
Robert Woolf	Founder, Made Open Software	Future developments of Living Well Warrington digital platform
David Wilson	One Halton Clinical director	UEC Steering group
Sara Garratt Amanda Ridge	C&M ICB C&M ICB	Living Well Warrington digital platform

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Tony Leo	Place Director, Halton	Place development and integration programme
Matthew Swanborough	Chief Strategy and Partnerships Officer, Wirral University Teaching Hospitals	Integration, C&M strategy
Carl Marsh	Place Director, Warrington	Place development and Warrington neighbourhood health
Nick Armstrong	Cheshire and Merseyside ICB	Strategic estates planning, Warrington
Tim McPhee	Associate Director Integration, Transformation and Partnerships, Mersey Care	Runcorn Health and education Hub, One Halton delivery plan, Warrington neighbourhood health
Kate Clark	Director of Strategy MWL	Regional Pathology hub
Cathy Elliott	CEO, NHS Cheshire and Merseyside	Integration
Sarah Bowman-Jones Mathew Jones Asia Bibi Sunil Sharma	Alder Hey Children's Hospital, Paediatric Surgical team	Paediatric hub project team meeting
Mark Hogg	Finance, Mersey and West Lancashire NHS Trust	Pathology Hub
Dr Laura Mount Dr Ash Ahluwalia Dr Golam Choudhury Dr Mike Northey	Warrington PCN Clinical Directors	Warrington neighbourhood health
Julia Rosser Julia Murray Shepard	Public Health Warrington / Public Health Halton	Sexual Health Service
Sheila Paul/Louise Lucas Paul Tyerman/Lee Matthews Laurence Pullan/Tom Kearney Rachel Cartwright	Warrington Borough Council	Living Well Warrington digital platform
Paul Corless	Transformation and PCN Lead, ICB	Warrington neighbourhood health, Living Well Warrington digital platform

Integration – part 1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Programme Overview

Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) are coming together and working as one to improve healthcare services for our communities. Warrington and Halton need strong and resilient clinical services, and our healthcare system must be sustainable for the future. We know that we can achieve more together for both our patients and staff.

The integration programme- "Better Care Together" has been established with 10 workstreams: Strategic Programme Development, Estates, Workforce, Finance, Corporate Service Integration, Clinical and Operational Services Integration, Digital Services, Communication and Engagement, Clinical Governance and Quality, and Corporate Governance. Each workstream has developed a detailed delivery plan and are working with partners to deliver objectives.

What does this mean for WHH?

The formal acquisition of BCH by WHH has now been approved by both Trust Boards and the organisations are now working towards coming together to form a single legal entity. Work is well underway across all ten workstreams to develop the clinical, operational and corporate models, structures and processes that will deliver the best possible care for the populations of Warrington and Halton, both in hospital and out in the community.

Progress:

- Strategic case for change now complete alongside a paper that sets out the rationale for accelerating the transaction with a view to creating a single.
- The documents will be submitted to both BCH and WHH Trust Boards in early July for approval and then to the Cheshire & Merseyside ICB board to secure support in late July.
- All clinical summits have now been held, and 6 priority clinical pathways have been agreed to be progressed initially.
- All corporate services have been requested to complete a pro-forma document to provide the next level of information to support the integration of the corporate teams asap.

Integration – part 2

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	**Looking after our people ✓**	**Working in partnership ✓**
Clinical effectiveness ✓	**Innovating the way we work ✓**	**Working responsibly ✓**
Patient experience ✓	**Growing our workforce for the future ✓**	**Sustainable estate and digitally enabled ✓**
Research, development and innovation	Belonging in WHH	**Financial sustainability ✓**

Milestone	Date
Present proposal for acceleration of programme at Trust Boards and ICB	July 2025
Development of clinical model/clinical strategy	July/August 2025

Better Care Together

Home · Community · Hospital

Integrating community and hospital services provided by Bridgewater Community Healthcare NHS Foundation Trust and Warrington and Halton Teaching Hospitals NHS Foundation Trust

Contact details
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Runcorn town deal-part 1

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long-term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

What does this mean for WHH?

- Delivery of WHH services, including maternity, respiratory, and phlebotomy, from a convenient and accessible town centre location.
- Opportunity to work with local further education college to provide education and training tailored to jobs in health and care, helping to reduce our vacancies.
- Opportunities to further integrate services with other providers across health, care and wellbeing.

Progress since last report

- Hub naming survey carried out, with WELL Runcorn chosen as the name.
- Draining complete, structural steel installation finished and mezzanine floor built.
- Experts-by-Experience sessions carried out to confirm furniture choices and colours, through accessibility lens.
- Additional services from external organisations added to timetable following stakeholder session in April.

Runcorn town deal- part 2

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality	People	Sustainability
Patient Safety	**Looking after our people ✓**	**Working in partnership✓**
Clinical effectiveness ✓	**Innovating the way we work ✓**	**Working responsibly ✓**
Patient experience ✓	**Growing our workforce for the future ✓**	**Sustainable estate and digitally enabled ✓**
Research, development and innovation	Belonging in WHH	**Financial sustainability ✓**

Milestone	Date
Construction complete	Oct 2025
Services go live	Jan 2026

Contact details
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Carl Mackie
Halton Healthy New Town and Strategy Manager
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Community diagnostic centre-part 1

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

- As part of the national strategic vision to create Community Diagnostics Centres (CDC) across England, the Trust is working alongside the regional team to develop a centre for outpatient diagnostics to serve the populations of Warrington and Halton. This will also be a regional resource.
- The final approved CDC Programme covers three phases:
  - Phase 1 (now complete) saw the development of a range of diagnostic services within the Nightingale Building at Halton.
  - Phase 2 (now complete) saw a range of diagnostic services established within the Halton Health Hub at Runcorn Shopping City.
  - Phase 3 (now complete) saw the development of a new build extension to the CSTM building on the Halton site to accommodate additional CT and MRI services.

What does this mean for WHH?

- Additional capacity to undertake diagnostic testing for patients of Halton and Warrington, and the wider Cheshire and Merseyside region.
- New estate at Halton General Hospital and at the Halton Health Hub in Runcorn Shopping City, which supports new hospitals plans and the estates strategy.

Progress since last report

- Over 100,000 additional diagnostic tests have been undertaken in the new CDC spaces (Phases 1+2) since Phase 1 went live in May 2023.
- The third and final phase of the CDC programme completed in May 2025 and both the new CT and MRI scanners in the facility are now fully operational.
- Potential opportunity to expand the CDC development at the Halton Health Hub with further allocation of funding from the national programme. Business case has been developed. If successful, this would secure a further £2.5m of capital funding to progress a fourth phase of the programme and provide ophthalmology assessment services at the site in Runcorn Shopping City.

Community diagnostic centre- part 2

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	**Looking after our people ✓**	**Working in partnership ✓**
Clinical effectiveness ✓	**Innovating the way we work ✓**	Working responsibly
Patient experience ✓	**Growing our workforce for the future ✓**	**Sustainable estate and digitally enabled ✓**
Research, development and innovation ✓	**Belonging in WHH ✓**	**Financial sustainability ✓**

Contact details
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New hospitals and strategic estates planning- part 1

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

- Development of new WHH hospital estate and infrastructure.
- Within Warrington, this is the development of a new hospital, either on the current site or elsewhere in the town.
- Within Halton this is the redevelopment of the Halton Hospital site, including extending Captain Sir Tom Moore to incorporate all existing services and additional services, whilst releasing land to support the Hospital and Wellbeing Campus vision.

What does this mean for WHH?

- Delivery of Trust services from modern, accessible and safe environments.
- Opportunities to develop service provision in appropriate clinical settings and expand opportunities to work with local partners or in external locations.

Progress since last report

- Plans for an urgent treatment centre submitted to Cheshire & Merseyside ICB and NHSE North West
- Continued development of strategic estates planning work, including updated new hospitals masterplan and development of
- Strategic development of future estate programme as part of wider integration in discussion, including potential for shared corporate space to enable the transaction

New hospitals and strategic estates planning- part 2

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	**Looking after our people ✓**	**Working in partnership ✓**
Clinical effectiveness ✓	**Innovating the way we work ✓**	**Working responsibly ✓**
Patient experience ✓	**Growing our workforce for the future ✓**	**Sustainable estate and digitally enabled ✓**
Research, development and innovation ✓	Belonging in WHH	**Financial sustainability ✓**

Milestone	Date
Delivery of updated strategic estates masterplan	March 2026
Notification of UTC Bid outcome	TBC

Contact details
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Living Well Virtual Hub- part 1

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

- To lead the development of new Living Well Virtual Hub for Warrington place in partnership with stakeholders across Warrington.
- To replace previous council run “Mylife” service directory with a modern, accessible multi-functional online platform that serves as a one stop shop for many more service providers from across the borough ranging from small grassroots organisations to larger statutory providers.
- The new virtual hub forms part of a growing programme of work at Place to strengthen the offer around prevention, early intervention and empowering self-care through a “community-led” approach.
- The new platform empowers users to navigate their health and wellbeing journey more independently and is the single digital entry point for any health and wellbeing-related enquiries for the public and staff working in Warrington.
- Phase 2 will focus on growing the network and providing tools (such as online social prescribing) and actionable insights to professional working within Warrington for better targeting and supporting health needs of local population groups.

What does this mean for WHH?

- Delivery of a new digital product under the Living Well umbrella which supports a broader shift from analogue to digital, hospital to community, and reactive care to prevention. It also supports the development of a digital blueprint for delivering the new neighbourhood health model across Warrington.
- Longer term, the online platform will support improving health outcomes, reducing inequalities and help reduce future demand and pressure on statutory health and care services across the Borough.

Progress since last report

- Continued stakeholder engagement and presentation at various meetings as part of communications plan.
- 657 new members to platform, 611 live activities, 12,000 active users, 64,000 page views.
- Supported new volunteering opportunities across the borough with confirmed pledges to volunteer.
- Platform sustainability plan in progress. This includes exploring options for the inclusion of for-profit businesses and the wider private sector as active contributors to the long-term success and support of the platform. The aim is to ensure ongoing viability beyond initial public funding, while maintaining the platform’s core purpose of promoting health, wellbeing, and community-led support across Warrington.

Living Well Virtual Hub- part 2

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	Looking after our people	**Working in partnership** ✓
Clinical effectiveness ✓	**Innovating the way we work** ✓	**Working responsibly** ✓
Patient experience ✓	Growing our workforce for the future	**Sustainable estate and digitally enabled** ✓
Research, development and innovation ✓	Belonging in WHH	**Financial sustainability** ✓

Milestone	Date
Ongoing network development and onboarding to platform	April-Sept 25
Launch test business membership model	Aug/ Sept 25
Sustainability and business proposal finalisation	Sept 25

LIVING WELL IN WARRINGTON

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Completed Projects

Halton Health Hub

- Halton Health Hub Phase 1 was completed in November 2022, enabling the delivery of orthoptics, optometry, audiology, and dietetic therapy services from within the Runcorn Shopping City centre in Halton Lea.
- Services in Phase 1 have since been expanded to add MSK therapies, a GP out-of-hours service, public health services, including weight management and smoking cessation, and a Wellbeing Service delivered by Wellbeing Enterprises CIC.
- In November 2023, Phase 2 opened. Phase 2 comprises a Community Diagnostics Centre, offering residents improved access to range of diagnostics and treatments usually only accessible via an acute hospital.

Warrington Living Well Hub

- Attendances at the Living Well Hub are now approaching 25,000 since the facility opened in March 2024. 88% of visitors to the Hub live in and around the central wards of the borough which are the most deprived areas of the town.
- The service model continues to evolve with the following new services commencing during the report period:
    - Mersey Care's Children & Young People's Mental Health appointments
    - Green Doctor (in partnership with Talking Point) – providing drop-in advice around energy usage and keeping household bills down
- The Living Well programme across the town has been entered into the 2025 HSJ awards as an exemplar programme of work demonstrating a high-quality integrated care approach and provider collaboration.

Other Trust strategic updates

Theatre 3 at Nightingale Building, Halton

- T1 & T2 operational from May 2025
- Recover and T3 currently in full construction
- WHH Project Team working closely with contractors to manage early warning notices and compensation events

Urgent and Emergency Care System Improvement

- The Urgent and Emergency Care System Improvement Programme continues. Workstreams have been revised to include Pre Hospital., In Hospital and Post Hospital and each are working to agreed delivery plans, reporting to the ICB regularly.
- The length of time patients are being nursed on the A&E corridor has reduced from 13 hours in April 2024 to 6.5 hours in June 2025.
- Bed occupancy rates remain a challenge as do the 4 and 12- hour waiting time targets for the emergency department. Targeted work is ongoing to address these issues and includes the development and expansion of hot clinics.

Other Trust strategic updates

Digital Projects

Electronic Patient Care and Management System (EPCMS)

- Pre marker engagement officially launched at 5pm on Thursday 26th of June 2025.

Federated Data Platform

- The FDP and NHS England transitioned to Business As Usual (BAU) on Friday, with ongoing efforts to embed the system.
- The transition has been challenging, particularly with the Patient Booking Management (PBM) system, which is not yet fully utilised.
- Theatres are using the system well for scheduling and list planning, with all information centralized in one place.
- The system now includes adjusted book utilisation figures, incorporating historic data and average anaesthetic times, aiding in informed decision-making

Patient Engagement Portal (PEP) Update (Stats from June 2025)

- All appointment, TCI and Radiology letters are now being sent digitally to the NHS App and the Patient Portal.
  - 72.4% of patient letters have been read digitally reducing the need for printing and postage of letters
- 62% of our local population are registered with the NHS App (60% Halton, 64% Warrington)
- In June 2025, 131k notification messages have been sent to our patients
  - 72k (55%) were sent via the NHS App
  - 56k were read on the NHS App –reducing SMS messages by 22%

Cheshire and Merseyside strategic updates

Laboratory Information Management System (LIMS)

- The Full Business Case for a unified LIMS across 5 healthcare organisations was approved by the Trust Board in June 2024. The contract has been awarded to the preferred supplier and implementation is planned to begin in 2027. The local WHH team are collaborating with the regional team to prepare for implementation. Collaboration with the regional pathology collaboration team working on the hub model continues to ensure alignment.

Pathology collaboration

- Work continues to develop the East Pathology Hub and an outline business case was approved by WHH Trust Board in November 2024. The full business case has been developed and will be presented to the Trust Board in August. The full business case details the proposal to develop a hub at Whiston hospital and essential services laboratories in Warrington, Halton, Southport, Ormskirk and St Helens. The WHH team are working closely with partners to ensure development of a high- quality service that delivers the needs of our population and staff.

Paediatric surgery

- The pilot of Alder Hey @ Warrington continues with paediatric theatre lists being delivered by Alder Hey surgeons in Warrington. Collaboration with Alder Hey continues with a view to expanding the project to incorporate some activity on the Halton site. A Project Manager in Alder Hey has been appointed to develop the project plan and the Alder Hey team will be visiting the Halton site shortly where both Trusts clinicians will meet to agree the way forward.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/06/37c (i)	Meeting	Trust Board	Date Of Meeting	5 June 2025

Date of Meeting	02 June 2025
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/25/05/029	**Hot Topic – System Assurance** **• Grip and Control Letter** **• Monitoring of system wide work** **• System Improvement** **• Level Three CIP**	The Committee received the presentation noting:- • ICS is officially in turnaround and PWC are undertaking a governance review of each organisation. • Joint WHH and BW meeting took place 30 May 2025 • Assurance provided based on what had been presented by WHH • High level 4 year sustainability to include integration & model health • Level 3 CIP £12m – profiled in month 12 in line with BW and MWL • Medical staffing are on Rotamap, nursing and AHP are on Allocate. C&M are looking at identifying a preferred provider. • Looking at managing attendances across C&M • Execs have identified non clinical critical roles to ensure that the Trust can still deliver services to our patients. • Delivery units set up – Workforce, Non Pay, Productivity • FCOG held for the system – 10 themes with CIP plans aligned.	The Committee received **moderate** assurance given the actions that have commenced	The Committee **noted** and discussed the report receiving **substantial** assurance around level of detail reported	
FSC/25/05/030	**Deep Dive – Theatre Productivity / Length of Stay**	The Committee received the presentation noting:- • Cataracts pilot planned for July 2025 • Urology utilisation is expected to increase from June 2025 • FDP is live improving monitoring and oversight on utilisation and productivity	The Committee received **limited** assurance given that productivity is still lower than planned	The Committee **noted** and discussed the report receiving **moderate**	**FSC August 2025**

		• Improving length of stay for elective patients by improving day cases especially in Hysterectomy, hernias, and lap choles and TURBTs. • Further data has been requested to enable trend review • Endoscopy is a key area that is not delivering to plan • Will form part of the Delivery Unit – Productivity		assurance given plans in place	**Q1 update**
FSC/25/05/033	**Monthly CIP Update**	The Committee received the report noting: • Month 1 CIP position is in line with the plan - £0.8m achieved of which £0.4m is recurrent • CIP plans of £21.5m have been identified against Levels 1 & 2 CIP • £12.4m of the CIP plans are high risk • There is also £12m Level 3 CIP which will be monitored and delivered at a system level. • Progress is monitored via the weekly Delivery Unit meetings with oversight monthly at the Executive Management Team meeting.	The Committee received **limited** assurance based on delivery of CIP plan in particular the level of high risk	The Committee **noted** and discussed the report receiving **limited** assurance given recurrent plans in place is not delivering to expectations	**FSC June 2025**
FSC/25/05/034	**Monthly Productivity Improvement Update**	The Committee received the report noting:- • Outpatients improvement **–** confident in delivery next year, through improved recording / rectification of system issues. • UEC **–** ICS is suggesting improvements in NCTR which will be worked on. Oversight meeting will take place with the whole system including local authority.	The Committee received **moderate** assurance given the progress that has been made	The Committee received **substantial** assurance given the plans in place	**FSC June 2025**
FSC/25/05/037	**Medical Workforce Review Group – Q4 Update**	The Committee received the report noting:- • Medical workforce bank and agency spend was over budget by £0.8m, some offset from WLI, outstanding revenue requests and vacancies • Bank rates are one of the lowest in C&M • Job planning consistency meeting will occur quarterly commencing from June 2025 onwards.	The Committee received **moderate** assurance given the progress that has been made	The Committee **noted** and discussed the report receiving **moderate** assurance	**FSC June 2025**
FSC/25/05/038	**Estates Strategy Process Report**	The Committee received the report noting:- • Total trust-wide high-risk backlog reduced from £2.1m to £1.8m. • However, total trust-wide backlog has increased from £39.8m to £46.3m due to the age of estate and systems. • Delivered £1.5m backlog maintenance program in 2024/25.	The Committee received **moderate** assurance given the progress that has been made	The Committee **noted** and discussed the report receiving **moderate**	**FSC June 2025**

		• Bid made to NHS England to address critical infrastructure risk (CIR) totalling £2.0m. Funding allocation TBC. • Bid made to NHS England to address issues identified in the national estates maternity survey totalling £1.1m. Funding allocation TBC • Surveys completed for building management system (BMS) and solar PV improvements. Bids made to NHS England. Placed on reserve list. • Target investment fund (TIF) awaiting the outcome of the additional bid of £1.9m. •		assurance given plans in place	
FSC/25/05/040	**Sustainability Strategic Priorities Update**	The Committee received the report noting:- • Trust is on target to meet or has met 9 priorities, 5 are behind expectations with mitigations and programmes in place to bring back in line with expectations and 2 are behind expectations with limited or no mitigation • Amended strategic priorities for 2025/26 were supported	The Committee received **moderate** assurance due to spend being behind expectations.	The Committee **noted** the position receiving **substantial** assurance, **supported** for Trust Board approval.	**Trust Board June 2025**
FSC/25/05/043	**Cash Position Update**	The Committee received the report noting:- • Total cash support received up to March 2025 is £19.4m. • £18.3m deficit support will be received in 2025/26 • Trust will need cash support from August 2025 onwards. • Actions has been taken to maintain cash position leading to negative impact on BPPC and creditor days • Cash management measures continues to be in place	The Committee received **moderate** assurance due to the Trust financial position and inevitable requirement of cash support.	The Committee **noted** the paper receiving **substantial** assurance	**FSC June 2025**
FSC/25/05/045	**Monthly Finance position – month 12**	The Committee received the report noting:- • Deficit plan before deficit support funding of £28.7m • £18.3m deficit support funding will be received in 2025/26, therefore reducing the deficit after deficit support funding to £10.4m • Month 1 deficit position is on plan at £4.7m (before deficit support) • CIP delivered in month 1 although £0.4 is non recurrent • Activity plan in month 1 was not achieved	The Committee received **limited** assurance	The Committee **noted** the paper receiving **substantial** assurance	**FSC June 2025**

FSC/25/05/046	**Revenue Requests – Elective Recovery**	The Committee received the report noting:- • Request to draw down £1.2m for elective recovery which will support delivery up to the end of Q2. • £0.5m already drawn down in Q1. • Position will be reviewed for Q3, dependant upon outpatient productivity improvements	The Committee received **moderate** assurance	The Committee **noted** the paper receiving **substantial** assurance and **supported** to go to Trust Board for approval	**Trust Board June 2025**
FSC/25/05/047	**Capital Position Month 12**	The Committee received the report noting:- • M1 underspend of £0.27m against the plan. However, it is expected to catch up over the next 2 months. • Movement in capital contingency was approved	The Committee received **moderate** assurance due to spend being behind plan.	The Committee **noted** the position receiving **substantial** assurance, **approved** the contingency changes	**FSC June 2025**

Items for noting

FSC/25/05/031 Board Assurance Report and Risk Register
FSC/25/05/032 Corporate Performance Report
FSC/25/05/035 Recovery Update M1
FSC/25/05/036 Pay Assurance
FSC/25/05/039 Integration Update
FSC/25/05/041 CDC Phase 4
FSC/25/05/042 Benefits Realisation Q4 Update
FSC/25/05/044 Indicative Financial Cost of Harm
FSC/25/05/047 Schemes over £500k
FSC/25/05/048 Digital Strategy Group Update

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk

No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/59c (i)	Meeting	Trust Board	Date Of Meeting	6 August 2025

Date of Meeting	23 June 2025
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/25/06/057	**Hot Topic – UEC Improvement and Non-Elective Length of Stay**	The Committee received the presentation noting:- • Opportunity of £5.9m based on total non-elective cost multiplied by increased length of stay percentage • Review of specialities undertaken and adjusted for NCTR. Targeted schemes identified which will focus on 5,139 bed days (equates to 14 beds), costed as £2.2m of the £5.9m opportunity • The opportunity is only cash releasing if enough beds can be closed, no CIP recognised in month 1 and month 2 • Older Persons Short Stay Unit (OPSSU) is an area of focus, discharges increasing since opening on 2 June • Key risks include NCTR, cash releasing opportunity, capacity to deliver, system approach requirements and culture change required	The Committee received **limited** assurance based on progress against plans	The Committee **noted** and discussed the report receiving **substantial** assurance around level of detail reported	
FSC/25/06/058	**Deep Dive – CBU CIPs**	The Committee received the presentation noting:- • £1.7m CIP delivered at month 2 in line with plan, however £0.6m delivered non-recurrently • Planned and Unplanned Care not delivering YTD, forecast delivery not all identified by all Care Groups • The Unplanned Care Group have a gap in terms of WTE reduction and corresponding CIP reduction whereas Planned Care have identified WTE, however the value is below plan.	The Committee received **limited** assurance based on delivery of CIP plan in particular the level of high risk	The Committee **noted** and discussed the report receiving **moderate** assurance given recurrent plans in place are not	

		This is due to WTE being lower banded as well as posts only coming out later in the year • Clinical Support Services have identified WTE and the corresponding value however there is a significant number of non-recurrent posts included with additional review being undertaken to determine if any can be made recurrent • Workforce schemes currently included in the central schemes until identified, then moved to Care Groups, estimates to be included against Care Groups from next month • Productivity schemes are forecasting a lower delivery (£4.8m) compared to the plan (£10m), which is being mitigated by central schemes		delivering to expectations	
FSC/25/06/059	**Corporate Performance Report**	The Committee received the report noting:- • ED performance, 4 and 12 hours remain a concern • DM01 performance achieved the national standard for the fourth consecutive month (96.24%) • RTT on track to deliver in 2025/26	The Committee received **moderate** assurance given some metrics are not achieving	The Committee **noted** the report receiving **substantial** assurance around level of detail reported	**FSC July 2025**
FSC/25/06/061	**Monthly Productivity Improvement Update**	The Committee received the report noting:- • Theatres – Late starts and session utilisation negatively affecting the position • Outpatients improvement **–** good progress on clinic template work. Endoscopy risk, shortfall in delivery being reviewed by Delivery Unit	The Committee received **moderate** assurance given the progress that has been made	The Committee received **substantial** assurance given the plans in place	**FSC July 2025**
FSC/25/06/063	**Cost Pressures**	The Committee received the report noting:- • Medical staffing cost pressures (£1.1m) reduces to £0.3m once revenue requests written and approved, Planned Care expected to clear pressures in the next two months, Unplanned Care meetings in place with Medical Director to review overspending areas • Nursing staffing cost pressures (£0.4m) would be mitigated once revenue requests written and approved, mostly enhanced care driving the overspending areas.	The Committee received **limited** assurance based on the continued overspend on cost pressures	The Committee **noted** and discussed the report receiving **moderate** assurance of the ongoing review	**FSC July 2025**

FSC/25/06/066	**Cash Position Update**	The Committee received the report noting:- • Cash support required from September 2025 • Correspondence received from ICB that deficit support funding not to be received for Q2, cash support still only required from September 2025, expected that more cash will now be required later in the year • Actions have been taken to maintain cash position leading to negative impact on BPPC • Cash management measures continues to be in place	The Committee received **moderate** assurance due to the Trust financial position and inevitable requirement of cash support.	The Committee **noted** the paper receiving **substantial** assurance	**FSC July 2025**
FSC/25/06/067	**Monthly Finance position – month 2**	The Committee received the report noting:- • Month 2 deficit position is on plan at £9.3m (before deficit support) • CIP delivered in month 2 although £0.6m is non recurrent • Activity income plan in month 2 was not achieved • The process and timetable associated with the National Cost Collection (NCC) which will be reported to Trust Board for approval • PwC feedback not yet received • BPPC low due to cash management measures in place	The Committee received **limited** assurance recognising achievement of plan to date but risk of overall plan delivery	The Committee **noted** the paper receiving **substantial** assurance	**FSC July 2025**
FSC/25/06/069	**Capital Position Month 2** **Schemes over £500k**	The Committee received the report noting:- • M2 spend of £0.39m, broadly in line with the Trust plan. • Movement in capital contingency, removal of the oversubscription and Ward A8 prioritised in the 2026/27 capital plan was approved • Risk highlighted that backlog maintenance has been brought forward to mitigate underspend of the Ward A8 scheme, which limits the ability to do this later in the financial year • TIF – there is a delay in the theatre 3 scheme, completion now expected mid September, however recovery area hand back delayed by 6 weeks. Mitigation of delay to be achieved via 7 day working at no additional cost.	The Committee received **moderate** assurance due to spend being behind plan.	The Committee **noted** the position receiving **substantial** assurance, **approved** the contingency and oversubscription changes and ringfenced Ward A8 in the 2026/27 programme	**FSC July 2025**

Items for noting

FSC/25/06/060 Monthly CIP Update

FSC/25/06/062 Recovery Update
FSC/25/06/064 Pay Assurance
FSC/25/06/065 Integration Update
FSC/25/06/068 Revenue request – none this month
FSC/25/06/070 Digital Strategy Group Update
FSC/25/06/071 EPRR Group minutes

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/59c (ii)	Meeting	Trust Board	Date Of Meeting	6 August 2025

Date of Meeting	28 July 2025
Name of Meeting & Chair	Finance, Sustainability and Performance Committee in Common, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSPCiC/25/ 07/06	**Deep Dive – 65 Weeks and UEC**	The Committee in Common received the presentation noting:- • 4 key metrics are being tracked **No-criteria to reside (NCTR)** • Looking at the East Lancs nurse led electronic triage tool which uses an algorithm system that directs patients to the right service. A bid has been submitted to North West Regional Transformational Fund for the electronic triage tool. • WBC Intermediate Care At Home Service (ICAHT) was suspended for July 25 due to sickness and quality improvement work within the team and negatively impacting increasing NCTR. • Requirement to re-establish System Sustainability Group to manage system wide issues. **AED 12 hour performance –** 62% are waiting to be admitted to the bed base. Decisions Discharge Unit (DDU) launched on 28th July. All actions expected to lead to a reduction of 43 breaches per day (16% performance improvement). **Ambulance handover time –** Significant improvements through refocus with NWAS colleagues including 45 minute handover project which will officially launch on 1st August. **Time to Triage** - implementing Manchester Triage System since April 2024 – average is now 23.36 minutes	The Committee in Common received **moderate** assurance based on progress against plans	The Committee in Common **noted** and discussed the report receiving **substantial** assurance around level of detail reported	**FSPCiC August 2025**

		• **65 week wait** – C&M ICB target of zero by the end of August. Forecast to be 47 at the end of August as best case or 67 in worst case depending on the impact of industrial action. Continue to use mutual aid and insourcing to mitigate risks in particular Max Fac and T&O.			
FSPCiC/25/ 07/07	**Monthly CIP Updates – Month 3**	The Committee in Common received the report noting:- • £2.5m CIP delivered at month 3 in line with plan, however £0.9m delivered non-recurrently. FYE of these schemes will ensure recurrent delivery • Progress has been made in regard to CIP plans maturity with 59% submitted on 10 July which has increased to 64% at the last submission. This was a focus at the PwC meeting and a target of 75% by next week has been set. This target is expected to be achieved. • Income performance at month 3 is 97% at flex position, therefore, no cash releasing efficiencies have yet been realised in relation to the elective improvement productivity schemes. • £12m stretch target – ICS still expects the Trust to fully deliver. A list of suggested schemes has been provided by ICS. The list will be reviewed by the Executive Team. • The Delivery Unit is holding people to account to deliver actions in a timely manner.	The Committee in Common received **limited** assurance based on delivery of CIP plan in particular the level of high risk	The Committee in Common **noted** and discussed the report receiving **moderate** assurance given recurrent plans in place are not delivering to expectations	**FSPCiC August 2025**
FSPCiC/25/ 07/09	**Cash Support Update**	The Committee in Common received the report noting:- • Q2 deficit support funding of £4.8m has been withheld • Support for cash support request of up to £5.087m for September acknowledging the risk that NHSE may not approve the cash support request • Support for the Cash Preservation MOU issued by ICB • Support for mitigation option 1 (delay payment to NHS Supply Chain and NHS Professionals) and mitigation option 2 (delay payment to HMRC) if required.	The Committee in Common received **moderate** assurance due to the Trust financial position and requirement for cash support.	The Committee in Common **noted** the paper receiving **substantial** assurance and **supported** both the cash support request and the cash preservation MOU for Trust Board approval.	**Trust Board August 2025**
FSPCiC/25/ 07/10	**Finance Report**	The Committee in Common received the report noting:- • Month 3 deficit position is on plan at £13.5m (before deficit support).	The Committee in Common received **limited** assurance	The Committee in Common **noted** the paper receiving	**FSPCiC August 2025**

		• Agency spend is below plan, however bank spend is above plan due to medical vacancies. • Risk adjusted forecast excluding deficit support funding has been submitted at a £46.8m deficit. Included £10.8m level 3 CIP, risk assessed CIP delivery based on PFR percentages of £6.0m, £0.5m PDC dividend increase and £0.8m estimated industrial action costs.	recognising achievement of plan to date but risk of overall plan delivery	**substantial** assurance	
FSPCiC/25/ 07/16	**Capital Expenditure**	The Committee in Common received the report noting:- • Increase in CDEL of £2m for UEC capital however there is a risk as it is not cash backed and would require capital cash support. • M3 spend of £0.63m, £1.1m behind the Trust plan – expected to catch up later in the year. • Supported and approved the movement in capital contingency.	The Committee in Common received **moderate** assurance due to spend being behind plan.	The Committee in Common **noted** the position receiving **substantial** assurance, **approved** the contingency changes	**FSPCiC August 2025**
FSPCiC/25/ 07/17	**Corporate Performance Report**	The Committee in Common received the report noting:- • ED performance, 4 and 12 hours remain a concern • DM01 performance achieved the national standard for the fifth consecutive month (96.14%). • RTT has a slight improvement from last month. • Cancer 62 day – improvement to 80.8%. • 28 day Faster Diagnosis has worsened slightly to 72%	The Committee in Common received **moderate** assurance given some metrics are not achieving	The Committee in Common **noted** the report receiving **substantial** assurance around level of detail reported	**FSPCiC August 2025**

Items for noting

FSPCiC/25/07/08	*Cost Pressures*
FSPCiC/25/07/11	*WHH Pathology Hub financial business case (supported for approval by Trust Board)*
FSPCiC/25/07/12	*WHH UTC (supported for approval by Trust Board)*
FSPCiC/25/07/13	*WHH CDC Phase 4 (supported for approval by Trust Board)*
FSPCiC/25/07/14	*WHH Revenue Requests – none this month*
FSPCiC/25/07/15	*Emergency Preparedness Annual Report (EPRR) and Bi-Annual Update*
FSPCiC/25/07/16	*Schemes over £500k and CPG Annual Report*
FSPCiC/25/07/19	*Monthly Productivity Update*
FSPCiC/25/07/20	*WHH Elective Recovery Update*
FSPCiC/25/07/21	*Reports / minutes from the Delivery Unit*
FSPCiC/25/07/26	*EPRR Group minutes*
FSPCiC/25/07/27	*FSC Chairs Annual Report*
FSPCiC/25/07/28	*Board Assurance Framework and Corporate Risk Register*

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/06/37 a ii	Meeting	Trust Board	Date Of Meeting	4 June 2025

Date of Meeting	13 May 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/05/030	**Patient Story**	The Committee heard a patient story from a lady who had suffered baby loss during her attendance and actions taken to improve pathway and communication for patients with a similar experience.	**Moderate The committee were assured some learning had taken place however requested more assurance re pain management and environmental factors**	**Substantial: Review via Patient Experience and Inclusion Sub Committee June 2025**	**Review via Patient Experience and Inclusion Sub Committee June 2025 Follow up meeting with the Chief Nurse/ Gynaecology Matron**
QAC/25/05/031	**Deep Dive – Cancer Services**	The Committee received a presentation - Deep Dive in relation to Urology Cancer The presentation included • Overview of performance • Overview of pathways and responsibility owners	**Limited Need further assurance regarding escalation and tracking processes that**	**Substantial: Monthly chairs reporting with Executive oversight through Patient Safety**	**Monthly Reporting via Patient Safety and Clinical Effectiveness Next -June 2025**

		• Overview of tracking and escalation process • Themed review of incidents Points to note include • Perform well against 31-day standard • Escalation policy updated and agreed at CBU Governance Quarter 1 • Weekly Priority Target List (PTL) Meeting in place • Partial assurance provided regarding improvements and escalation processes • Cancer dashboard awaiting development	**they have been fully amended and continue to reduce incidents of harm.**	**and Clinical Effectiveness Sub Committee. (PSCESC)** **Escalated to through reporting to Quality Assurance Committee (QAC) as necessary.**	**Workplan assurance being sought by Medical Director**
QAC/25/05/032	**Hot Topic – Chronic Pain Team**	The Committee received a Hot Topic presentation including • Overview of external review commissioned following a series of GP concerns Points to note include • No immediate intervention required for safety • Noted service needs updating with modernised practice that include non-pharmacological methods and MDT approaches • Inconsistencies in documentation noted • Limited clinical engagement noted throughout review	**Limited** **Evidence of MDT working required** **Service specification needs review** **SOPs and standardised letter to be reviewed and developed**	**Limited** **CBU Governance requires strengthening** **Escalate as a Fragile Service – Monthly reporting to Patient Safety and Clinical Effectiveness Sub Committee.**	**Fragile Service Report to PSCESC next June 2025**
QAC/25/05/034	**Patient Safety and clinical Effectiveness Sub Committee Report.**	An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the committee.	**Moderate** **Assurance received – regarding**	**Substantial** **Monthly oversight at QAC**	**QAC June 2025**

		Key areas to note • Cardiology – concerns re diagnostic delays – improvement plans requested • Stroke and Gynaecology presented 2nd 6-month update following step down from fragile services. Good progress has been maintained with significant pathway improvements noted. • Urology – improved waiting list position. However, service remains fragile relating to staffing. • ENT waiting list position improved due to insourcing • Virtual Fracture Clinic – Assurance not received. – Medical Director writing to the Speciality Governance Lead	**Fragile Services – further improvements required.**	**Executive oversight monthly of all fragile services via PSCESC**	
QAC/25/05/036	**MIAA Theatre Safety Audit**	The Committee received • 2nd Follow up from MIAA audit that had noted limited assurance • Further actions to be taken regarding ongoing assurance • Review of risk register required • Observational audits required – commence date to be agreed • Joined regional group re procedural safety • Observational audits being undertaken by senior and executive leads	**Limited** **Actions complete however limited assurance regarding clinical engagement.**	**Substantive** **Monthly Oversight by Executives Directors and Non-Executives at QAC.**	**QAC Monthly June 2025**
QAC/25/05/040	**Draft Quality Account**	The committee received the draft quality account for approval noting next steps • Audit Committee June 2025 • Stakeholder engagement with Health watch/ partners May/June 2025. • ICB presentation 21 May 2025 • Publish on Website by 30 June 2025	**Substantive Remains on track to meet required milestones for publication on 30 June 2025**	**Substantial Monthly oversight in IPR at QAC and Bimonthly by Board of Directors**	**QAC and Audit Committee June 2025**

The Committee also received the following items.
Patient Story
QAC/25/05/033 Board Assurance Framework
QAC/25//05/036 Complaints Annual Report
QAC/25/05/037 Infection Prevention and Control Q4 update
QAC/25/05/038 Sepsis Q4 update
QAC/25/05/039 ED improvement Update
QAC/25/05/041 Maternity update
QAC/25/05/042 Better Care Update
QAC/25/05/043 CIP/ GIRFT Quality Impact Assessment Biannual report.
QAC/25/05/044 Information Governance and Records Subcommittee Quarterly update
QAC/2505/046 High Level Enquiries Update

Assurance Key
Delivery Assurance: *Assurance in achieving outcomes.*

Governance Assurance: *Assurance in the internal controls in place*

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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28bii**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	13 May 2025
GOVERNOR OBSERVER	Diane Nield, Public Governor and Deputy Lead Governor
GOVERNOR COMMENTS	There were 2 NED's in attendance at the meeting (including chair) The meeting had a full agenda with multiple detailed papers. The chair acknowledged and thanked attendees/presenters for getting papers in on time The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed. **Highlights:** **Patient Story –** Patient (Kate) attended and shared her experience of attending the WHH Early Pregnancy Attendance unit on 2 occasions, sadly losing both her babies. Although the midwife support during pregnancy had been excellent the hospital experience was far from it. The concerns raised were: • Access to the counselling/quiet room • Communication on the 'wait time' • Communication between staff– prioritisation of patients, awareness of those anticipating bad news • Placement of patients in main waiting area with others having different experiences The board were very upset and sympathetic to the patient and apologised for the distress, lack of empathy, lack of compassionate communication and patient dignity displayed on both occasions of visiting the hospital and agreed this must not happen in future **Next Steps** – the patient is very keen to help WHH learn from this experience and is motivated by driving change so others will have a better experience. The following actions are already taking place. • Pathway reviews within EPAU • Reiterate to NWAS the pathway for pregnant women at all stages • Training to be promoted to relevant staff; supported by Bereavement Midwives • Kate's story to be shared with maternity and C20 teams • Corridor Care SOP in place of which set criteria is set out to exclude instances of this kind

Deep Dive – Cancer Services

Review of the services recommended following a number of complaints, particularly in Urology

62-day performance actual vs operating standard – Nationally pre-Covid this was 85%. Currently expectation is 70%, rising to 75% by March '26. WHH is currently 75% with 28-day standard at 77%
Cancer Incidents – A themed review of 24 incidents has been undertaken by Planned Care

- Incidents where a degree of harm has occurred are largely Urology and Gynaecology with the main themes around capacity for investigations, surveillance and follow up.
- Small number of incidents are centred around an individual within a specific MDT, who is being managed through the appropriate HR process.
- A number of themes have been identified with actions/responses already taking place which are already showing a significant reduction in 'Flexible Cystoscopies' and 'TP Biopsies' together with MDT standardisation
- Areas of work, fully/ partly outstanding identified and shared

MIAA Theatre Safety Audit

Background – 2023 spike in number of events resulting in MIAA audit in 2024 which suggested the service lacked a robust governance reporting structure. The following actions have taken place.

- Devised Governance structure
- Audits – Surgical Safety Checklist Documents Audit
- Training – WHO checklist training covered. There is a belief that the surgeons are engaged, and that Theatres are not an unsafe place to be.

There was a great deal of challenge from the NED's who were keen to point out that 'Consultant engagement is still an issue' and there is not a feeling of leadership. They are not getting the sense of clinical surgical engagement. An example of this is shown by the action log, the actions and leadership are held with the nursing and theatre team not the surgeons.

The committee were invited to review the department themselves. An action was taken away for a group to visit and report back

Maternity Update

Q4 2 x still birth cases (diabetes) PMRT review taking place on Monday

Annual still birth rate is 1.62 (v. good, not an outlier)

Maternity now to report quarterly. A template will be designed for future meetings

	Recent feedback from student midwives is excellent and many have said they would love to work at WHH when qualified

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/59a (i)	Meeting	Trust Board	Date Of Meeting	6 August 2025

Date of Meeting	10 June 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/06/053	**Deep Dive – Typing Backlog**	The Committee received a presentation noting • Backlog of circa 12,000 letters (May2025), 9000 are overdue. • Noted on all Clinical Business Units Risk Registers • Outsourcing and overtime payments utilised to support backlog reduction • Monitoring of harm ongoing • Trajectories to be presented to Executive team by end June 2025	Moderate The committee noted although actions in place significant backlog to recover, limited assurance at this time on harm reviews- further assurance required	Substantial: Review via Patient Experience and Inclusion Sub Committee/ Quality Assurance Committee	Review via Patient Experience and Inclusion Sub Committee July 2025 Update to QAC August 2025 Trajectories to Executive Team by end June 2025.
QAC/25/06/55	**Quality Account – Final Document**	The Committee received the final version of Quality Account noting • Feedback had been received and collated from external partners in line with requirements • The Quality Account will be submitted for final approval at Audit Committee June 2025	Substantial Will require final approval at Audit Committee June 2025	Substantial: Approved at Quality Assurance Committee (QAC) as per requirements.	Audit Committee June 2025

		• The Quality Account will be uploaded to the organisation's website by 30 June 2025			
QAC/25/06/057	**Patient Safety and clinical Effectiveness Sub Committee Report.**	An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the committee. Key areas to note • ENT De-escalated from Fragile Services • Neck of Femur- Adjusted mortality above expected range for the first time – improvement plan for Theatre waiting times and time to mobilise post Theatre to be presented to the Executive Team. • Cardiology – concerns re diagnostic delays – improvement plans requested – no harm to date. Awaiting Standard Operating Procedure finalising to provide assurance on mechanisms for the management of patients. • Urology – improved waiting list position. However, service remains fragile relating to staffing.	Moderate Assurance received – regarding Fragile Services – further improvements required.	Substantial Monthly oversight at QAC Executive oversight monthly of all fragile services via PSCESC	**QAC July 2025**
QAC/25/06/058	**MIAA Theatre Safety Audit and update from Directors visits**	The Committee received a presentation including • Overview of external review commissioned following a series of GP concerns Points to note include • 15/17 actions complete, remaining actions remain on track	Moderate Evidence of MDT working required Service specification needs review	Substantive Oversight at QAC Bimonthly Fragile Service – Monthly reporting to Patient Safety	**Fragile Service Report to PSCESC next July 2025**

		• Observational audits are 99% complaint with WHO checklist • No immediate intervention required for safety • Positive feedback from Director/Non-Executive Director observational visits	SOPs and standardised letter to be reviewed and developed Improvements noted, sustainability required.	and Clinical Effectiveness Sub Committee.	
QAC/25/06/065	**PSIRF Annual Report**	The Committee received a presentation overview of PSIRF noting • PSIRF Policy and Plan reviewed and endorsed by the ICB Patient Safety Team • Local Priorities will remain unchanged for forthcoming year. • Overview of learning responses and PSIIs for 2024/35 • Overview of PSIRF training and plan • Level 1 97%, Level 2 86% compliance • 4 patient Safety Specialists in place, further 4 to commence training in September 2025 • MIAA review noted substantive assurance for PSIRF- May 2025	Substantive MIAA review noted substantive assurance Strong systems and processes in place for PSIRF and learning	Substantive Weekly Executive oversight at Safety Oversight Meeting. Quarterly Oversight at PSIRF Executive Led Group and Patient Safety and Clinical Effectiveness	**Patient Safety Clinical Effectiveness Quarter 2**

The Committee also received the following items.
Patient Story
QAC/25/06/056 Quality IPR metrics
QAC/25//06/059 Quarterly Compliance Report
QAC/25/06/060 Maternity update
QAC/25/06/061 Learning from Experience Report
QAC/25/06/063 Quality Priorities
QAC/25/06/064 ED Improvement
QAC/25/06/066 Enabling Strategy Alignment
QAC/25/06/067 Medicines Management Annual Report

QAC/25/06/068 Controlled Drugs Annual Report
QAC/25/06/069 Update on proposed Risk Management Process

Assurance Key
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28bi**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	10 June 2025
GOVERNOR OBSERVER	Diane Nield, Deputy Lead Governor – Public Governor Warrington and Halton
GOVERNOR COMMENTS	There were 2 NED's in attendance at the meeting (including chair) The meeting had a full agenda with multiple detailed papers. The chair acknowledged and thanked attendees/presenters for getting papers in on time The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed. **Highlights:** **<u>Deep Dive – Typing Backlog – Clinical information</u>** WHH currently has a situation whereby there are approx. 9000 letters overdue awaiting typing. These letters are mostly from out-patient appointments We do not have a clerical bank that we can pull on and encounter even more delays due to recruitment and staff training/onboarding The longest waits have been identified; Urology, ENT and Women's Health Outsourcing has been tried on 2 occasions, but a high risk of errors has been encountered due to lack of clinical training. Routine and High-Risk patients have been identified; this has been an enormous task as we must manually pull down the data AI and Voice Tech pilots are about to commence as part of the Admin and Clerical Improvement Programme. Recognition has been given to the admin/clerical roles on how important they are in supporting delivery of safe and timely care There was a great deal of questions from the NED's as to patient harm and clarification of letters – confirmed as mostly outpatient letters Next Steps – Return to QAC next month and escalation to Board **<u>ED Improvement Programme</u>** 4 hour performance in May was off trajectory by 4% 10 occasions of Full Capacity in May, which then impacts on

	‘lack of flow’ and space to see patients **Incidents Thematic Review** 425 incidents over last 3 months (previous 498) There is a physician associate available M-F 8-11pm Reduction in Meds incidents and Anti-social behaviour towards staff 24/7 waiting nurse available Designated TC screen showing waiting time and average length of stay Refreshments offered Bodycams in place with video training **High Risk Themes/Harm Grading** Speciality delays 2 x fatal incidents in April 5 x complaints in April – Clinical treatment x 4, Attitude & Behaviour x 1 Full review MDT and training given NED Questions focussed on Mental Health Support – this has improved following training and support from “Core 24” They now have joint triage with ED nurse and MH nurse enabling staff to feel much more supported. **Theatres Update** A number of QAC and Board members have visited theatres since the last QAC. Audit results from the ‘secret shopper’ audit shows 99% MIAA action plan has been developed with standardisation training sets across all departments A request was made to QAC to grant permission for this training to be inserted into senior personnel training eg: Surgeons/Anaesthetists. This was given This programme will be the first of its type in the region. If there is ‘non-compliance’ it will be dealt with via disciplinary procedure **NED Questions** Non- compliance question – as above. Also asked how this will be monitored Comments came from a few QAC members that they felt assured from their visits that improvements had been made and that the environment felt very calm, safe and controlled. Uniform policy was raised which is still an issue Return to QAC in August **Maternity** Quality review – Feedback from Families

	There is a noted difference between Triage/Nest + Ward. The appearance was described as 'looking dated' and gives the perception of being dirty Also bed spaces are too small, cramped and difficult to navigate Additional funds have been received via NHSE to improve maternity and neonatal estate. Continued issue with 'induction of labour' WHH rates = HIGH All inductions are reviewed to ensure clinical appropriateness. A future IOL role will continue oversight of this.

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Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/59a	Meeting	Trust Board	Date Of Meeting	6 August 2025

Date of Meeting	8 July 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/07/078	**Deep Dive – Maternity cardiotocography**	The Committee received a presentation noting • The current position of Saving Babies' Lives Care Bundle was noted • A strong training programme was noted to be in place. • Training compliance is generally good, though dips are observed during periods of staff turnover or doctor changeovers. • Specialist Midwife roles are in place • Review of a more effective CTG training tool is underway • Issues with escalation were explored – it was noted cultural barriers to escalation have been addressed	**Moderate** **The committee noted although actions in place. Further assurance required on clinical escalation**	**Substantial: Review via Quality Assurance Committee monthly in Maternity Paper.**	**Update to QAC August 2025**
QAC/25/07/079	**National Hip Fracture Mortality**	The Committee received a presentation noting • Metrics remain below national averages • Mortality rates remained within expected limits until Q4 2024/25, when both crude and case-mix adjusted mortality exceeded control limits	**Limited** **Need to improve time to Theatre position and receive assurance escalation**	**Substantial: Oversight at Quality Assurance Committee (QAC)**	**Quality Assurance Committee monthly until greater assurance received 2025**

		• As of 4 July 2025, both mortality metrics had improved but remained close to the upper control limits • Improvement plan in place • Core issue identified as delay in surgery	**processes are effective**		
QAC/25/07/081	**Patient Safety and clinical Effectiveness Sub Committee Report.**	An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee. Key areas to note • ENT removed from Fragile Services • Cardiology have 3 remaining actions to be completed prior to step down • Urology – Waiting list position improving. Remains a Fragile Service due to staffing and capacity. ***Harm Reviews*** • Clinical validation of the AI tool used for Outpatient Clinic follow-up risk scoring has shown that the model is not reliable in this setting	**Moderate** **Assurance received – regarding Fragile Services – further improvements required.**	**Substantial** **Monthly oversight at QAC** **Executive oversight monthly of all fragile services via PSCESC**	**QAC August 2025**
QAC/25/07/084	**Mortuary Licenced Activity Biannual Report**	The Committee received a report noting • 17 recommendations were now fully complaint, It was agreed Ali Kennah Chief Nurse will present this at Trust Board in August 2025. • Human Tissue Authority (HTA) made an unannounced inspection on 16 April 2025. All actions complete and responses have been returned to HTA	**Moderate** **An update in relation to timeframes was requested**	**Substantive** **Oversight at QAC Biannually**	**Update to QAC August 2025**

The Committee also received the following items.
QAC/25/07/077 Patient Story
QAC/25/07/080 Board Assurance Framework (BAF)
QAC/25//07/082 Mortality (SHMI)

QAC/25/07/083 Maternity Update
QAC/25/07/085 QI mental Health Update
QAC/25/07/086 Infection Prevention and control BAF – Biannual Report
QAC/25/07/087 Safeguarding Annual Report
QAC/25/07/088 ED improvement Update
QAC/25/07/089 Quality Impact Assessment
QAC/25/07/090 High level enquiries and external assessment/inspections
QAC/25/07/091 Committees Chairs Annual Report including BAF Annual Review

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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28b (iii)**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	28 July 2025
GOVERNOR OBSERVER	Sue Fitzpatrick, Lead Governor – Public Governor, Warrington and Halton
GOVERNOR COMMENTS	The papers were available on Team Engine before the meeting. There were 2 NED's in attendance at the meeting (including chair). The meeting was chaired by Cliff Richards. The meeting had a full agenda with multiple detailed papers. The chair acknowledged and thanked attendees/presenters for getting papers in on time. The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed. The meeting started with a patient story "My experience as a surgical patient on A4" which was very positive. The patient felt she was not alone which helped her through the experience and she felt the staff saw the person inside the patient. **Highlights:** **<u>Deep Dive – Maternity CTG (fetal surveillance)</u>** CTG is recommended for women with high risk pregnancies and it is estimated that around 60% of term labours are continuously monitored. Fetal surveillance is a key work stream within the Maternity Incentive Scheme. WHH are in a good position with training and competency compliance and there is a clear escalation policy with peer review which is saving babies' lives. Neonatal ODN feedback shows we are not an outlier and we have an improved position from Q2 24/25 but escalation was identified as an issue. Chair summarised there is a problem with CTG training and interpretation. The Chair suggested there is not an issue with CTG but with escalation. A new framework for training to improve on hourly CTG peer review should be introduced and if people feel it is not quite right they should be empowered to escalate. **<u>Hot Topic – National Hip Fractures Mortality</u>** Fractured Neck of Femur service remains part of the fragile services. Hip fracture mortality had remained within expected limits until Q4 2024/25 and the trust received a NHFD mortality alert in May 2025. Time to theatre and time to mobilisation are the likely drivers for the increase in mortality.

	Compared to May as of 4th July there is a decrease in mortality but despite the improvement it is still towards the higher control limit. The improvement plan highlighted 3 key areas 1) Prompt surgery with greater care admission pathway and ward care 2) Prompt surgery 3) Timely escalation and reporting Key priority 1: if there is a delay in getting beds there is a delay getting into theatre resulting in a loss of muscle tone and loss of mobility. Key priority 2: if staff are redeployed to work over lunchtime it is thought it will allow 1 extra operation per day. Things will also improve when there is access to theatre 2 and Halton in October. Key priority 3: The new SOP has gone live and a new reporting template is in development to be circulated 14 July. There was a lot of discussion and questions around theatre timings and availability of beds in A6. It was suggested trauma nurses work with bed managers especially if it is impacting mortality to prioritise beds for NOF patients. The Chair stated everyone has outliers but we still have higher mortality rates than everyone else. There is nothing in the plan about patients that are not on A6. We need more planning for outliers. The Chair acknowledged this is a work in progress but asked for feedback. Next steps: there is to be monthly reporting on progress until we are in a position to step down from fragile services. **BAF** EK has been tidying up BAF and thanked everyone for their input. There are no changes to risk rating or appetite and no new risks on the corporate register since the last meeting. **Patient Safety and Clinical Effectiveness Subcommittee Escalations** PF gave updates on urology, cardio/cardiorespiratory, Fracture neck of femur and chronic pain which are all fragile services. Harm reviews - there is clinical variance in AI and clinical P coding so there is to be clinical validation in urology to ascertain whether there is potential to use AI to augment prioritisation. IPC consultant staffing absence has placed IPC team under pressure. Microbiology leads from MWL and WHH to meet and agree approach. There is a proposal to switch off paper appointment letters but there were several concerns raised so the proposal to be subject to a full QIA and discussion at CQAG. Chair – the committee did not think switching off paper was a good idea.

	Trust mortality (SHMI) Analysis This remains within expected limits and is not an outlier. An increase seen since 2024 is due to change to type 5 activity coding rather than an increased risk of death. The higher than expected SHMI for acute cerebrovascular disease has been investigated, SHMI for fluid and electrolyte disorders is to be investigated. Chair felt it would be useful to see something about fluid and electrolyte disorders at a future meeting **Maternity** *Maternity incentive scheme year 7 update*. We have had positive feedback. In relation to saving babies lives the LMNS confirmed the Trust is 99% compliant for Q125/26. The only area of non-compliance related to diabetes in pregnancy and the lack of dietetic provision. This was added to the risk register. *Maternity and neonatal quality review* There were no fatal or severe harm events, there were 3 moderate harm events all cases of 3rd 4th degree tear(OASI). QAI looking into staffing models. The turnover for staff is below the trust target. There is a new maternity ward manager who is making great improvements. A programme of work is underway to improve pathways for those diagnosed with diabetes with a plan around the national tool kit telling how many hours are needed with dieticians, nurses etc. Chair raised the degree of tears. It is felt that rates had gone down and doesn't feel like a problem. It's 3%, well within expected figures. He also queried whether the 6-10 cases in cluster reviews were due to lack of expertise. **Mental Health update** There was a very comprehensive presentation on this topic. Learning themes have been identified and a training plan put in place. The mental health strategy is under review and using DATIX to record incidents. Very clear next steps in the presentation. It was questioned if we have a live mental health strategy. **The last few papers** infection prevention and control, safeguarding update report, ED harm profile and QAI high level briefing paper were taken as read with AM pulling out highlights. We are not hitting the 4 hour performance target in ED. A report is to be brought back to QAC. QI projects and next steps very clear. The Chair assured that everything that can be managed is being managed. AM There are no real concerns we have good monitoring over our mortuary activity but NED requested tighter timelines. Chair to escalate to the Board. There were no new safety issues but there are a large number of multi agency cases as the complexity of cases increases resulting in a struggle to hit training standards. We are

	working hard to get compliance training in place. A weekly safeguarding and compliance meeting has been introduced and there are improvements seen. The chairs report was taken as read. **Review of meeting** there were a lot of papers. The patient story was positive and important to share. There was a lot of discussion on the deep dive and hot topic.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/06/37c	Meeting	Trust Board	Date of Meeting	4 June 2025

Date of Meeting	Wednesday 21 May 2025
Name of Meeting and Chair	Strategic People Committee in Common, Chaired by Abdul Siddique
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPCIC/25/05/025	**Hot Topic – System Assurance & Vacancy Controls**	**Michelle Cloney, Chief People Officer** The Committee received an update in relation to system assurance and vacancy control. The Committee noted the specific ICB workforce controls which have been outlined and the actions which have been taken and continue to be taken to respond to the requests. The Committee noted the assurance that quality and equality impact is aligned to any processes linked to vacancy control to ensure that patient safety is paramount to any decisions made as well as the collaboration across both Trusts to do things once where possible. Additionally, the Committee noted the criteria of organisational critical roles have been defined by both Trusts and therefore the oversight that the Delivery Unit (Workforce) Group now has.	The Committee received **substantial assurance** on delivery of the system assurance requirements and vacancy control requirements.	The Committee received **substantial assurance** on the governance of the system assurance requirements and vacancy control requirements.	Not required
SPCIC/25/05/030 (ii)	**Workforce Integrated**	**Jennie Dwerryhouse, Deputy Chief People Officer**	The Committee received **substantial**	The Committee received **substantial**	July 2025

	Performance Report	The Committee received an update on the IPR as per the agreed KPIs with Bridgewater Community Healthcare in April 2025. The Committee specifically focused discussions on bank reliance and sickness absence with discussions associated with note of the work completed to convert agency to bank over the past 24 months.	**assurance** on delivery of the workforce integrated performance report.	**assurance** on the governance of the workforce integrated performance report.	
SPCIC/25/05/032	**Freedom to Speak Up**	**Alison Jordan, Freedom to Speak Up Guardian** The Committee received a joint report from the Freedom to Speak Up Guardians for Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare. The Committee noted the report contents and actions which are being taken to identify and address barriers to speaking up, working with Staff Networks and staff voice groups. The Committee positively noted the alignment of both Guardians, with further opportunities to work collaboratively and share learning highlighted for the future.	The Committee received **substantial assurance** on delivery of Freedom to Speak Up.	The Committee received **substantial assurance** on the governance of Freedom to Speak Up.	6 Monthly
SPCIC/25/05/035	**Safe Staffing Assurance Report**	**Tracy Fennell, Deputy Chief Nurse and Director of Clinical Governance** The Committee received the monthly Safe Staffing Assurance Report. The Committee discussed the contents of the report with specific note on quality and safety of services against fill rates. The Committee were provided assurance on how quality and safety is measured and monitored in line with safe staffing.	The Committee received **substantial assurance** on delivery of safe staffing.	The Committee received **substantial assurance** on the governance of safe staffing.	Monthly
SPCIC/25/05/038	**Guardian of Safe Working**	**Dr Rachel Wallis, Guardian of Safe Working** The Committee received an update from the Guardian of Safe Working for Q3 escalations in line	The Committee received **substantial**	The Committee received **substantial**	Q2 – 2025/26

	for Junior Doctors	with the guidelines. The Committee were advised that the report included an overview of rota gaps, as well as noting that the overall number of exception reports had decreased slightly in line with previous year trends. Additionally, the Committee noted changes to the framework for exception reporting and the role of the Guardian. The Committee noted the impact of this and the work being undertaken to implement this in the Trust.	**assurance** on delivery of the Guardian of Safe Working.	**assurance** on the governance of the Guardian of Safe Working.	
SPCIC/25/05/039 (ii)	**Gender Pay Gap**	**Adam Harrison-Moran, Head of Strategic Workforce Development & Culture** The Committee received the Gender Pay Gap report for 2024/25 with data effective 31 March 2025. The Committee noted the progress delivered in the previous 12 months and actions being taken to address the disparity in pay gap. The Committee formally approved the report for publication on behalf of the Trust Board, noting this would be provided to Trust Board as a supplementary paper in June 2025.	The Committee received **substantial assurance** on delivery of the Gender Pay Gap report.	The Committee received **substantial assurance** on the governance of the Gender Pay Gap report.	Q3 – 2025/26

Other reports received by the Committee:

- SPCIC/25/05/026 (ii) – Board Assurance Framework
- SPCIC/25/05/027 – Chief People Officer Report
- SPCIC/25/05/028 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPCIC/25/05/034 (ii) – Workforce Policies and Procedures Overview Report
- SPCIC-25/05/037 – Volunteers Annual Report

Chairs Logs received by the Committee:

- SPCIC/25/05/040 – Operational People Committee
- SPCIC/25/05/041 – Workforce Review Group

Assurance Key:
Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**SPC in Common Committee**
DATE OF MEETING(s):	21 May 2025
GOVERNOR OBSERVER	Margaret Bamforth, Public Governor Warrington and Halton
GOVERNOR COMMENTS	The meeting was held 'In common' and took place at Spencer House, Birchwood. It was well attended and chaired by Abdul Siddique, NED Bridgewater. There was good representation from both Bridgewater and Warrington and Halton. There were several apologies. The agenda was of necessity lengthy as many of the items were doubled up with presentations and papers from both organisations. No doubt this will change over time as the processes become more embedded. I won't go through the whole agenda but will pick out those items of particular interest to the governors. Attendance was F2F and via Teams. There are some differences in governance processes between the two Trusts and Julie Jarman gave an assessment of the level of assurance for those agenda items relevant to WWH. Throughout the meeting there was evidence of excellent collaboration. Good examples were, a joint presentation by the two Freedom to Speak Up guardians, the work on EDI, the ongoing progress made by the ten Better Together workstreams. BCHT has received the bronze level North West Anti-Racist Framework award. This piece of work has been supported by the WHH Team and is another example of excellent collaboration between the organisations. The action log was discussed, and all actions were updated. The BAFs for both organisations were considered and discussed. Michelle Cloney gave a presentation on the WHH and BCHT responses to the ICB workforce controls. These will have a significant impact on recruitment. Mandy Nagra, Chief Officer for System Improvement and Delivery within the ICB has a specific responsibility to lead on this area. The controls that have been put in place include, a complete vacancy freeze for all non-clinical posts, a vacancy control panel for recruitment to posts that are planned for recruitment, a freeze on non-discretionary pay expenditure, implementation of recommendations from recent PWC reviews and clear senior/executive approval for agency and bank usage. The Trusts will be scrutinised on these and some additional

requirements. Michelle presented the joint response made by WHH and BCHT which includes the establishment of a joint process. Clinical critical and non-clinical critical roles have been identified. An important principle has been that quality and safety can be maintained and non-clinical roles, as well as clinical roles, have been identified that are crucial to patients. Assurance on this item was given as good because there is evident grip on the actions required.

The Chief People Officer report was presented by Michelle. At this point in the agenda the issue of the recent Supreme Court ruling on biological sex and gender was raised. The further guidance from the EHRC is still awaited. This is obviously a sensitive issue, and the Trust is committed to maintaining a safe, supportive and equitable environment for all staff, patients and service users. That gender reassignment remains a protected characteristic under the Equality Act 2010 has been reaffirmed.

The Bank and agency reduction plan was discussed. The issues are different for WHH and BCHT. The most difficult area to address has been those fragile services where there is greater dependence on Bank and Agency staff. Some concerns were raised about the impact on patients and substantive staff. Assurance was given that patient safety is a priority and will be maintained.

For me, the highlights were, the progress made on closing the gender pay gap, the close collaboration between the Freedom to Speak up guardians and the annual report on the WHH volunteers. There are now 142 volunteers providing 7573 hours of support. The number of volunteers has increased 74 volunteers in 2023/24.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/59b (i)	Meeting	Trust Board	Date of Meeting	6 August 2025

Date of Meeting	Wednesday 18 June 2025
Name of Meeting and Chair	Strategic People Committee in Common, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPCIC/25/06/048	**Hot Topic – Job Planning**	**Paul Fitzsimmons, Executive Medical Director** The Committee received an update on job planning for the Trust, noting that this was a key area of focus for 2025/26 following the launch of the NHSE Medical Job Planning Improvement Programme in September 2024 and letter from the National Medical Director in May 2025. The Committee noted the actions that were required from the letter and the Trust's position on this, including historic job plans across specialities and the work which has been undertaken to ensure compliance. Members noted that once work has been completed to resolve historic job plans, delivery of the targets were achievable and a cultural change to being prospective for job planning was essential.	The Committee received **moderate assurance** on the delivery of job planning with a positive trajectory to move towards the targets prior to April 2026.	The Committee received **substantial assurance** on the governance of job planning.	Annual review
SPCIC/25/06/052	**Better Care Together Integration Update**	**Hayley Heard, Deputy Director of Strategy and Partnerships, Michelle Cloney, Chief People Officer, Adam Harrison-Moran, Head of Strategic Workforce Development & Culture**	The Committee received **substantial assurance** on the	The Committee received **substantial assurance** on the	July 2025

	(Workforce and Corporate Services)	The Committee received an update on the workforce and corporate service integration for the Better Care Together programme. The Committee noted the positive work to enable partnership working with Trade Union representatives across both Trusts and progress to introduce a combined organisational change framework. In addition, the Committee noted progress for the Corporate Services workstream, with a lens on national corporate benchmarking and establishing corporate services for the future organisation. The Committee approved the Better Care Together: Culture Plan, focused on building the culture which brings the workforce across both Trusts together. Members welcomed the work undertaken to date and noted progress would be updated at a future point in the cycle of business.	delivery of the Better Care Together integration programme.	governance of the Better Care Together integration programme.	
SPCIC/25/06/053	**Safe Staffing Assurance Report**	**Ali Kennah, Chief Nurse** The Committee received an updated format of the monthly safer staffing report. Members noted the bank rate reductions and support which was being put in place for staff as a result. Members noted regular temperature checks were in place to monitor the impact of the bank rate reduction. The Committee highlighted that the new format allowed for increased triangulation of issues which was positively received.	The Committee received **substantial assurance** on delivery of the Safe Staffing Assurance Report.	The Committee received **substantial assurance** on the governance of the Safe Staffing Assurance Report..	July 2025
SPCIC/25/06/055	**Report on the Impact of Flexible Working**	**Adam Harrison-Moran, Head of Strategic Workforce Development & Culture** The Committee received a report on the impact of projects which have been focused on improving flexible working and the experience of staff across the Trust. The report noted that there has been an improvement in the WHH Staff Survey results for	The Committee received **high assurance** on delivery of the flexible working programme.	The Committee received **substantial assurance** on the governance of the flexible working programme.	Q4 2025/26

		flexible working, with two e-preference rostering pilots commenced in 2025/26. The Committee noted that a review of metrics through a quality, people and sustainability lens had been completed to assess the impact on flexible working and this was demonstrating a positive trajectory. The Committee observed improved staff wellbeing but recognised that limited rostering resources could delay the programme's broader implementation. The Committee noted that discussions were underway to assess and support the rollout, with resourcing needs being scoped.			

Other reports received by the Committee:

- SPCIC/25/06/050 – Chief People Officer Report
- SPCIC/25/06/051 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPCIC/25/06/056 – Health and Wellbeing Update (including the Health and Wellbeing Guardian Report)
- SPCIC/25/06/057 – Improving People Practices Bi-Annual Report (including Employee Relations Data)
- SPCIC/25/06/059 – WHH Committee Chairs Annual Report to Trust Board

Chairs Logs received by the Committee:

- SPCIC/25/06/060 – Workforce Inclusion and Culture Sub-Committee
- SPCIC/25/06/061 – Workforce Review Group

Assurance Key:
Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**GOG/25/08/28c (ii)**
AGENDA REFERENCE:	Strategic People Committee in Common Governor Observation Report
COMMITTEE ATTENDED	Strategic People Committee in Common
DATE OF MEETING(s):	18th June 2025
AUTHOR(S):	Dr Carol Ann Kelly (Governor Observer), Public Governor, Warrington South
GOVERNOR COMMENTS	The meeting was recorded for the purpose of minutes. Four NEDs were in attendance from both WHH and BHCT (inc. two Chairs). No Governor observer from BCHT was present. The meeting was held as hybrid in person and Teams. The hot topic featured medical job planning and appraisals, although a historical backlog was of concern, good progress with this and the current compliance rate was reported despite challenging targets. A deep dive into activity levels according to speciality is planned considering the reported variance (86-106%). Good discussion and challenge ensued with clarifications sought especially in the context of integration and inclusion of dentistry. Other agenda points of interest: CPO reported a shift to attendance vs absence management; staff welfare featured in most agenda items; benefits to care of integration acknowledged in Better Care Together; accelerated integration request made; sensitivities to integration dealt with compassionately. Great discussion around self-rostering, e-rostering and flexible working pilot on some wards. Very positive outcomes with an increase seen across all patient safety indicators and staff satisfaction high. Unfortunately, due to limited resources to support rollout (of both self and e-rostering) progress has been halted despite clear benefits. A bid for investment from charitable funds has been prepared and submitted. This seems an ideal project to support in terms of investment to reap benefits and savings further down the line. This was a complex agenda with some items repeated from both WHH and BCHT. The meeting ran to time and was effectively Chaired with ample time given to discussion, challenge and clarification. The Chair asked for agreement on levels of assurance throughout the meeting. All members present, including myself, were invited to give feedback on the conduct of the meeting.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/59b (ii)	Meeting	Trust Board	Date of Meeting	6 August 2025

Date of Meeting	Wednesday 16 July 2025
Name of Meeting and Chair	Strategic People Committee in Common, Chaired by Abdul Siddique
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPCIC/25/07/071(ii)	**Chief People Officer Report**	**Michelle Cloney, Chief People Officer** The Committee received a full update on several workforce priorities including: • WHH as a Placement Provider to the new Chester Medical School • Industrial Action • Delivery Unit (Workforce) Members noted that Resident Doctors will take industrial action from 25 July to 30 July 2025 following a successful ballot. An update was provided to the Committee that steps were being put in place to ensure the effective running of services during this period and a review of risk was being completed. Additionally, members noted that a further update on Physical Associates would be brought to the August 2025 Committee following the release of the	The Committee received **moderate assurance** on the delivery of industrial action.	The Committee received **substantial assurance** on the governance of industrial action.	August 2025

		Independent Review of Physician Associates and Anaesthesia Associates (the Leng Review).			
SPCIC/25/07/075	**Better Care Together Integration Update (Workforce and Corporate Services)**	**Hayley Heard, Deputy Director of Strategy and Partnerships, Michelle Cloney, Chief People Officer, Adam Harrison-Moran, Head of Strategic Workforce Development & Culture** The Committee received an update on the workforce and corporate services delivery of the Better Care Together integration programme. Notably, the Committee were provided an update on the implementation of the Culture Plan following prior approval at the Committee. The Committee noted that staff networks 'in common' are moving forward with a unified governance arrangement involving Bridgewater Community Healthcare. The Organisational Change Framework is currently undergoing final ratification with staff side partners and is scheduled to be presented to the Committee in August 2025. The Committee noted that a deeper dive into the corporate services workstream will be provided at a future date.	The Committee received **substantial assurance** on the delivery of the Better Care Together integration programme.	The Committee received **substantial assurance** on the governance of the Better Care Together integration programme.	August 2025

SPCIC/25/07/076	**Safe Staffing Assurance Report**	**Ali Kennah, Chief Nurse** The Committee received the report and discussed the data for April 2025. Members noted that there were key workforce metrics including turnover and sickness rates which remained high for Healthcare Support Workers whilst Nursing sickness had slightly reduced. Members discussed the NHSP bank rate reductions which were further reduced in May 2025 and were provided assurance that this is monitored regularly with escalations via the Workforce Review Group. Discussions focused on the triangulation of intelligence within the report by ward with a deeper dive to be included in the August 2025 paper on Neonatal fill rates.	The Committee received **substantial assurance** on delivery of the Safe Staffing Assurance Report.	The Committee received **substantial assurance** on the governance of the Safe Staffing Assurance Report.	August 2025
SPCIC/25/07/077	**Bi-Annual Review of Obstetric, Anaesthetic, Neonatal and Q4 Midwifery Staffing**	**Laura James, CBU Manager** The Committee received the paper as part of the bi-annual reporting cycle. The Committee noted the assurance provided in the review with relation to workforce within the maternity and neonatal services. In addition, the members reviewed the outcome of the 2024 Birthrate Plus assessment with assurance that ongoing monitoring of safe staffing levels is in place as per the safety action requirements. The Committee discussed and noted the report, recognising it will be submitted to the Trust Board.	The Committee received **substantial assurance** on delivery of the Bi-Annual Review of Obstetric, Anaesthetic, Neonatal and Q4 Midwifery Staffing report.	The Committee received **substantial assurance** on the governance of the Bi-Annual Review of Obstetric, Anaesthetic, Neonatal and Q4 Midwifery Staffing report.	6 Monthly

Other reports received by the Committee:

- SPCIC/25/07/070(ii) – Board Assurance Framework and Corporate Risk Register
- SPCIC/25/07/072 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPCIC/25/07/073(ii) – Workforce Integrated Performance Report
- SPCIC/25/07/078 – Guardian of Safe Working Annual Report

- SPCIC/25/07/080 – Facilities Time Off Annual Report **– *approved by the Strategic People Committee in Common***

Chairs Logs received by the Committee:

- SPCIC/25/07/082 – Operational People Committee
- SPCIC/25/07/083 – Workforce Review Group

Assurance Key:
Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28ciii**
AGENDA REFERENCE:	Strategic People Committee in Common Governor Observation Report
COMMITTEE ATTENDED	Strategic People Committee in Common
DATE OF MEETING(s):	16 July 2025
AUTHOR(S):	Dr Carol Ann Kelly (Governor Observer), Public Governor, Warrington and Halton
GOVERNOR COMMENTS	The meeting was held as hybrid in person and Teams. I attended on-line. The meeting was conducted as per agenda with frequent invitations for questions. Discussion was evident and at times in-depth and lively. The staff story featured nurse apprenticeships at BCHT. This highlighted the benefits to local, enhanced and inclusive recruitment to overcome known barriers; creating entry level apprenticeships; the right people and values; career ladder available for advanced apprenticeships; more mature candidates. We heard from Stephanie about her experience and journey. This was positive and enlightening. The BCHT Wellbeing Management and Absence policy review was presented as a deep dive. This described a shift from sickness to wellbeing. BHCT was an early adopter of this NW HR Directors' priority for 23/24, in collaboration with other Trusts. The new model included: Triggers removed; person centred; compassionate and collaborative (with individual) approach; emphasis on informal rather than formal approach. Evaluation shows initial increase in sickness (expected) but no decline thereafter (as experienced by other Trusts and therefore expected). Feedback from managers was mixed. Excellent challenge by NEDs with regards to feasibility of continuing if results negative. Lack of other objective indicators noted. Good discussion ensued but no definitive decision made or indication of where this decision should sit. A question for NEDs at next CoG. Other agenda points of interest: Bank rates for nurses; 'preference rostering' discussed again and the need to invest to save – re-emphasis on lack of funding available to support accelerated rollout. Regarding the integration agenda, again some excellent challenge from NEDs regarding corporate services workforce reduction. This was a long agenda and the meeting overran somewhat. The Chair for WHH asked for agreement on levels of assurance throughout the meeting and it was flagged that RAG rating remains different for the two organisations. This will be decided at the next agenda setting meeting. Members were invited to give feedback on the conduct of the meeting. A

	reminder to members that papers are read in advance and that presentations need to summarise.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25//08/59(d)	Meeting	Trust Board	Date Of Meeting	6 August 2025

Date of Meeting	12 June 2025
Name of Meeting & Chair	Charitable Funds Committee, Chaired by Steve McGuirk
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
CFC/25/06/004	**Charity Impact Story**	The committee heard an impact story from Laurence Barrow of Barrow Electrical Ltd, a long-standing corporate charity supporter and former ICU patient who has benefited from WHH Charity.	**The Committee received high assurance as hearing first hand the positive impact the charity can make**	**The Committee received high assurance as committee members hear directly the positive impact**	**Sept 2025**
CFC/25/06/005	**Fundraising Report and Quarterly Workplan**	CFC noted the quarterly fundraising report, including updates on key campaigns, a £65k donation to the Willow Tree Hub Appeal, discussions with community and corporate partners, and progress against the charity's three-year strategy. **Lead:** Kate Henry	**The Committee received substantial assurance as the Charity is on track for delivering against its strategy**	**The Committee received high assurance as performance is monitored at each meeting of the Committee and the Charity leadership team meets regularly**	**Sept 2025**
CFC/25/06/006	**Finance Report Q4 Update**	CFC noted the financial position for The financial position for quarter 4 (1 January to 31 March 2025) and the year ending 31 March 2025 is as follows: • Income is £33k below plan in quarter 4 and £56k above plan for the year ending 31 March 2025.	**The Committee received substantial assurance as**	**The Committee received high assurance as sufficient processes and**	**Sept 2025**

		• Expenditure (overheads) is £4k below plan in quarter 4 and £2k below plan for the year ending 31 March 2025. • Expenditure (disbursements of funds) is £29k in quarter 4 and £134k for the year ending 31 March 2025. • The net fund balance is £609k. • The balance after commitments for purchases, reserves and overheads is £243k, this has increased from £160k as at 31 March 2024. **Lead:** Tina Littler	**income is above plan**	**reporting are in place**	
CFC/25/06/007	**Bridgewater Charitable Funds Agreement**	CFC approved a service specification setting out the agreement between WHH Charity and BCH. It explains that the Trust will manage one 'community fund' on behalf of BCH, in accordance with existing charity governing arrangements and policies. **Lead:** Heather Farrington	**The Committee received substantial assurance that arrangements will be sufficient until WHH/BCH become one organisation**	**The Committee received high assurance as the agreement is proportionate and in line with existing governance arrangements**	**March 2026**
CFC/25/06/008	**Bid Applications**	Two bids were approved by CFC linked to previously approved campaigns: • £200k for the Willow Tree Hub appeal • £20k for the Ophthalmology Sensory Garden appeal Both bids were to ringfence funds as they are generated for these campaigns, to allow project implementation to commence. Funds will only be spent up to the value that income has been generated for these appeals. An update was provided on bids under £5k approved since the last committee meeting, either by the director of communications and engagement (up to £1k) or by EMT (up to £5k). **Lead:** Kate Henry	**The Committee received high assurance that the approved bids will be delivered and any unspent funds returned**	**The Committee received high assurance as the application process is robust, proportionate, and aligned with the Governing Document**	**Sept 2025**

No additional reports were received at the June Committee meeting, in line with the cycle of business.

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*

Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28d**
COMMITTEE ATTENDED	**Charitable Funds Committee**
DATE OF MEETING(s):	12 June 2025
AUTHOR(S):	Sue Fitzpatrick. Lead Governor, Public Governor Warrington and Halton
GOVERNOR COMMENTS	The meeting was chaired by Steve McGuirk. There was a full and detailed pack of papers accessed by Team Engine. The link was circulated well before the meeting. The papers were presented in a clear and concise way. The meeting had a full agenda and as in previous meetings the Chair managed the meeting well and had identified areas for in-depth discussion. The Chair thanked the team for the standard of the papers which helped the meeting flow smoothly. The inclusion of a patient story was thought to be a good idea but not at every meeting. It was felt a patient story breathes life into the meeting. Laurence Barrow story was inspirational. The story of teddy bear recordings during his Covid and pneumonia hospital stay was wonderful to hear, how WHH went that extra mile for the patient. In turn Laurence provided recordable books and equipment for children's ward. He stated "Working with the charities is not just about giving but making a lasting impact and showing the community what can be achieved when working in partnership with the hospital". The minutes of the previous meeting were reviewed and accepted. There were no declarations of interest. Action log all green. There was a verbal update on the fundraising and quarterly work plan. KH updated the details of a large legacy for the Willow Tree Hub with £65,000 being raised of the required £200K. This campaign is attracting attention and although only launched in March is well on its way to achieving £100k. Sophology donating furniture. The ophthalmology sensory garden is money is being collected via various campaigns. There is community support and lots of engagement activities being conducted. Fund raising report – We are £56k above plan due to the legacy monies. There was a discussion around WHH policy

	and benchmarking and the charity reserves and it was agreed to approve the recommendation to retain the current policy. Finance report - 5 bids were approved since the last committee. The committee approved the transfer of £35k from the balcony fund to the willow tree fund. It was agreed that money would not be spent until we have raised it. Bridgewater - it was agreed trust funds and community fund will use the same bid applications. With restricted funds until we become one single organisation. Information was again commended for being presented in a positive easy to follow report which was very clear. It showed the charity is on a good trajectory with good governance in place. The Chair stated that bids can be approved in the knowledge we have good governance in place. The meeting finished early with the chair noting that the good standard of papers really helped. No improvements to the conduct of the meeting were put forward.

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/08/059e	Meeting	Trust Board	Date Of Meeting	6 August 2025

Date of Meeting	23 June 2025
Name of Meeting & Chair	Audit Committee (YEAR END), Chaired by Mike O'Connor
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
AC/25/06/27 & AC/25/06/28	**External Auditor's Findings Report 2024/25 & Annual Report**	The Committee received the report, which summarised the key findings and other matters arising from the statutory audit of the Trust and the preparation of the Trust's financial statements for the year ended 31 March 2025 for those charged with governance. The committee also received the Auditor's Annual Report for the year ended 31st March 2025 - The Committee received and discussed the report which highlighted on key recommendation.	**Substantial** – The Committee received substantial assurance	**Substantial** – it was evidenced that the Trust had substantial Governance systems and processes in place	Lay before Parliament – July 2025
AC/25/06/29	**Annual Report**	The Committee received final audited version of the WHH Annual Report & Accounts for 2024/25	**High –** the Committee approved the Annual Report to be laid before Parliament	***High -*** the Committee received high assurance on the completion of the Annual Report	**Annual Members Meeting**
AC/25/06/30	**Quality Account**	The Committee received report, it was explained that In line with legal requirements, Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce and publish their Quality Accounts for the 2024/25 by 30 June 2024.	**High –** the Committee approved the Quality Account for publication on the Trust's website	***High -*** the Committee received high assurance on the completion of the Quality Account	**n/a**

AC/25/06/31	**Final Audited Accounts & Financial Statements**	The committee received the Accounts & Financial Statements, and it was noted that the Audit had not yet concluded. The Committee were advised of the amendments made since the presentation of the draft versions in April 2024. The Committee agreed that should there be any additional changes that do not impact on the draft audit opinion, the Audit Committee would be asked to support approval of any further amendments on the committee's behalf by the Chair of the Audit Committee and disclosed to the committee by email.	**Substantial** – the Committee approved the Annual Accounts pending any significant findings.	***High*** **-** the Committee received high assurance on the completion of the Annual Accounts	**Annual Members Meeting**

Other agenda items:
AC/25/06/33 – Code of Governance Compliance & Licence Annual Return
AC/25/06/34 – Fit & Proper Persons Test Annual Report

Assurance Key:
Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/28e**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Audit Committee**
DATE OF MEETING(s):	23 June 2025
GOVERNOR OBSERVER	Margaret Bamforth, Public Governor Warrington and Halton
GOVERNOR COMMENTS	The Audit Committee held on the 23rd June was the 'end of year" meeting, held to receive and approve the Trust Annual Reports and to receive the Auditor's Annual Report. Trust reports received included, the Annual Account, the Quality Account and the Trust Annual Report. The Chief Executive was also in attendance for the main part of the meeting. The meeting was held F2F, with some attending online, and chaired efficiently and effectively by Michael O'Connor. Three NEDs were in attendance. The auditors gave an extremely positive opinion and thanked the Finance Team for their cooperation and timeliness in providing the necessary documents and accounts. There were few comments or questions as the conclusion was straightforward. The Trust reports had been through the Committees for scrutiny and were approved. The Annual Report has also audited by Grant Thornton who were happy with the content. The reports will be formally signed off by the Chief Executive with the Annual Report being laid before Parliament before the end of this parliamentary session on 14th July. Thanks were given to all staff involved in the preparation of the Trust reports as these are lengthy and detailed reports. There was little other business and no items for escalation. Further assurance had been received regarding the MIAA Theatre Audit following monthly presentations to the QAC. This will now come back to the Audit Committee in August.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
14 August 2025

SUBJECT	Governor Questions	AGENDA REF	COG/25/08/29

QUESTION 1	At the previous COG we raised a question which we would like to revisit. With radical transformation required to address service efficiency and deficit, are sufficient funded initiatives allocated to develop this transformation. E.g. Community integration through Partnerships; Newton work?	**Proposer:** Nigel Richardson, Public Governor
QUESTION 2	What is being done by WHH working with the local authority to remove patients with no criteria to reside? How are out of area cases being dealt with? Is the immediate pressure blocking future thinking?	**Proposer:** Alan Davies, Public Governor
QUESTION 3	How assured are the Board with regard to theatre initiatives and training? Are surgeons on board with the new training standards?	**Proposer:** Diane Nield, Deputy Lead Governor/Public Governor
QUESTION 4	Are the NEDS assured patients who are on long waiting lists for results/appointments have been risk stratified? If patients are on long waiting lists, should they receive communication every 3-6 months to ensure they know that they remain on the list? The HSJ headline "Trust reviewing 9,000 patients lost from waiting lists" are we assured WHH is not in a similar position?	**Proposer:** Sue Fitzpatrick, Lead Governor Public Governor and Colin Jenkin, Public Governor
QUESTION 5	Given the impact of Physician Associate changes how can we justify the use of Bank and Agency doctors? What is the long-term plan moving forward?	**Proposer:** Catherine Ardern, Public Governor

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/30 i**
COMMITTEE ATTENDED	**Trust Boards - Part 1 and Part 2**
DATE OF MEETING(s):	4 June 2025
AUTHOR(S):	Sue Fitzpatrick, Lead Governor – Public Governor Warrington and Halton
GOVERNOR COMMENTS	**Part 1 - Public Board** The papers for the Public Board were sent in advance of the meeting via Team Engine. Six NEDs, including the Chair, SMcG, were present. The meeting opened with an Engagement Story “Paediatric Emergency Department”. Teddy presented his story which was a very positive experience and demonstrated good communication. It was refreshing to have a positive story where Teddy highlighted that he did not have to wait too long in A&E, was given pain relief and that the staff spoke to him and sought his opinion on what was happening to him. The experience was very good and the staff asking him he views made him feel grown up. Minutes were accepted and the action log was up to date. Matters arising - The Chair asked for an update and resulting actions taken following “Mark’s story” to come back to the board next meeting. The CEO gave a verbal update and a report of his activities. The report was included in the Board papers. The NHS strategic direction continues to be guided by the 2025/26 planning guidance emphasising the transformative shift from Hospital to Community; from Sickness to Prevention; and from Analogue to Digital. There was discussion on the meaning of Neighbourhood Health Hubs. The Chair gave a verbal report on the financial review undertaken for Mandy Nagra, who has been appointed as Cheshire and Merseyside System Improvement Director. The subject of devolution was also discussed and how this may impact services. The Board Assurance Framework (BAF) was discussed. No major changes since the last meeting. The IPR reports were in the pack and the responsible Executive outlined the actions being taken to improve

	performance. The NEDs challenged and discussed the actions. A number of services have moved out of fragile services. There were indicators that 5 services were failing and have special cause variation of a concerning nature. These were, capital programme; better practice payment code; CIP (recurrent); mortality ratio-HSMR and mortality ratio-SHMI. The Chair summarised how our coding and conditions are used. Presenting the data graphically makes it look like The hospital is an outlier but following an explanation by the medical director we were assured that this is not the case. The Chair asked for an explanation report to be presented at the next QAC. There were several reports, including those of the various committees, that were taken as read. Some areas were highlighted. **QAC**: The theatres safety assurance – QAC receiving monthly reports. Chronic pain service has been put into fragile services. The system is dated and requires an improvement plan. There are no known harms. There were positive improvements in AKI and the DNR in CPR report was really good. **SPC**: This is the first committee in common with BWC. There are reporting differences but the group is working well. The staff survey maintained the same data as last year, but there was a significant increase in bullying and harassment (reflective national) and steps have been put in place at WHH and BWC. There was a discussion around safety and quality which are often bundled together. **FSC**: Hot topic was grip and control and we were assured that we were complying or explaining. It is imperative that we deliver the CIP. A deep dive into theatres revealed cultural issues with poor productivity. There is a requirement for leadership to have difficult conversations re performance and required skill sets. **Audit committee** reported good triangulation with the external auditors happy with our activities. The maternity and neonatal reports will be brought to every other Board meeting. There was an update of communications and engagement as per papers. 10 EbyE have undergone the health literacy training and next steps to be agreed with director of population health and health inequalities. The Strategic Bimonthly Highlight report, the key messages were discussed as per papers. The stakeholders list showed the number of stakeholders that we engage with. The first patient was treated at the new CDC today. Sarah Hall MP is

	meeting the secretary of state re UTC. The board were asked to note compliance with NHS conditions G6 and CoS7 and approve self certification. The supplementary papers were all noted. The meeting was chaired well, and time was given to all contributors, the meeting overran slightly. Review of the meeting – good discussion with a refreshingly positive patient story . There was no additional business. **Part 2 – Private Board** Following Part 1 in the afternoon I observed the Private Board. Six NEDs, including the Chair, were present. The meeting started on time and was chaired by SMcG. The minutes from the last meetings were accepted and there were no outstanding actions. There were no matters arising. There were a number of presentations: Integration update on clinical services integration and accelerating our transaction. The NEDs challenged the Executives on aspects of the presentations. The meeting was well chaired, each item was given ample time for explanation and in-depth questioning and scrutiny by NEDs, The meeting concluded on time. I was satisfied that all agenda items were discussed in full

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date:16 May 2025 **Department: Halton Health Hub**	**Department Manager:** **Lead person/Most senior person** **Lynne Collins**	**Governors Present: Catherine Ardern, Jack Roper, Alan Davies & Sue Fitzpatrick**

Number of Patients: **Very quiet** Capacity: **Under utilised** Total visit:	**Staff on duty:**	**Days**	**Nights (if applicable)**	**CBU Manager:**
	Nurses			
	Healthcare Assistants			**Matron** **Angela Goulding**
	AHP's			
	Students			**Lead Nurse:**
	Domestic Assistants			
	Administration			**Departmental Manager(s):** **Lisa Porter**
	Housekeepers			

FIRST IMPRES	**First Impressions** **Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?**	**Confidence Score**

SIONS	Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed? The governor that did not use car park 3 found it difficult to find the hub. The Hub is not registered on Google Maps, which may make it difficult for patients to locate. The unit was clean and was an extremely quiet and clam area with a small number of patients seated waiting for appointments. The front welcome desk is manned but often by the nurse in charge who has to sometimes leave the desk to attend to medical incidents. The other welcome desk is not manned with a sign stating take a seat. A small children's play area was also available, which is a thoughtful addition for families with young children. All patient are seen by appointment only via referral from GP or other health professional. The sites policy is to turn patients that do not have appointments away and this does lead to issues with patients demanding to be seen.	**0 / 1 / 2 /3** **3**
WELL LED	**Well Led** **How confident are you that this department is 'well led'?** What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported? The lead nurse likes working in the department. The site is linked to outpatients with a clear daily list provided to the nurse in charge. The list identified which clinics were running in the morning and afternoon and any operation issues or challenges identified. The list also noted environmental issues e.g. plumbing issues and also recorded that equipment checks had been completed and by whom. Is there anything you notice to suggest this department/area is not well led? There was frustration that the nurse in charge is often working alone. The duties of looking after the site is shared between 2 nurses which can lead to things not being completed. Things that are requested by one person is not necessarily followed up in the same way. There appeared to be limited managerial presence during our visit, with only a Band 5 staff member on site. Staff shared that some patients mistakenly believe the Health Hub operates as a walk-in centre, which has led to	**Confidence Score** **0 / 1 / 2 /3** **2**

	frustration when treatment is not available without an appointment. The Matron Angela Goulding and the Department Manager Lisa Porter do not attend the unit on a regular basis. There are a number of clinics Auditory where there are 8-10 patients a day 3 days a week Ophthalmology Dietician Respiratory and sleep studies with daily clinics	
SAFETY, CARING and RESPONSIVE	**Safety, Caring and Responsive** **How confident are you that this department is safe and caring?** Do staff know how to escalate concerns and are there any visible hazards? The staff know who is in charge. Do staff communicate and interact with patients or service users in a caring manner? Staff communicate well with patients and want to do their best for them they appear very caring. The patients we spoke to were very complimentary about the facility. . Do staff provide care that meets individual needs of patients? Yes staff constantly talking to people checking on their needs. Do patients feel involved in their care and treatment? Was a little frustration at the length of time one patient had waited for an appointment after referral from the GP but liked the fact that they were not made to wait when at the unit. 2 weeks wait for bloods and 4 weeks for adult respiratory. Are staff aware of any risks in their areas?	**Confidence Score** **0 / 1 / 2 /3** **3**

	Staff are aware that they first point of contact is the nurse in charge.	
EFFECTIVE	**Effective** **How confident are you that the department processes are effective?** Does the department appear to be clean and organised? Yes very clean and organised but hugely underutilised. Are patients' appointments managed well? Yes patients only seen by appointment after referral. There is capacity to do more appointments and clinics. The site has capital to extend to phase 3 with more consulting rooms. It would be interesting to see what use will be made of this area especially with the possibility of running Bridgewater clinics. The new AI dermatology unit is operating 1 day per week with 1 HCA and 1 consultant. The DERM system is utilised in 30 sites nationally. Currently the AI assesses the patients (those that are suitable) and if there are possible findings they are then checked by humans. At the moment as per NICE guidelines they are operating a safety net system until there is sufficient data analytics locally to support the national findings. They currently see 12 patients a day with AI excluding 30% of patients. The numbers being seen are low at the moment but have the capacity to really reduce the waiting times and streamline processes. It is hoped that the service will be suffiecntly staffed to operate 5 days a week. There is the possibility to gain central funding from the ICB to help staff DERM. The service has to be more widely advertised to the GPs to make best use of the facilities.	**Confidence Score** **0 / 1 / 2 /3** 2

	The new paediatric service is a new service, we are the first in the area to offer asthma support for children. There is the capacity for 7 days a week but currently there are clinic rooms available 2 days a week. Again GPs need to be made aware of the service. At the moment there is no follow up after the initial appointment at Halton Hub, patients are referred back to their GP.	
LASTING IMPRESSIONS and EEVIDENCE of GOOD PRACTICE	**Please use this space to write any additional comments from your observation.** **Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?** Are there any specific areas of learning identified? The facilities are very good but underutilised. There seems to be significant opportunity to increase patient numbers, as several treatment rooms were available and underutilised. We were particularly impressed with the Derm-AI pilot. The system currently sees around 12 patients per day, for cases flagged by the AI as needing further review, same-day appointments can be offered. Importantly, all AI outcomes and images are reviewed by clinical staff before a final decision is made, ensuring patient safety.	**Confidence Score** **0 / 1 / 2 /3** **2**

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to Deputy Chief Nurse, or Associate Chief	**FOR ROUTINE VISITS:** Once visit is completed, please send a copy of this document to Tracy Fernell, Deputy Chief

Nurse for Planned or Unplanned Care.	Nurse tracy.fernell@nhs.net ,Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net within 5 working da

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 16th May 2025 10am

Ward / Department: Halton Health Hub

Governors: S Fitzpatrick, C Ardern, A Davies & J Roper

First Impressions

Positives	Recommendations
Calm, quiet, safe and clean	Unit had the feeling of being underutilised
The attitude of the staff was very open and friendly	Staff said that they were able to accommodate and wanted more patients

Well Led

Positives	Recommendations
All the staff said how much they enjoyed working in the department	Staff did not feel comfortable with lone working should there be a policy covering this?
	Band 5 supervising the unit. We felt that it would help promote the unit if there was a full time manager in place

Safe

Positives	Recommendations
There is a daily handover and operational briefing sheet each morning	Could there be more than 1 out of hours GP service per week?
The new AI system is operating a safety net until local analytics are captured and are seen to be reflective of national figures.	Is there any way of ensuring patients are made aware that the facility is appointment only
There were no issues identified in talking to the few patients in attendance.	

Caring

Positives	Recommendations
The patients all said the staff were very caring.	
Staff attitude was one of caring and a pride in their work	

Food and Nutrition

Positives	Recommendations
Not Applicable	

Responsive

Positives	Recommendations
The patients feel they are included and feel that the staff listen to them	It would be good if the inner welcome desk could be manned if only for a meet and greet. Perhaps this is something that hospital volunteers could cover?

Effective

Positives	Recommendations
Appointment system working well.	More widespread advertising of the system to encourage GPS to use the facilities
	Utilise the facilities more

Further Feedback

Positives	Recommendations
No further comments	

Lasting Impressions

Positives	Recommendations
The whole impression is of calm efficiency.	The biggest observation is that there needs to be increased patient throughput.
There is a real positive culture in this team.	
There is genuine enthusiasm of the new dermatology and paediatric clinics	

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date: 21/06/2025 10.30am **Ward: K25 OPSSU**	**Department Manager:**	**Governors Present: S Fitzpatrick, A Robinson and K Keith**

Number of Patients:
Capacity
This is a 18 bedded ward
Can escalate to 20

Total on day of visit:
19

Staff on duty:	Days	Nights	
Nurses	3		**CBU Manager:**
Medical Team			
Healthcare Assistants/Carers	2 *should have been 3		**Matron:** **Susmitha Thottatane**
AHP's	0		
Students	1		**Lead Nurse:**
Domestic Assistants			
Administration			**Ward Manager:** **David Gallager**
Housekeepers	Mon-Friday		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	**FOR ROUTINE VISITS:** Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	**0 / 1 / 2 / 3**
	Using your senses, what do you hear? *What do you see?* *What do you smell?* *What do you feel?* *How does that make you feel?* *What do you notice? Does that build your confidence and trust?* *Is information relevant, within date and displayed appropriately?* Clean, calm, organised environment for patients. Ward smelt and looked clean. There had been no changes in infrastructure of the ward when changing to OPSSU. Short staffed with only 2 of the 3 carers present and this had a big impact on the other staff. This is a really busy ward.	3

WELL LED	**Well Led**	Confidence Score
	How confident are you that this ward is WELL LED?	**0 / 1 / 2 / 3**
	What is it like to work here? *(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?* The staff reported that they liked working on the ward and the transition to OPSSU had been managed well. The staff seemed to work well as a team. There were issues regarding no staffroom, no lockers for keeping valuables in. Valuables were left in the ward manager room where the door was kept open. This room was also used to talk to family members in private. When staff have a break they have to go to the cafeteria. The staff knew how to escalate issues and knew of speak up champions.	2
	Do the ward staff know their data? *(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?* There is a daily handover and safety briefing each morning. The handover is disrupted by the delivery of the patient's breakfasts. There is a board which has the patients listed and they can clearly track the patients. They knew numbers and who the ward manager was. **There were a number of red files on show in the middle of the ward…. Unsure of the contents.	3

	Is there anything that you notice that could improve how the department is led? *(provide details)* No the ward is well led they work as a team. There is opportunity for development and training. The student enjoyed the experience of working in the busy environment. There were 3 patients requiring 1:1 nursing and there were only 2 staff to cover this.	3
SAFE	**Safe**	Confidence Score
	How confident are you that this ward is SAFE?	**0 / 1 / 2 / 3**
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? *(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?* The staff know to speak to their line manager if they have an issue. They knew about speak up champions.	3
	Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately? Good security with buzzer entry system. There is a second emergency entry. We were challenges as to who we were.	3
	Are there any visible 'hazards' on this ward? *(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)* There were no visible hazards on the ward. Doors were closed. There was a wet room with no trip hazards.	3

	Are there any medication safety issues? *(NOTICE Are any medications not locked away? Are there any delays in giving medications?)* Not seen as kept out of sight.	3
	Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required? There is a second emergency entry.	3
CARING	**CARING**	Confidence Score
	How confident are you that the staff on this ward are CARING?	**0 / 1 / 2 / 3**
	Do staff communicate / interact with patients and carers in a caring and compassionate manner? *("Hello, my name is ….")* All the staff were friendly and had a smile. They knew the patients and called them by name.	3
	Do staff provide care that meets patient's individual needs? *(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?* The patients all said the staff were very caring. One patient complained that their fingernails were way too long …it is a small detail but one which was causing distress in the patient. We have been had this feedback previously. It is a dignity issue.	2

	Are noise levels appropriate? *(NOTICE / ASK PATIENTS including noise at night)* Free TV provided but not too loud or intrusive. Some patients were shouting out while we there but this did not appear to cause any issues with the rest of the patients.	3
	Do patients feel involved in their care and treatment? *(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)* One patient we spoke to was very confused but we believe that up to their level of understanding they are informed of what is happening to them. Patients reported that there are a large number of staff first thing in the morning and evening. Staff were polite and good humoured	3
FOOD and NUTRITION	**Food and Nutrition**	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	**0 / 1 / 2 / 3**
	Are standards met regarding meals and drinks? *(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)* The patients had no complaints about the food.	3
	Do patients feel there is enough choice at mealtimes? *(NOTICE / ASK PATIENT about options and presentation and help given if needed)* The patients get a choice of meals which are delivered on the heated trolleys. One patient was Diabetic but stated food OK.	3

	Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? The patients we spoke to were very happy with the meals.	3
	Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) We didn't see the delivery of the food but the staff felt that the delivery times could be improved. The morning trolley arrives during the morning handover meeting which is not ideal. Also the evening meal is delivered at 4.30 which is felt to be a little too early.	3
RESPONSIVE	**Responsive**	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	**0 / 1 / 2 / 3**
	Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) The ward is geared up for quick admissions and discharges but the still need to follow all procedures. Staff are coping well with the changes but admit they are very busy. They need staff to support the requirements, if short staffed it really does have an impact on the team.	3

	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) The staff responded to an alarm that went off twice when we were present. They responded even though it was know that this was a faulty alarm that kept going off.	3
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) There were no issues identified at the visit.	3
	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Steps in place but difficult due to staff shortages. Three patients needed 1:1 nursing but only 2 staff members available	2
EFFECTIVE	**Effective**	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	**0 / 1 / 2 / 3**

	Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) Yes Housekeeper is only M-F and a cleaner was on site Saturday.	3
	Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) The flow is managed well. The board indicated 33 patients discharged during the previous week. This demonstrates the purpose of this ward to move patients on within 72 hours The white board showed the outcome of patients with a number TBCs but 4 or 5 confirmed going home.	3
FU RT	**Please use this section to record any other observations / interactions.**	Confidence Score

HER FEEDBACK	There was discussion re BANK/AGENCY nurses. It appears bank nurse pay has been reduced with the promise that there will be less agency nurses being used. From staff perspective there are still a large number of agency nurses being used. This has led to some staff considering joining agencies rather than bank. This could have an impact on the staff costs but also that we may be losing valuable knowledge. Another discussion with a patient outside this ward regarding a patient who had attended the new CDC unit received a call to go the A&E to see a named doctor. On attending A&E they were just put in the queue and were told that they did not know of that named doctor. After 5 hours of waiting (86 years old) they left. The comment was made what is the point of diagnosing things when they are not listened to and not treated as intended by the staff that called them into A&E	
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	**Lasting Impressions**	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	**0 / 1 / 2 / 3**
	Provide reasons for any change, from first impressions to your confidence levels: The whole impression is of calm well run ward that is put under pressure by low staffing. There are no facilities for staff, no staff room or lockers. No relatives room for private conversations. The lasting impression is that this ward would benefit from using volunteers to help with feeding and tidying up especially when they are understaffed. When we visited, the number of patients (1:1) in residence was 3 but only 2 staff where available. Serious problem, not just now but what if number of patients requiring 1:1 was higher - also, even if 3:3 staff were available those 3 staff members would not be able to undertake other duties. This further strengthens the argument for volunteer assistance. Finally, by very nature of the name of the unit, Older Persons Short Stay Unit, it could be reasonably expected for there to be more than 3 patients affected by Dementia. How is this covered or is there a limit to the number of Dementia patients who can be accepted?	3

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 21 June 2025 10.30am

Ward / Department: K25 OPSSU

Governors: S Fitzpatrick, A Robinson and K Keith

First Impressions

Positives	Recommendations
Calm, quiet, safe and clean	
The attitude of the staff was very open and friendly	
Front door 'buzzer' enabling staff to meet and greet patients/visitors	

Well Led

Positives	Recommendations
All the staff said how much they enjoyed working in the department	Review procedures if the required number of staff are not on shift
Staff feel developed and opportunities are available	

Safe

Positives	Recommendations
There is a daily handover and safety briefing each morning	Review timing of food delivery in the morning
Good security with ring entry	Insufficient staff to cope with 1:1 care. What if number requiring 1:1 was higher - also, even if there were 3 staff available for 3:3 care those 3 staff members would not be able to undertake other duties. This further strengthens the argument for volunteer assistance.
	It could be reasonably expected for there to be more than 3 patients affected by Dementia. How is this covered or is there a limit to the number of Dementia patients who can be accepted?
	Can lockers be provided to lock staff personal belonging away
	Can area for a kettle be provided

Caring

Positives	Recommendations
The patients all said the staff were very caring.	Small thing but was causing anxiety in the patient can patients fingernails be cut

Food and Nutrition

Positives	Recommendations
The patients felt the food choices were Ok even the diabetic patient	Could the times of food delivery be altered to after the handover meeting in the morning and could the food be delivered later than 4.30 in the evening

Responsive

Positives	Recommendations
The patient feel included up to their level of understanding.	Are activities provided for patients?

Effective

Positives	Recommendations
Very busy ward especially when understaffed	Review planning process 33 discharged during 1 week but are the patients going home or to other wards?
Housekeeper Mon-Friday but cleaner in on Sat	

Lasting Impressions

Positives	Recommendations
The whole impression is of calm efficiency.	Provide facilities for the staff
All staff very busy	

Further Feedback- Patient feedback gained outside ward visit

Feedback	Recommendations
Agency/bank issue	Review of numbers and disseminate information to show that the use of agency staff is being reduced.
Communication following CDC	Review process of referring patients after findings on MRI/CT scan should the patients go to SDEC?
While we were waiting in reception area we were asked 10-12 times for directions to outpatients.	Can a sign with directions to out patients be put on the welcome desk on weekends?

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

GOVERNORS OBSERVATION PRO-FORMA (Non- Ward Based)

Date: 15/07/25 **Dept:** Cardio- Respiratory Department	**Department Manager:**	**Governors Present:** **Sue Fitzpatrick** **Dianne Nield** **Carol Kelly**

Number of Patients:	**Staff on duty:**	**Days**	**Nights**	**CBU Manager:**
Capacity	Nurses			
	Healthcare Assistants			**Matron:**
Total on day of visit:	AHP's			
	Students			**Lead Nurse: Spoke to Physiologist**
The unit was very busy we wanted to cause as little disruption that we could so just discussed issues with the physiologist	Domestic Assistants			
	Administration/Receptionist	1		**Departmental Manager:**
	Housekeepers			

F – R	**First Impressions**	Confidence Score

ST IMPRESSION	Based on your first impressions on entering this department, how confident are you that patients are experiencing good care? **Reception area small, cramped, busy. Reception desk unmanned at time of arrival with instructions to 'take a seat'. Somebody did come to us within 5 mins. Busy environment. One patient confused regarding appointment location – signposted to OPD.** **Welcome information boards good, staff on duty named.**	2
WELL LED	**Well Led**	Confidence Score
	How confident are you that the department is well-led?	
	Staff that we met were friendly and receptive. The department was busy and staff appeared stretched. **Met with G6 Physiologist who clarified that the department undertakes cardiac and respiratory diagnostic tests.** **Referrals from GPs, in-patients and out-patients. Referral pathways are numerous. Triaged initially and then allocated to appropriate location for tests and prioritised according to information received from referrer. Numerous different tests, results can be same day or delay if interpretation needed** .	2

	Do the ward staff know their data? **Well informed staff. Passionate member of staff who provided information.**	3
	Is there anything that you notice that could improve how the department is led? **Timeline varies according to test (24 hours for heart scan due to results shared with GP via System One and Emis); For sleep studies time delay owing to need for verification of interpretation from Respiratory Consultant (responsible for services across the Trust). Verification necessary due to complexity of the interpretation and significance of a positive diagnosis and potential impact on lifestyle. If CPAP is needed there is a long wait (staffing compliment down from 5 to 3 for 3,000 patients waiting to be 'set-up'. Vacancies have permission to recruit but lack of suitable candidates (respiratory less popular than cardiology).**	2
SAFE	**Safe**	Confidence Score
	How confident are you that the department is safe and caring?	
	Do staff know how to escalate issues if they have concerns? **Yes, staff aware of how to escalate concerns, PALS etc. .**	3
	EFFECTIVE	Confidence Score

EFFECTIVE	How confident are you that the department processes are effective? **Communication with patients prior to appointment is a concern – patients don't always turn up at the right location; the text message they receive is brief; chronology of appointments not always clear (e.g. go to see consultant first before getting test – can delay consultation etc.; letters sent out referring to information materials – but no information materials received. These issues have been reported recently. Patients who are HGV drivers or needing DVLA clearance are prioritised for sleep studies.** **NHS App works well and this could be promoted via patient communication letters etc. .** **Asked specifically about the message on the answer machine which reports long waits (up to 52 weeks for CPAP) again inadequate staffing due to recruitment issues cited. Also there are aging cardiac ECG monitors which have needed replacing for some years but the department was awaiting a tender for new monitors and a new recording/interpretation software system. This purchase is now imminent which once in place and training is complete should reduce waiting times.** **CPAP – staffing is the biggest issue for interpretation and set-up. With CPAP set-up the department is introducing group training sessions for patients (6-10) to reduce waiting times (current average 8 week wait with up to 6 weeks) – this has been successful at Aintree. Again HGV and DVLA considerations are prioritised.** **Activity is high – 40 patients per day at Warrington and 40 patients per day at Halton.**	**2**

FURTHER FEEDBACK	**Staff say patients are more 'worried' since covid and multimorbidity can be confusing for patients.** **Halton Health Hub has cardio-respiratory equipment that is unused – this is due to lack of staff to service all locations and inability to locate everything at Halton because of lack of A&E (for cardiac stress tests) and no provision for ambulances and those in police custody/prisoners.** **There is an awareness across the Trust that this is a priority for site development. The location is clearly not ideal for patients or staff.** **There is potential for greater use of AI in the future. Also potential for mandibular service via maxillofacial dept. for mild sleep apnoea - but staffing these innovations remains an issue.** **Long waiting lists apparent: for tapes 1300; for CPAP 1000**	2

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 15/07/25 3pm

Ward / Department: **Cardio-Respiratory Department**

Governors: **Sue Fitzpatrick, Dianne Neild, Carol Kelly**

First Impressions

Positives	Recommendations
Information boards up to date and clear	Location of department not ideal, space was cramped and location confusing for patients

Well Led

Positives	Recommendations
Triage in place for referrals	Disparity of waiting times according to test necessitated – staffing levels a problem
Complex referrals dealt with appropriately	

Safe

Positives	Recommendations
Appears OK	

Effective

Positives	Recommendations
Triage prioritises safety and patient need	Promote NHS App to patients when communicating via text and letter
New procurement of monitors and compatible software	Ensure correct information materials accompany letters
Introduction of group training sessions for CPAP	Manage patient expectations

Further Feedback

Positives	Recommendations

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/33**			
SUBJECT:	**Membership Strategy Implementation and Progress Report – Q1 2025/26**			
DATE OF MEETING:	**Thursday 13 August 2025**			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso Corporate Governance and Membership Manager & Gina Coldrick. Corporate Information Specialist			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will … Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients** ✓	**Workforce** ✓	**Public** ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A** ✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives: **Strategic Objective 1: High Quality Information** Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust. **Strategic Objective 2: Inclusivity** Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented. **Strategic Objective 3: Sustainability** Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities. The report consists of: • Overview of Q1 activity • Details of the plan of engagement events for 2025/26.			

PURPOSE: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**
RECOMMENDATION:	The Council of Governors is asked to note the progress made on the strategy objectives.		
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group	
	Agenda Ref.	**GEG/25/08/18**	
	Date of meeting	7 August 2025	
	Summary of Outcome	noted	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None		

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Membership Strategy Update

Quarter 1
2025/26

Strategic Objective 1: High Quality Information (1)

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 1	Expected Completion
Educate current and prospective members on the membership offer at WHH.	• Members Newsletters – May edition circulated 12 May 2025, 44% open rate. • Engagement stand dates agreed with governors to support. Space has been booked across sites to engage with and recruit new members. Each took place after Governor Engagement Group meetings: before the meeting at Halton on 1 May 2025. This will continue into 2025 and be scheduled around the meetings, next one at the Living Well Hub, Warrington – 07 August 2025 • Welcome letter – to go to members who join and then will be issued monthly to capture all new members who join between newsletters. • QR code for membership form created for governors to share with prospective members for ease of access.	Ongoing Ongoing Ongoing Complete
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	• Members Newsletter – Next edition will be circulated on 11 August 2025 • Experts by Experience (EbyE) programme is promoted via member newsletters.	11 August 2025 Ongoing Complete Complete Complete Complete Complete Complete

Strategic Objective 1: High Quality Information (2)

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 1	Expected Completion
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	• Members Newsletter provides details on upcoming Trust and community events. • Engagement stands (as on previous slide). • As mentioned above new members updates issued via Civica as and when required	August issued 11 August - complete Ongoing Ongoing
Retention of active members and recruitment of new Members.	• Governor engagement and recruitment stands (as above) • Local community and internal WHH engagement events being utilised to recruit new members and engage with current members.	Ongoing Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	• Governor Development Session and site tour of Warrington Hospital – took place 10 July 2025 – Pharmacy, Pathology, Kitchens, Outpatients, Charity, Maternity and SDEC.	Complete

Strategic Objective 2 : Inclusivity

Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

Priorities	Activities in Quarter 1	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	• Upcoming engagement events to be utilised to recruit members from underrepresented groups. Recruitment/engagement packs produced for governors to support recruitment events - including a limited number of paper membership forms, QR leaflets to complete membership in own time, an iPad for online applications, Governor Handbooks, NHS Feedback Forms produced, to ask questions: In a sentence, tell us of a time when the NHS made a difference to you; Tell us 3 words you would use to describe the NHS; Tell us your 3 top priorities to help improve patient experience. • Rota has been devised for Governors to attend upcoming Engagement Events (see slide 5). Governors invited to attend.	Ongoing Ongoing
Simplifying our communications so that the message is clear and accessible.	• Civica Engage is being used with new Trust branding to circulate members newsletters. • Members updates via Civica Engage – plans to send out updates on integration between WHH and BCH as required following briefing from the Communications Team • Welcome letter to new members via Civica Engage – informing them of the benefits of being a member and links to important information on the WHH website	Ongoing Ongoing

Strategic Objective 3: Sustainability

Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.

Priorities	Activities in Quarter 1	Completion Deadline
Being environmentally conscious in production of our marketing material.	• Membership stands will primarily use digital membership application rather than paper forms. • QR codes will be used to direct members to the Governor Handbook available on the Trust website, very few hard copies will be made available.	Ongoing Ongoing
Playing an active role in contributions to the sustainability agenda at WHH.	**Reduced printing** • Members Newsletter now circulated via email only • May newsletter achieved an open rate of 44% was achieved • All future Governor elections communications including voting to be electronic unless specifically requested to be via post. • All new members are asked to add their email address via the application form; engagement stands will encourage current members to provide their email addresses if we do not have on file.	Ongoing Ongoing Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	• The Trust currently has 3,096 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers. • Forthcoming engagement events (slide 5) to be utilised for member recruitment a Governor Pack to be developed to engage with and recruit new members. Governor attendees confirmed.	November 2024

Governor Engagement Activities – Q1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Members stand – Halton Hospital, 1 May 2025

Governors Observation – Halton Health Hub 16 May 2025

International Clinical Trials Day 20 May 2025

Governor Engagement Activities – Q1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Armed Forces Day
28 June 2025

Governor Development Day Tour
10 July 2025
(technically Q2, but too good not to share)

Forthcoming Engagement Events: 2025

Date	Event	Time	Venue	Event Purpose	Governors Attending
7 August 25	Member Engagement & Recruitment Stand	9am to 10am	Living Well Hub, Horsemarket Street, Warrington, WA1 1XL	Governors hosting a member engagement and recruitment stand at Warrington Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
31 August 25	Warrington Mela	11am to 4pm	Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	TBC
1 Oct 25	Annual Members Meeting AMM	2.30pm – 3.30pm 3.30pm to 5pm	Education Centre, Halton Hospital	Prospective governor stand prior to AMM Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.	TBC
6 Nov 25	Member Engagement & Recruitment Stand	12.30pm – 1.30pm	TBC – Warrington Hospital, WA5 1QG	Governors facilitating a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/34**			
SUBJECT:	Annual Reports and Accounts 2024/25 Annual Members Meeting 2025			
DATE OF MEETING:	**14 August 2025**			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will … Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients** ✓	**Workforce** ✓	**Public** ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A** ✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	Schedule 7, paragraph 26 of the NHS Act 2006 (the 2006 Act) requires NHS foundation trusts to prepare an annual report. The Trust has followed the NHS Foundation Trust Annual Reporting Manual 2024/25 (FT ARM 2024/25), which sets out the requirements for foundation trusts' annual reports. It contains the formal accounts direction for foundation trusts and the requirements for the basic structure. The WHH Annual Report for the 2024/25 financial year was successfully laid before parliament on the week commencing 21st July 2025. The Annual report is now available on the Trust Website HERE The Trust is required to hold an Annual Members' Meeting within nine months following the end of each financial year. This meeting provides an opportunity for the board of directors to present the annual accounts, reflect on the organisation's performance over the past year, and outline the challenges and financial plans for the year ahead. Governors will also share updates on			

<table>
<tr><td></td><td colspan="3">their activities during 2024/25 and deliver the membership report. Attendees are encouraged to ask questions about any of the information presented during the meeting.

The annual members meetings are open to all members of the trust, governors, patients, members of the public, staff, directors and representatives of the trust's financial auditor.

This paper sets out the plans for the 2025 Annual Members meeting, as supported by the Governor Engagement Group.</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Approval</td><td>To note ✓</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="3">The Council of Governors is asked to note the plans for the 2025 Annual Members Meeting as supported by the Governor Engagement Group - 7 August 2025.</td></tr>
<tr><td rowspan="4">PREVIOUSLY CONSIDERED BY:</td><td>Committee</td><td colspan="2">Governors Engagement Group</td></tr>
<tr><td>Agenda Ref.</td><td colspan="2">GEG/25/08/21</td></tr>
<tr><td>Date of meeting</td><td colspan="2">7 August 2025</td></tr>
<tr><td>Summary of Outcome</td><td colspan="2">supported</td></tr>
<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="3">None</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="3">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED:
(if relevant)</td><td colspan="3">None</td></tr>
</table>

Agenda	Annual Reports & Accounts 2024/25 and Annual Members Meeting 2025	Agenda Reference	COG/25/08/34

1. Background/Context

Schedule 7, paragraph 26 of the NHS Act 2006 (the 2006 Act) requires NHS foundation trusts to prepare an annual report.

The Trust has followed the NHS Foundation Trust Annual Reporting Manual 2024/25 (FT ARM 2024/25), which sets out the requirements for foundation trusts' annual reports. It contains the formal accounts direction for foundation trusts and the requirements for the basic structure.

The WHH Annual Report for the 2024/25 Financial year was successfully laid before parliament on the week commencing 21 July 2025.The Annual report is now available on the Trust Website: HERE

The Trust is required to hold an Annual Members' Meeting within nine months following the end of each financial year. This meeting provides an opportunity for the board of directors to present the annual accounts, reflect on the organisation's performance over the past year, and outline the challenges and financial plans for the year ahead.

Governors will also share updates on their activities during 2024/25 and deliver the membership report. Attendees are encouraged to ask questions about any of the information presented during the meeting.

2. Annual Members Meeting 2025 Plan

2.1 Location

The Annual Members' Meeting will be held on site at Halton Hospital in the Lecture Theatre within the Education Centre.

This will also be an opportunity for prospective Governors, to find out more about the role of Governors at WHH.

2.2 Date

Wednesday 1 October 2025, 3:30pm to 4:30pm following the Trust Board Meeting. This date has been selected as all Board Members will be onsite, as it is the day of the scheduled bi -monthly Trust Board meeting.

2.3 Content & Presenters

In-line with the Trust Constitution the Chair, Chief Executive and Lead Governor present on behalf of the Trust Board and Council of Governors, the following topics will be covered (as detailed in section 9.5 of the Trust Constitution):

9.5 At the Annual Members Meeting:

a) The Board of Directors shall present to members:

i) The annual accounts.

ii) Any report of the financial auditor.
iii) Any report of any other external auditor of the Trust's affairs.
iv) Forward planning information for the next financial year.

b) The Council of Governors shall present to the members:
i) a report on steps taken to secure that (taken as a whole) the actual membership of its Public Constituency and of the classes of the Staff Constituency are representative of those eligible for such membership.
ii) The progress of the Membership Strategy.
iii) Any proposed changes to the policy for the composition of the Council of Governors and of the Non-Executive Directors.

c) The results of the election and appointment of Governors and the appointment of Non-Executive Directors will be announced.

3. Notice of The Annual Members' Meeting

The proposed date is aligned with planned elections communications to Foundation Trust Members. All election communications (post and digital) will contain details of the Annual Members' Meeting. The Trust website also provides details of the annual members meeting. Warrington and Halton Hospitals NHS Trust - Annual Members' Meeting.

This is in line with notice requirements as set out in section 9.6 of the Trust Constitution:

9.6 Notice of members meetings is to be given:
a) By notice to all members.
b) By notice prominently displayed at the head office and at all of the Trust's places of business; and
c) By notice on the Trust's website,
at least 14 clear days before the date of the meeting. The notice must:

d) Be given to the Council of Governors and the Board of Directors and to the financial auditor.
e) Give the time, date and place of the meeting; and Indicate the business to be dealt with at the meeting.

4. Engagement with Prospective Governors

It is proposed that prospective governors are invited along to engage with and ask questions of current Governors about the role. A stand will be set up in the Education Centre foyer for one hour prior to the Annual Members Meeting 2:30 – 3:30pm, where prospective Governors can find out more about the role, handbooks will be available. Governors will be asked to put their names forward to manage the stand and facilitate an informal Q&A session with prospective Governors.

Details of this session will be promoted on the WHH Governor elections web page, on the Trust website and in all election communications.

5. Recommendation

The Council of Governors is asked to note the plans for the 2025 Annual Members Meeting as supported by the Governor Engagement Group - 7 August 2025.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/08/35**			
SUBJECT:	Fit and Proper Persons Test - Annual Report on Board Members			
DATE OF MEETING:	14 August 2025			
ACTION REQUIRED:	**To note the report**			
AUTHOR(S):	Emily Kelso, Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	**SO2** We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
		√	√	√
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				√
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The new NHS England Fit and Proper Persons Test Framework came into effect 30 September 2023, following this the WHH Fit and Proper Persons Policy was updated to comply with the framework. The framework has introduced a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC. The WHH Fit and Proper Person Policy was reviewed and updated in November 2024 to ensure alignment with the NHS Leadership Competency Framework for board members and the NHS Fit and Proper Person Framework for board members. The purpose of this paper is to provide assurance to the Trust Board that all directors remain fit and proper for their roles and that the required evidence as per the NHS England Fit and Proper Persons Test Framework was submitted to the Regional Director NHS England, by the			

<table>
<tr><td></td><td colspan="3">required deadline of 30 June 2025.</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Approval</td><td>To note
√√</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="3">The Council of Governors is asked to note the following:

i. The Fit and Proper Persons Test has been conducted in accordance with the NHS England Fit and Proper Person Framework and the Leadership Competency Framework for Board Members.

ii. The Trust can provide assurance that all current directors within scope meet the FPPT requirements.

iii. The Annual NHS FPPT report was submitted to the Regional Director, NHS England, by the required deadline of 30 June 2025, following approval by the Audit Committee on the 23 June 2025.</td></tr>
<tr><td rowspan="4">PREVIOUSLY CONSIDERED BY:</td><td>Committee(s)</td><td colspan="2">Audit Committee
Trust Board</td></tr>
<tr><td>Agenda Ref</td><td colspan="2">AC/25/06/034
BM/25/08/72</td></tr>
<tr><td>Date of meeting</td><td colspan="2">23 June.2025
6 August 2025</td></tr>
<tr><td>Summary of Outcome</td><td colspan="2"></td></tr>
<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="3">None</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="3">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED: (if relevant)</td><td colspan="3">None</td></tr>
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REPORT TO COUNCIL OF GOVERNORS

SUBJECT	Fit and Proper Persons Test - Annual Report on Board Members	AGENDA REF	COG/25/08/35

1. BACKGROUND/CONTEXT

The 'fit and proper persons' test set out in Regulation 5 of the *Health and Social Care Act 2008 (Regulated Activities)* Regulations 2014 (referred to as the 2014 Regulations) came into force on 27th November 2014 and aimed at making sure those individuals who have authority in organisations that deliver care, are responsible for the overall quality and safety of that care, and can be held accountable if standards of care do not meet legal requirements.

In 2019, a government-commissioned review (the Kark Review) of the scope, operation, and purpose of the Fit and Proper Person Test (FPPT) was undertaken. In response to the recommendations in the Kark Review, NHS England developed the Fit and Proper Person Framework for board members to strengthen/reinforce individual accountability and transparency for board members.

The framework has introduced a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever a director leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC. This FPPT Framework came into effect from 30 September 2023.

The WHH Fit and Proper Person Policy was reviewed and updated in November 2024 to ensure alignment with the NHS Leadership Competency Framework for board members and the NHS Fit and Proper Person Framework for board members.

The FPPT is carried out on an individual board member basis, and in the annual submission to the NHS England regional director, the chair will provide a declaration of the FPPT outcomes for the board using the NHS FPPT submission reporting template – Appendix 6 of the NHS England fit and proper person test framework for board members.

FPPT data fields have been developed in ESR which enables the FPPT assessment elements to be recorded, along with some high-level detail where appropriate.

The purpose of this paper is to provide assurance to the Council of Governors that all directors remain fit and proper for their roles and that the required evidence as per the NHS England Fit and Proper Persons Test Framework was submitted to the Regional Director NHS England, by the required deadline of 30 June 2025.

2. KEY ELEMENTS

The annual FPPT for WHH Board members and their deputies has been undertaken in line with, the:

- Care Quality Commission (CQC) Fit and Proper Person Requirements (FPPR)
- NHS England Fit and Proper Person Test Framework for board members
- NHS Leadership Competency Framework for board members
- WHH Fit and Proper Person Policy

Scope

The Fit and Proper Person Framework applies to the board members of NHS organisations. Within the framework the term 'board member' is used to refer to:

- both executive directors and non-executive directors (NEDs), irrespective of voting rights
- interim (all contractual forms) as well as permanent appointments
- those individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201

The WHH Fit and Proper Person Policy specifies the scope as, all board appointments i.e., Executive and Non-Executive Directors. It also applies to those in a Deputy Director role, permanent, interim, irrespective of their voting rights and in addition; the Company Secretary and the Freedom to Speak Up Guardian.

Pre-Employment Checks

To confirm that an individual is of good character, the Trust undertakes pre-employment checks as determined by the NHS employment standards[1]. These include:

- Employment history:*
- Board Member Reference A standardised board member reference process will be followed (as detailed in the NHSE Fit and proper Person Framework and using the Board member Reference Template
- qualification and professional registration checks (the original for inspection and verification)
- right to work check
- proof of identity
- an appropriate DBS check (on a case-by-case basis and if they have a role that falls within the DBS eligibility criteria). Including date DBS received.
- search of insolvency and bankruptcy register
- disqualified directors check
- Disqualification from being a charity trustee check.
- Social Media check
- Medical Clearance Dated (including confirmation of OHA)
- Employment tribunal judgement check

[1] NHS Employers Employment Check Standards, the Rehabilitation of Offenders Act (1974), guidance issued from the Disclosure and Barring Service (DBS), statutory guidance for Regulated Activity and Home Office

- Disciplinary findings – That is, any upheld finding pursuant to any trust policies or procedures concerning employee behaviour, such as misconduct or mismanagement relevant to FPPT, this includes grievance (upheld) against the board member, whistleblowing claims against the board member (upheld) and employee behaviour upheld finding.
- Any ongoing and discontinued investigations relating to Disciplinary/ Grievance/Whistleblowing/Employee behaviour should also be recorded.
- Self-attestation form signed
- Sign-off by chair/CEO.
- NHS FPPT letter of confirmation submitted to the Regional Director NHS England (Appendix Five)

* Fields marked with an asterisk (*) – do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.

Annual Review of Existing Directors

In line with the Fit and Proper Person Framework, the Trust is required to regularly review the fitness of directors to ensure that they remain fit for the roles they are in. The following processes take place annually:

- An audit of the retained evidence of documentation required as listed above
- Verification of the documentation completed for the director appraisals.
- A completed Declaration of Interest form (via Civica Declare[2])
- Self-attestation form signed to be completed as part of annual appraisal
- Sign-off by chair/CEO.
- An Annual NHS FPPT report will be submitted to the Regional Director NHS England

Each director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attention of the Trust Chair or the Company Secretary.

The above checks are overseen by the Chief People Officer & Company Secretary; evidence of the checks is documented on each of the individual's personal files and saved on ESR.

Reporting

The Fit and Proper Person's Requirements (FPPR) place ultimate responsibility on the Chair to ensure that all relevant post holders meet the required fitness criteria and do not fall under any of the 'unfit' categories.

In line with this, the Trust was required to submit its annual NHS FPPR report to the Regional Director of NHS England by 30 June 2025. A draft version of the report was presented to the Audit Committee on **23 June 2025**, where it received approval for final submission.

[2] Civica Declare is the Trusts fully integrated end-to-end cloud governance software, enabling declarations of interest to be captured and published, Declarations are publicly available on the Trusts Website.

The final report was duly signed by both the Chair and the Senior Independent Director, confirming that all Board members meet the FPPR standards. It also affirms that supporting evidence has been retained on the Electronic Staff Record (ESR) system.

3. CONCLUSION

Pre-employment and annual checks have been completed for all Trust Board members and individuals within the scope of the Fit and Proper Persons Policy. These checks were overseen by the Chief People Officer and the Company Secretary.

Evidence of compliance has been documented in each individual's personal file and securely stored on the Electronic Staff Record (ESR) system.

The NHS Fit and Proper Person Test (FPPT) submission template was completed and submitted to the NHSE Regional Director on 24 June 2025, ensuring compliance with the 30 June 2025 deadline.

4. RECOMMENDATIONS

The Council of Governors is asked to note the following:

i. The Fit and Proper Persons Test has been conducted in accordance with the NHS England Fit and Proper Person Framework and the Leadership Competency Framework for Board Members.

ii. The Trust can provide assurance that all current directors within scope meet the FPPT requirements.

iii. The Annual NHS FPPT report was submitted to the Regional Director, NHS England, by the required deadline of 30 June 2025, following approval by the Audit Committee on the 23 June 2025.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**GEG/25/08/36**			
SUBJECT:	**Governors Engagement Group in Common Terms of Reference and Cycle of Business**			
DATE OF MEETING:	14 August 2025			
ACTION REQUIRED:	**Approval**			
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	**SO2** We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
		√	√	√
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				√
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The Governor Engagement Group is required to review and update its Terms of Reference (ToR) and Cycle of Business (CoB) annually. This ensures the group remains fit for purpose and continues to effectively discharge its responsibilities, ahead of formal ratification by the Council of Governors. This report seeks the support of the Council of Governors from Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH)) for the creation of a joint Governor Engagement Group in Common (GEGiC), as outlined in the attached Terms of Reference (Version 1). At its meeting on 7 August 2025, the Governor Engagement Group supported the revised ToR and CoB for the proposed GEGiC. These documents are to be reviewed by the BCH Public & Community Engagement (PACE) Group on Monday 11 August and following support by GEG and PACE presented to the respective Councils of Governors for formal ratification: • WHH – 14 August 2025 • BCH – 27 August 2025 Should there be any significant amendments to the CoB or ToR following the PACE meeting 11 August 2025, a revised version will be circulated for digital approval to the WHH Council of Governors.			

<table>
<tr><td></td><td colspan="3">The formation of the GEGiC will result in the dissolution of the existing Public & Community Engagement (PACE) Group at BCH and the Governor Engagement Group at WHH. The new Group in Common is designed to:
Strengthen collaboration between the two Trusts
Align approaches to membership and engagement
Support the integration journey of both organisations
Ensure continued compliance with NHS regulatory requirements and local priorities
The revised ToR and CoB will come into effect following approval by both Councils of Governors. The initial meeting of the Governor Engagement Group in Common is scheduled for 6 November 2025.

Full details of the proposed Terms of Reference and Cycle of Business are provided in Appendices 1 and 2.</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Approval
√</td><td>To note</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="3">The Council of Governors is asked to review and approve:
The Governor Engagement Group in Common Terms of Reference
The Governors Engagement Group in Common Cycle of Business
Both have been supported by the Governor Engagement Group.</td></tr>
<tr><td rowspan="4">PREVIOUSLY CONSIDERED BY:</td><td>Committee(s)</td><td colspan="2">Governor Engagement Group</td></tr>
<tr><td>Agenda Ref</td><td colspan="2">GEG/25/08/15</td></tr>
<tr><td>Date of meeting</td><td colspan="2">7 August 2025</td></tr>
<tr><td>Summary of Outcome</td><td colspan="2">supported</td></tr>
<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="3">None</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="3">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED: (if relevant)</td><td colspan="3">None</td></tr>
</table>

North Cheshire and Mersey Healthcare Partnership

Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

Governor Engagement Group in Common (GEGiC)

Terms of Reference 2025–26

1. Constitution

1.1 The Council of Governors of Warrington and Halton Teaching Hospitals NHS FT (WHH) and Bridgewater Community Healthcare NHS FT (BCH) have established a sub-group of the Council of Governors, known as the Governor Engagement Group in Common (hereinafter referred to as 'the GEGiC').

2. Remit and Functions of the Group

The GEGiC is established to consider matters relating to foundation trust membership and aspects of communications, engagement and involvement, having regard to the interests of its public and staff members, patients and stakeholders on behalf of the Council of Governors.

2.1 Agree the Cycle of Business with key priorities identified.

2.2 Receive Communications and Engagement Updates

2.3 Consider the content of the Annual Report(s) relating to membership and advise the Council of Governors accordingly.

2.4 Develop the Trust' Membership Strategy which will be presented to the Council of Governors and the Trust Board for approval – WHH.

2.5 Monitor the implementation of the Membership Strategy (WHH) and the Communities Matter public and Community engagement plan (BCH) and report on progress to the Council of Governors

2.6 Support membership recruitment initiatives as and when appropriate with regard to ensuring that the foundation trust membership profile is representative of the patient populations served by the trusts to ensure that inequalities are addressed.

2.7 Consider and recommend initiatives to facilitate effective engagement and involvement between governors, members and the wider public to enable stakeholders' views to be heard.

2.8 Input to Trust e-newsletters for foundation trust membership ensuring that items of interest and relevance to members and the public, on Trust developments are featured, including ways that members of the public / patients / carers can get involved.

2.9 Carry out such other engagement functions as delegated by the Council of Governors

3. Composition and Conduct of the Group

3.1 The Group shall be comprised of at least five governors (staff or public or appointed), from BCH and WHH.

3.2 The Group will elect a chair to serve for a period of three years or the remainder of their term of office, whichever is shorter.

3.3 In the event that the chair is not present, the members present will nominate one member to chair the meeting.

3.4 The following staff members of the Trust shall routinely attend meetings to report to and advise the GEGiC accordingly:

- Head of Communications and Engagement WHH
- Corporate Governance & Membership Manager WHH
- Engagement and Involvement Officer WHH
- Corporate Information Specialist WHH
- Equality and Inclusion Manager BCH
- Head of Membership BCH
- Head for Service Experience BCH

3.5 No business shall be transacted unless at least three members are present.

4. Administration and Support

4.1 The GEGiC is supported by the Corporate Governance teams of both WHH and BCH.

4.2 An annual schedule of meetings will be circulated to the Council of Governors during Q3 of the previous year.

4.3 The agenda will be agreed in advance with the GEGiC chair, ensuring that items identified on the Cycle of Business and actions are brought forward in a timely manner.

4.4 Action notes from the meetings shall be taken by BCH and WHH Corporate Governance team members and checked by the chair before submission for agreement at the next meeting.

4.5 A summary report of the meeting shall be made to the Council of Governors by the GEGiC Chair for WHH and the Lead Governor for BCH.

5. Frequency and Accountability

5.1 The GEGiC will meet four times per year as a minimum

5.2 The GEGiC will report to the Council of Governors.

5.3 The GEGiC will evaluate its own membership and review the effectiveness and performance of the group on an annual basis.

5.4 The GEGiC will review its Terms of Reference annually and recommend any changes to the Council of Governors for approval.

Approved: XX August 20XX

Meeting: Council of Governors Meeting
Agenda Reference: XXXXXXXXXXXXXXXX

North Cheshire and Mersey Healthcare Partnership

Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

Governor Engagement Group in Common – Cycle of Business 2025/26 – 26/27

	Lead	NOV 25	FEB 26	Transaction	MAY 26	AUG 26
Welcome, Apologies, Introductions & Declarations of Interest	**Chair**	**X**	**X**		**X**	**X**
Action notes from previous meeting	**Corp G / C&E**	**X**	**X**		**X**	**X**
Membership Strategy 2023-25 Approval (WHH)	**Corporate Governance & Membership Manager**	**X**				
Membership Strategy Implementation and Progress Report (WHH)	**Corporate Governance & Membership Manager**	**Q2**	**Q3**		**Q4**	**Q1**
Communities Matter public & community engagement plan (BCH)	**Head for Service Experience**	**Q2**	**Q3**		**Q4**	**Q1**
Members Newsletter Content - WHH - BCH	**Corporate Information Specialist (WHH)** **Head of Membership (BCH)**	**X**	**X**		**X**	**X**
Communications & Engagement Dashboard including Working with People & Communities (including annual calendar for engagement)	**Head of Communications and Engagement**	**Q2**	**Q3**		**Q4**	**Q1**
Governor Constituency Meetings – Outputs Reports (BCH and WHH)	**Governors**	**X**	**X**		**X**	**X**
Updates from Trust Groups and Sub Committees - Wayfinding and First Impressions Group - Patient Experience and Inclusion Sub-Committee' - Nutrition & Hydration Steering Group - BCH groups and sub-Committees	**Governors**	**X**	**X**		**X**	**X**
Annual Report Content Review - BCH - WHH	**Head of Membership (BCH)** **Corporate Governance & Membership Manager (WHH)**				**X**	
Annual Members Meeting Planning and Content Review - BCH - WHH	**Head of Membership (BCH)** **Corporate Governance & Membership Manager (WHH)**					**X**
Governor Elections – Comms Planning (WHH) (BCH 2025 elections completed)	**Corporate Governance & Membership Manager (WHH)**					**X**
Governor Elections – Progress Update (WHH) (BCH 2025 elections completed)	**Corporate Governance & Membership Manager (WHH)**	**X**				**X**
Annual Review of WHH Governor Handbook (WHH)	**Corporate Information Specialist**					**X**

Review of the Governor Engagement Group in Common Effectiveness	**Corporate Governance & Membership Manager (WHH) and Head for Service Experience (BCH)**		**X**			
Terms of Reference Review	**Corporate Governance & Membership Manager and Head for Service Experience (BCH)**	**X**				
Cycle of Business (Annual Workplan)	**Corporate Governance & Membership Manager and Head for Service Experience (BCH)**	**X**				

Additional Items Requested by Governors

	Lead	NOV 25	FEB 26		MAY 26	AUG 26
PALS Systems and Processes (BCH)	**Amy Smith** **Complaints Liaison Lead**	**X**				